Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10-01-2021 , and ending 09-30-2022

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

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02118

D Employer identification number
04-3314093

E Telephone number
(617) 414-1628

G Gross receipts $ 2,144,769,537

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BMC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1996

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
BOSTON MEDICAL CENTER'S MISSION IS TO PROVIDE CONSISTENTLY EXCELLENT AND ACCESSIBLE HEALTH SERVICES TO ALL IN NEED OF CARE REGARDLESS OF STATUS AND ABILITY TO PAY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	11,396
6	Total number of volunteers (estimate if necessary)	**6**	506
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,495,327
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	2,356,068

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	150,978,125	65,960,590
9	Program service revenue (Part VIII, line 2g)	1,752,717,825	1,952,312,192
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,583,174	107,094,899
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,153,610	15,692,917
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,975,432,734	2,141,060,598
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,222,126	28,853,390
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)	754,442,410	791,352,868
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶10,911,937		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,133,792,944	1,308,246,524
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,916,457,480	2,128,452,782
19	Revenue less expenses. Subtract line 18 from line 12	58,975,254	12,607,816

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,744,742,937	2,456,189,580
21	Total liabilities (Part X, line 26)	1,324,215,116	1,200,629,757
22	Net assets or fund balances. Subtract line 21 from line 20	1,420,527,821	1,255,559,823

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

2023-08-15
Signature of officer — Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01795951

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 $ 1,868,140,233 including grants of $) (Revenue $ 1,952,312,192)

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 $ 27,465,409 including grants of $ 27,465,409) (Revenue $)

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

4c (Code:) (Expenses $ 1,387,981 including grants of $ 1,387,981) (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** ▶ 1,896,993,623

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant 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 the 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 line 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? *If "Yes," complete Schedule M*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1,590		
b	Enter the number of Forms W-2G included on 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** 11,396				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	Yes		
b	If "Yes," enter the name of the foreign country: ▶CJ, CA, UK, LT, EI, BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
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?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
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? If "Yes," see instructions and file Form 4720, Schedule N.	**15**	Yes		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	29		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: ▶KAREN FINE ONE BOSTON MEDICAL CENTER PLACE BOSTON,MA 02118 (617) 638-7406

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 2.50	X		X				2,513,421	0	43,856
(2) JENNIFER TSENG MD TRUSTEE	1.00 54.00	X						0	992,645	3,746
(3) DAVID COLEMAN MD TRUSTEE	1.00 54.00	X						0	828,346	2,429
(4) KAREN ANTMAN MD TRUSTEE	1.00 2.00	X						0	0	0
(5) ANITA BEKENSTEIN TRUSTEE	1.00 0.00	X						0	0	0
(6) BARRY BOCK TRUSTEE (UNTIL 7/03/22)	1.00 0.00	X						0	0	0
(7) RYAN CARROLL TRUSTEE (AS OF 5/10/2022)	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 0.00	X						0	0	0
(12) RANDI CUTLER TRUSTEE	1.00 1.00	X						0	0	0
(13) MANISHI DESAI TRUSTEE (AS OF 6/15/2022)	1.00 4.00	X						0	0	0
(14) PAUL EGERMAN TRUSTEE	1.00 0.00	X						0	0	0
(15) RUTH ELLEN FITCH TRUSTEE	1.00 0.00	X						0	0	0
(16) MELANIE FOLEY TRUSTEE	1.00 0.00	X						0	0	0
(17) MICHAEL GAINES TRUSTEE (UNTIL 6/23/22)	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TRICIA GLYNN TRUSTEE (UNTIL 5/10/22)	1.00 1.00	X						0	0	0
(19) JOHN T HAILER TRUSTEE	1.00 0.00	X						0	0	0
(20) KAREN KAMES TRUSTEE	1.00 0.00	X						0	0	0
(21) AZRA KANJI TRUSTEE	1.00 0.00	X						0	0	0
(22) FRED LOWERY TRUSTEE	1.00 0.00	X						0	0	0
(23) MANUEL LOPES TRUSTEE (UNTIL 10/29/21)	1.00 2.00	X						0	0	0
(24) RICHARD MARKS TRUSTEE	1.00 1.00	X						0	0	0
(25) DEVIN MCCOURTY TRUSTEE	1.00 0.00	X						0	0	0
(26) MICHELLE NADOW TRUSTEE (AS OF 5/10/2022)	1.00 0.00	X						0	0	0
(27) LAUREN NENTWICH TRUSTEE (UNTIL 6/15/2022)	1.00 4.00	X						0	0	0
(28) BISOLA OJIKUTU MD TRUSTEE	1.00 0.00	X						0	0	0
(29) CLAIRE PERLMAN TRUSTEE (UNTIL 5/10/2022)	1.00 0.00	X						0	0	0
(30) MARTHA SAMUELSON TRUSTEE/CHAIR	1.00 1.00	X						0	0	0
(31) CYNTHIA SIERRA TRUSTEE	1.00 0.00	X						0	0	0
(32) MAROA VELEZ TRUSTEE	1.00 0.00	X						0	0	0
(33) REV LIZ WALKER TRUSTEE	1.00 0.00	X						0	0	0
(34) GREGORY WILMOT TRUSTEE (AS OF 8/9/2022)	1.00 0.00	X						0	0	0
(35) ANDREW YOUNISS TRUSTEE	1.00 1.00	X						0	0	0
(36) TERRI NEWSOM SVP/CFO/TREASURER	50.00 3.00			X				934,731	0	129,464
(37) DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK	50.00 3.50			X				641,355	0	58,909
(38) ALASTAIR BELL SVP OPS & STRATEGY/COO	50.00 1.00				X			1,478,397	0	150,279
(39) RAVIN DAVIDOFF MD SVP MEDICAL AFFAIRS AND CMO	50.00 1.50				X			852,887	0	67,143
(40) NANCY GADEN SVP CHIEF NURSING OFFICER	50.00 0.00				X			696,756	0	110,553
(41) LISA KELLY-CROSWELL SVP/CHRO	50.00 0.00				X			688,902	0	94,845
(42) ARTHUR HARVEY VP/CIO	50.00 0.00					X		660,015	0	107,619
(43) BOB BIGGIO SVP FACILITY & SUPT SVCS	50.00 0.00					X		632,592	0	116,597
(44) JOE CAMILLUS SVP AMBULATORY & PRF SVC	50.00 0.50					X		614,274	0	110,469
(45) DAVID TWITCHELL VP AND CHIEF PHARMACY OFFICER	50.00 0.00					X		497,748	0	81,952
(46) THEA JAMES VP OF MISSION AND ASSOCIATE CMO	50.00 0.00					X		559,452	0	64,875
(47) NORMAN STEIN FORMER SVP CHIEF DEVELOPMENT OFFICER	0.00 0.00						X	400,000	0	1,477
(48) JULIE JONCAS FORMER VP FINANCE	0.00 0.00						X	348,704	0	12,144
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								11,519,234	1,820,991	1,156,357

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 ▶ 1,611

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	RESEARCH & OTHER SHARED SERVICES	56,684,394
PRICEWATERHOUSECOOPERS ADVISOR 4040 W BOY SCOUT BOULEVARD TAMPA, FL 33607	ACCOUNTS RECEIVABLE MANAGEMENT	25,214,571
SHC SERVICES INC 1640 W REDSTONE CTR DR PARK CITY, UT 84098	TEMPORARY STAFFING	19,220,343
MAXIM HEALTHCARE STAFFING 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046	TEMPORARY STAFFING	7,947,616
BAY COVE HUMAN SERVICES 66 CANAL ST 3RD FLOOR BOSTON, MA 02114	BEHAVIORAL HEALTH SERVICES	7,249,536

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 ▶ 233

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 OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c	3,329,456			
d Related organizations 1d				
e Government grants (contributions) 1e	46,202,877			
f All other contributions, gifts, grants, and similar amounts not included above 1f	16,428,257			
g Noncash contributions included in lines 1a - 1f:$ 1g	3,319,055			
h **Total.** Add lines 1a-1f . . . . . ▶	65,960,590			
Program Service Revenue	Business Code			
2a PATIENT SERVICE REVENUE	900099	1,194,338,042	1,194,338,042	
b PHARMACY	900099	603,108,982	596,825,177	6,283,805
c GRANT & CONTRACT REVENUE	900099	128,832,849	128,832,849	
d OTHER PROGRAM REVENUE	900099	22,776,745	22,776,745	
e NPP & PHARMICIST REVENUE	900099	3,255,574	3,255,574	
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	1,952,312,192			
3 Investment income (including dividends, interest, and other similar amounts)		13,834,966	122,177	13,712,789
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
	(i) Real	(ii) Personal		
6a Gross rents 6a	5,104,917			
b Less: rental expenses 6b	3,192,133			
c Rental income or (loss) 6c	1,912,784			
d Net rental income or (loss) . . . . . ▶		1,912,784		1,912,784
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	23,441,946	69,817,987		
b Less: cost or other basis and sales expenses 7b	0	0		
c Gain or (loss) 7c	23,441,946	69,817,987		
d Net gain or (loss) . . . . . ▶		93,259,933	89,345	93,170,588
8a Gross income from fundraising events (not including $ 3,329,456 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	118,640			
b Less: direct expenses 8b	516,806			
c Net income or (loss) from fundraising events . . ▶		-398,166		-398,166
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	10,868,987		10,868,987
b CAFETERIA	900099	3,309,312		3,309,312
c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		14,178,299		
12 **Total revenue.** See instructions . . . . ▶		2,141,060,598	1,946,028,387	6,495,327	122,576,294

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	27,465,409	27,465,409		
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.	1,387,981	1,387,981		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,062,829		5,062,829	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	206,765	206,765		
7 Other salaries and wages	619,351,482	540,551,383	74,530,662	4,269,437
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,049,954	22,755,490	3,115,968	178,496
9 Other employee benefits	90,503,452	79,140,560	10,739,701	623,191
10 Payroll taxes	50,178,386	43,832,468	6,002,092	343,826
11 Fees for services (non-employees):				
a Management				
b Legal	8,609,501	1,948,170	6,646,818	14,513
c Accounting	1,459,158	737,228	716,741	5,189
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	538,917		538,917	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	171,894,526	120,796,174	47,941,917	3,156,435
12 Advertising and promotion	379,230	340,362	12,351	26,517
13 Office expenses	12,077,686	10,503,865	1,477,770	96,051
14 Information technology	29,804,991	26,035,638	3,565,127	204,226
15 Royalties	4,224,803	3,690,504	505,350	28,949
16 Occupancy	37,812,865	32,627,079	4,904,817	280,969
17 Travel	2,725,122	980,964	1,713,584	30,574
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,142,362	1,041,228	82,663	18,471
20 Interest	23,414,985	20,453,758	2,800,786	160,441
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,260,248	91,074,751	12,471,099	714,398
23 Insurance	17,594,041	15,368,972	2,104,513	120,556
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	501,513,589	501,481,060	32,529	
b PHYSICIAN SERVICES	136,775,860	128,548,392	8,227,921	-453
c PATIENT RELATED SUPPLIE	100,264,408	103,303,798	-3,043,888	4,498
d DIRECT RESEARCH	74,918,489	74,917,830	632	27
e All other expenses	78,835,743	47,803,794	30,396,323	635,626
25 **Total functional expenses.** Add lines 1 through 24e	2,128,452,782	1,896,993,623	220,547,222	10,911,937
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		20,037,332	1	117,953,834
	2	Savings and temporary cash investments		470,196,193	2	167,341,237
	3	Pledges and grants receivable, net		28,217,572	3	30,640,295
	4	Accounts receivable, net		169,608,461	4	217,933,251
	5	Loans and other receivables from 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		90,547,535	7	60,105,321
	8	Inventories for sale or use		19,427,967	8	24,483,909
	9	Prepaid expenses and deferred charges		6,414,876	9	6,053,001
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,157,875,228			
	b	Less: accumulated depreciation	10b 1,184,640,777	990,081,074	10c	973,234,451
	11	Investments—publicly traded securities		54,119,501	11	43,564,952
	12	Investments—other securities. See Part IV, line 11		337,430,094	12	298,095,538
	13	Investments—program-related. See Part IV, line 11		510,000	13	510,000
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		558,152,332	15	516,273,791
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,744,742,937	16	2,456,189,580
Liabilities	17	Accounts payable and accrued expenses		249,971,153	17	283,352,896
	18	Grants payable			18	
	19	Deferred revenue		36,212,006	19	31,563,893
	20	Tax-exempt bond liabilities		430,802,607	20	422,642,694
	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		180,000,000	23	180,000,000
	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		427,229,350	25	283,070,274
	26	**Total liabilities.** Add lines 17 through 25		1,324,215,116	26	1,200,629,757
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		1,008,436,056	27	909,333,701
	28	Net assets with donor restrictions		412,091,765	28	346,226,122
		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		1,420,527,821	32	1,255,559,823
	33	Total liabilities and net assets/fund balances		2,744,742,937	33	2,456,189,580

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,141,060,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,128,452,782
3	Revenue less expenses. Subtract line 2 from line 1	3	12,607,816
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,420,527,821
5	Net unrealized gains (losses) on investments	5	-156,494,149
6	Donated services and use of facilities	6	-12,878,422
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,203,243
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,255,559,823

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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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).)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . .

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	24,563,859	25,615,642	133,609,173	150,978,125	65,960,590	400,727,389
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	24,563,859	25,615,642	133,609,173	150,978,125	65,960,590	400,727,389
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.						400,727,389

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	24,563,859	25,615,642	133,609,173	150,978,125	65,960,590	400,727,389
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	37,639,990	23,179,858	18,969,810	19,480,934	18,817,706	118,088,298
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	2,357,068	12,161,606
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	6,259,300	15,535,712	23,251,865	13,079,088	14,178,299	72,304,264
11 **Total support.** Add lines 7 through 10						603,281,557

12 Gross receipts from related activities, etc. (see instructions) 12 8,448,264,068

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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 66.420 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . 15 66.890 %

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on 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.**

			Yes	No
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 on line 2a, above 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 (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 2021 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-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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:	CAFETERIA - 2017 AMOUNT: $ 3,830,150. 2018 AMOUNT: $ 4,290,813. 2019 AMOUNT: $ 3,300,767. 2020 AMOUNT: $ 2,802,878. 2021 AMOUNT: $ 3,309,312. PARKING - 2017 AMOUNT: $ 2,429,150. 2018 AMOUNT: $ 11,244,899. 2019 AMOUNT: $ 10,063,598. 2020 AMOUNT: $ 10,276,210. 2021 AMOUNT: $ 10,868,987. GAIN ON SALE OF TAX CREDITS - 2019 AMOUNT: $ 9,887,500.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

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

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

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

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

Part V Endowment Funds.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	733,043,065	633,839,832	724,862,042	709,074,381	697,009,021
b	Contributions . . .	145,547,509	363,954,719	61,170,242	285,759,688	21,885,406
c	Net investment earnings, gains, and losses	-95,022,779	108,079,400	42,383,073	25,210,971	40,783,482
d	Grants or scholarships . . .					
e	Other expenditures for facilities and programs . . .	155,578,825	370,977,505	192,451,403	292,657,917	47,477,741
f	Administrative expenses	-1,480,259	1,853,381	2,124,122	2,525,081	3,125,787
g	End of year balance	629,469,229	733,043,065	633,839,832	724,862,042	709,074,381

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

- **a** Board designated or quasi-endowment ▶ 47.800 %
- **b** Permanent endowment ▶ 6.370 %
- **c** Term endowment ▶ 45.830 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,987,068		15,987,068
b Buildings		1,229,032,175	536,482,603	692,549,572
c Leasehold improvements		38,246,977	26,764,875	11,482,102
d Equipment		714,862,372	553,462,986	161,399,386
e Other		159,746,636	67,930,313	91,816,323
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				973,234,451

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	298,095,538	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	298,095,538	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1)BOARD DESIGNATED INVESTMENTS	287,808,741
(2)FUNDS HELD BY TRUSTEES	40,472,208
(3)CURRENT PORTION OF EST SETTLEMENT W/3RD PARTY PAY	10,611,883
(4)INSURANCE RECOVERY RECEIVABLES	42,463,776
(5)OTHER LONG-TERM ASSETS	37,188,136
(6)RIGHT OF USE ASSETS - FINANCE AND OPERATING	97,729,047
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	516,273,791

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.)* ▶	283,070,274

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 CONSOLIDATED 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, WELLSENSE, 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. CLEARWAY IS CONSIDERED A DISREGARDED ENTITY OF THE HEALTH SYSTEM CORPORATION FOR TAX PURPOSES AND ALL TAXABLE ACTIVITIES OF CLEARWAY ARE ATTRIBUTED TO AND REPORTED AT THE HEALTH SYSTEM CORPORATION. ALL CONTRACT RELATED REVENUE AND EXPENSE WERE 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, 2022 AND 2021. 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, 2022 AND 2021.
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, 2022 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:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in 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		105,251
(2)	EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		1,995,772
(3)	EUROPE	0	0	INVESTMENTS		6,847,857
(4)	MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		1,101,903
(5)	NORTH AMERICA	0	0	INVESTMENTS		3,742,746
(6)	SOUTH AMERICA	0	0	INVESTMENTS		402,140
(7)	SUB-SAHARIAN AFRICA	0	0	INVESTMENTS		681,385
(8)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		82,350
(9)	EUROPE	0	0	GRANTMAKING		56,689
(10)	NORTH AMERICA	0	0	GRANTMAKING		117,064
(11)	RUSSIA	0	0	GRANTMAKING		166,227
(12)	SOUTH ASIA	0	0	GRANTMAKING		157,455
(13)	SUB-SAHARIAN AFRICA	2	15	GRANTMAKING		808,196
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			14,959,404
b	Total from continuation sheets to Part I . . .	2	15			1,305,631
c	**Totals** (add lines 3a and 3b)	2	15			16,265,035

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	82,350	WIRE TRANSFER	0		
(2)			EUROPE	SUBAWARD	56,689	WIRE TRANSFER	0		
(3)			NORTH AMERICA	SUBAWARD	117,064	WIRE TRANSFER	0		
(4)			RUSSIA	SUBAWARD	166,227	WIRE TRANSFER	0		
(5)			SOUTH ASIA	SUBAWARD	157,455	WIRE TRANSFER	0		
(6)			SUB-SAHARAN AFRICA	SUBAWARD	808,196	WIRE TRANSFER	0		
(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 . . . . . ▶ 14

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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART I, LINE 2:	THE PRINCIPAL INVESTIGATOR AND ADMINISTRATOR APPROVE ALL SUBCONTRACT INVOICES, INCLUDING THOSE FROM A FOREIGN COUNTRY. THE FOREIGN SUBCONTRACT RECIPIENT HAS A BUDGET TO WHICH INVOICES ARE MATCHED TO ENSURE THAT ALL SPENDING IS APPROPRIATE. ADDITIONALLY, THE ORGANIZATION'S PRINCIPAL INVESTIGATORS REGULARLY CONTACT THE FOREIGN SUBCONTRACT RECIPIENTS TO MONITOR THE PROGRESS OF THE RECIPIENTS' WORK.
PART II, LINE 1 ACCOUNTING METHOD:	FOREIGN EXPENDITURES ARE SEPARATELY IDENTIFIED ON THE ORGANIZATION'S GENERAL LEDGER.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990)

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

2021

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
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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 / Direct Expenses		(a) Event #1 GALA (event type)	(b) Event #2 PATRIOTS EVENT (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,490,506	362,500	595,090	3,448,096
	2 Less: Contributions	2,434,556	348,900	546,000	3,329,456
	3 Gross income (line 1 minus line 2)	55,950	13,600	49,090	118,640
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	43,897		2,500	46,397
	7 Food and beverages	110,591		69,855	180,446
	8 Entertainment	90,386		10,075	100,461
	9 Other direct expenses	185,210		4,292	189,502
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				516,806
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-398,166

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

Additional Data Return to Form

Software ID:

Software Version:

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 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	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			147,965,374	61,448,304	86,517,070	4.060 %
b Medicaid (from Worksheet 3, column a)			1,164,061,122	670,686,992	493,374,130	23.180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,312,026,496	732,135,296	579,891,200	27.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			21,216,207	15,624,459	5,591,748	0.260 %
f Health professions education (from Worksheet 5)			71,435,476	19,906,577	51,528,899	2.420 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	854		79,944,146	60,577,289	19,366,857	0.910 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits	854		172,595,829	96,108,325	76,487,504	3.590 %
k **Total.** Add lines 7d and 7j	854		1,484,622,325	828,243,621	656,378,704	30.830 %

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	6		160,000		160,000	0.010 %
2 Economic development	2		15,730,000		15,730,000	0.740 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	11		996,468	300,000	696,468	0.030 %
8 Workforce development	1		878,875		878,875	0.040 %
9 Other	1		159,913		159,913	0.010 %
10 Total	21		17,925,256	300,000	17,625,256	0.830 %

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	9,312,590	
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	156,822,886
6	Enter Medicare allowable costs of care relating to payments on line 5	6	179,836,703
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,013,817
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

Facility reporting group		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON,MA 02118 HTTP://WWW.BMC.ORG V112	X	X		X		X	X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BOSTON MEDICAL CENTER

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): HTTPS://WWW.BMC.ORG/CARE-OUR-COMMUNITY			
b ☑ Other website (list url): HTTPS://WWW.BOSTONCHNA.ORG/			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): HTTPS://WWW.BMC.ORG/CARE-OUR-COMMUNITY			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BOSTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13** Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %		
b ☐	Income level other than FPG (describe in Section C)		
c ☑	Asset level		
d ☑	Medical indigency		
e ☑	Insurance status		
f ☑	Underinsurance discount		
g ☑	Residency		
h ☑	Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	**14** Yes	
15	Explained the method for applying for financial assistance?	**15** Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☑	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐	Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	**16** Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☑	The FAP was widely available on a website (list url): HTTPS://WWW.BMC.ORG/PATIENT-FINANCIAL-ASSISTANCE		
b ☑	The FAP application form was widely available on a website (list url): HTTPS://WWW.BMC.ORG/PATIENT-FINANCIAL-ASSISTANCE		
c ☑	A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.BMC.ORG/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 ☐	Other measures reasonably calculated to attract patients' attention		
i ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP		
j ☐	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
	Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

BOSTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP 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?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

BOSTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☑ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		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.		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:	BOSTON MEDICAL CENTER IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH TO OPERATE A HOSPITAL AT ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118. BOSTON MEDICAL CENTER IS (1) A LICENSED HOSPITAL, (2) PROVIDES GENERAL MEDICAL AND SURGICAL TREATMENT, (3) IS A TEACHING HOSPITAL, AND (4) OPERATES AN ER 24 HOURS PER DAY. THE MAIN CAMPUS OF BOSTON MEDICAL CENTER IS LOCATED AT MENINO PAVILION, 830-840 HARRISON AVENUE, BOSTON, MA 02118. AN INPATIENT SATELLITE HOSPITAL KNOWN AS BMC BROCKTON BEHAVIORAL HEALTH CENTER IS LOCATED AT 34 NORTH PEARL STREET, BROCKTON, MA 02301. A SECOND CAMPUS LOCATION AT 249 RIVER STREET, MATTAPAN, MA 02126 IS LISTED ON BOSTON MEDICAL CENTER'S DEPARTMENT OF PUBLIC HEALTH LICENSE; HOWEVER, THIS LOCATION HAS BEEN OUT OF SERVICE SINCE 1996. THE FOLLOWING OUTPATIENT SATELLITES ARE ALSO LISTED ON BOSTON MEDICAL CENTER'S DEPARTMENT OF PUBLIC HEALTH HOSPITAL LICENSE:1. CODMAN SQUARE HEALTH CENTER2. BRIGHTON HIGH SCHOOL STUDENT HEALTH CENTER3. BOSTON MEDICAL CENTER RADIOLOGY AT RYAN CENTER BOSTON UNIVERSITY4. EAST BOSTON NEIGHBORHOOD HEALTH CENTER SATELLITE EMERGENCY FACILITY (10 GOVE STREET)5. DOTHOUSE HEALTH6. MADISON PARK HIGH SCHOOL STUDENT HEALTH CENTER7. JEREMIAH E. BURKE STUDENT HEALTH CENTER8. GREATER ROSLINDALE MEDICAL & DENTAL9. LATIN ACADEMY STUDENT HEALTH CENTER10. TECHBOSTON ACADEMY SCHOOL HEALTH CENTER11. BOSTON MEDICAL CENTER RADIOLOGY AT UPHAM'S CORNER HEALTH CENTER12. MURIEL SNOWDEN INTERNATIONAL HIGH SCHOOL HEALTH CENTER13. SOUTH BOSTON COMMUNITY HEALTH CENTER - 386 WEST BROADWAY14. BOSTON MEDICAL CENTER SCHOOL-BASED HEALTH CENTER AT BOSTON COMMUNITY LEADERSHIP ACADEMY15. SOUTH BOSTON COMMUNITY HEALTH CENTER - 409 WEST BROADWAY16. EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 20 MAVERICK SQUARE17. EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 79 PARIS STREET18. BOSTON MEDICAL CENTER RADIOLOGY AT WHITTIER STREET HEALTH CENTER19. EBHS SCHOOL BASED HEALTH CENTER20. WINTHROP COMMUNITY HEALTH CENTER21. SOUTH BOSTON COMMUNITY HEALTH CENTER SEAPORT PRIMARY CARE22. BOSTON MEDICAL CENTER - DEPARTMENT OF FAMILY MEDICINE - MELNEA CASS BOULEVARD23. BOSTON MEDICAL CENTER - CROSSTOWN - 801 MASSACHUSETTS AVENUE24. BMC REHABILITATION SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, HYDE PARK25. SOUTH END COMMUNITY HEALTH CENTER26. SOUTH END COMMUNITY HEALTH CENTER, DR. GERALD HASS CENTER27. CURBSIDE CARE PROGRAM AT BOSTON MEDICAL CENTER (MOBILE UNIT)28. BMC REHABILITATION, ORTHOPEDICS & IMAGING - 39B DISTRICT AVENUE BOSTON MEDICAL CENTER IS LICENSED BY THE DEPARTMENT OF MENTAL HEALTH FOR INPATIENT PSYCHIATRY SERVICES LOCATED AT BMC BROCKTON BEHAVIORAL HEALTH CENTER, AN INPATIENT SATELLITE LOCATED AT 34 NORTH PEARL STREET, BROCKTON, MA 02301.
BOSTON MEDICAL CENTER	PART V, SECTION B, LINE 5: QUALITATIVE DISCUSSIONS AND COMMUNITY ENGAGEMENTTHE COMMUNITY ENGAGEMENT WORK GROUP INCLUDES 24 MEMBERS REPRESENTING A RANGE OF ORGANIZATIONS, INCLUDING HEALTH CENTERS, LOCAL PUBLIC HEALTH, COMMUNITY DEVELOPMENT, COMMUNITY-BASED ORGANIZATIONS, AND HOSPITALS. THE WORK GROUP'S CHARGE IS TO PROVIDE GUIDANCE ON THE APPROACH TO COMMUNITY ENGAGEMENT, INPUT ON PRIMARY DATA COLLECTIONS METHODS, AND SUPPORT WITH LOGISTICS FOR PRIMARY DATA COLLECTION. THE COLLABORATIVE'S COMMUNITY ENGAGEMENT WORK GROUP LED EFFORTS TO GAIN INSIGHT INTO COMMUNITY NEEDS AND STRENGTHS AS WELL AS PRIORITIES FROM COMMUNITY LEADERS AND RESIDENTS, ESPECIALLY AMONG THOSE WHERE THERE HAS BEEN A GAP IN REPRESENTATION IN PREVIOUS PROCESSES. ALTOGETHER, THEY FACILITATED 29 VIRTUAL AND IN-PERSON FOCUS GROUP DISCUSSIONS WITH A TOTAL OF 309 RESIDENTS WHO HAVE BEEN DISPROPORTIONATELY BURDENED BY SOCIAL, ECONOMIC, AND HEALTH CHALLENGES INCLUDING: YOUTH AND ADOLESCENTS, OLDER ADULTS, PERSONS WITH DISABILITIES, LOW-RESOURCED INDIVIDUALS AND FAMILIES, LGBTQIA+ POPULATIONS, RACIALLY/ETHNICALLY DIVERSE POPULATIONS (E.G., AFRICAN AMERICAN, LATINO, HAITIAN, CAPE VERDEAN, VIETNAMESE, CHINESE), LIMITED-ENGLISH SPEAKERS, IMMIGRANT AND ASYLEE COMMUNITIES, FAMILIES AFFECTED BY INCARCERATION AND/OR VIOLENCE, AND VETERANS. SOME FOCUS GROUPS WERE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH, INCLUDING SPANISH, CHINESE, AND VIETNAMESE.COLLABORATIVE MEMBERS CONDUCTED KEY INFORMANT INTERVIEWS WITH 62 INDIVIDUALS. THESE REPRESENTED A CROSS-SECTION OF SECTORS TO IDENTIFY AREAS OF ACTION AND PERSPECTIVES ON THE COMMUNITY. THESE INTERVIEWEES INCLUDED LEADERS AND STAFF FROM PUBLIC HEALTH, HEALTH CARE, BEHAVIORAL HEALTH, THE FAITH COMMUNITY, IMMIGRANT SERVICES, HOUSING ORGANIZATIONS, ECONOMIC DEVELOPMENT, COMMUNITY DEVELOPMENT, RACIAL JUSTICE ORGANIZATIONS, SOCIAL SERVICE ORGANIZATIONS, EDUCATION, COMMUNITY COALITIONS, THE BUSINESS COMMUNITY, CHILDCARE CENTERS, ELECTED GOVERNMENT OFFICES, AND OTHERS.ADDITIONALLY, COLLABORATIVE MEMBERS CONDUCTED FOUR 90-MINUTE VIRTUAL COMMUNITY LISTENING SESSIONS IN JANUARY 2022. A TOTAL OF 122 COMMUNITY MEMBERS PARTICIPATED IN THESE FOUR SESSIONS. THESE SESSIONS OCCURRED MID-WAY INTO THE CHNA PROCESS AND PROVIDED AN OPPORTUNITY TO GATHER FEEDBACK AND INSIGHTS ON PRELIMINARY DATA FINDINGS AND POTENTIAL PRIORITIES AT THIS POINT IN TIME. DURING THESE SESSIONS, COLLABORATIVE MEMBERS SHARED PRELIMINARY THEMES FROM FOCUS GROUPS, INTERVIEWS, AND THE REVIEW OF SECONDARY DATA. THE PARTICIPANTS DISCUSSED THEIR REACTIONS AND FEEDBACK TO THESE PRELIMINARY FINDINGS IN SMALL GROUPS AND IDENTIFIED AREAS THAT WERE THEIR HIGHEST PRIORITY FOR ACTION.TO DEEPEN UNDERSTANDING OF ISSUES THAT WERE SALIENT TO RESPONDENTS, INTERVIEW, FOCUS GROUP, AND COMMUNITY LISTENING SESSION DISCUSSION GUIDES USED OPEN-ENDED QUESTIONS AND DID NOT ASK ABOUT SPECIFIC TOPICS. COMMUNITY ENGAGEMENT WORK GROUP MEMBERS AND THEIR PARTNERS CONDUCTED THE FOCUS GROUPS AND INTERVIEWS, AND THEN SUMMARIZED THE KEY THEMES FROM THE DISCUSSIONS THEY FACILITATED. THESE SUMMARIES WERE THEN ANALYZED TO IDENTIFY COMMON THEMES AND SUB-THEMES ACROSS POPULATION GROUPS AS WELL AS UNIQUE CHALLENGES AND PERSPECTIVES IDENTIFIED BY POPULATIONS AND SECTORS, WITH AN EMPHASIS ON DIVING DEEP INTO THE ROOT CAUSES OF INEQUITIES. FREQUENCY AND INTENSITY OF DISCUSSIONS ON A SPECIFIC TOPIC WERE KEY INDICATORS USED FOR EXTRACTING MAIN THEMES.

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
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 OUTCOMES FOR UNDER-RESOURCED POPULATIONS IN OUR COMMUNITY. KEY FINDINGS THAT EMERGED FROM THE CHNA INCLUDED HEALTH CARE ACCESS AND UTILIZATION, CHRONIC DISEASES AND RISK FACTORS, MENTAL HEALTH AND SUBSTANCE USE DISORDER, VIOLENCE, HOUSING AFFORDABILITY, ENVIRONMENTAL HEALTH. FOR DETAILED INFORMATION ABOUT EACH OF THE PROGRAMS AND INITIATIVES THAT ADDRESSED THESE NEEDS LAST YEAR, PLEASE SEE SCHEDULE H, PART VI, SUPPLEMENTAL INFORMATION, PROMOTION OF COMMUNITY HEALTH BELOW.
BOSTON MEDICAL CENTER	PART V, SECTION B, LINE 13H: SCHEDULE H, PART V, SECTION B, LINE 13AFOR 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.SCHEDULE H, PART V, SECTION B, LINE 13HBY THE DEFINITION OF BMC'S FINANCIAL ASSISTANCE POLICY, PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE HAVE APPLIED FOR ONE OF THE COMMONWEALTH'S FINANCIAL ASSISTANCE PROGRAMS (CONNECTORCARE, MEDICAID, OR HEALTH SAFETY NET) OR HAVE BEEN PROVIDED URGENT/EMERGENT SERVICES. IN THOSE INSTANCES, PATIENTS ARE VIEWED AS UNABLE TO PAY FOR THESE CHARGES AND THE HOSPITAL SUBMITS THE CHARGE FOR REIMBURSEMENT FROM THE HEALTH SAFETY NET.
PART V, SECTION B	THE PREVIOUS CHNA WAS CONDUCTED DURING FISCAL 2018-2019, WITH THE APPROVAL OF THE CHNA IN 2019 AND THE APPROVAL OF THE ASSOCIATED IMPLEMENTATION STRATEGY IN EARLY FISCAL 2020. THE CURRENT CHNA WAS APPROVED IN 2022 AND THE ASSOCIATED IMPLEMENTATION STRATEGY WAS THEN APPROVED IN EARLY FISCAL 2023.

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? **4**

	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 - BOSTON EMERGENCY SERVICES TEAM (BEST) 85 EAST NEWTON STREET BOSTON,MA 02118	DEPARTMENT OF MENTAL HEALTH-LICENSED COMMUNIT CRISIS STABILIZATION SERVICE
3	3 - BMC BROCKTON BEHAVIORAL HEALTH CENTER 10 MEADOWBROOK ROAD BROCKTON,MA 02301	BUREAU OF SUBSTANCE ADDICTION SERVICES- CERTIFIED CLINICAL STABILIZATION SRVC
4	4 - BOSTON MEDICAL CENTER COMMUNITY BEHAVIOR 850 HARRISON AVE - DOWLING BLDG 7TH FL BOSTON,MA 02118	BUREAU OF SUBSTANCE ADDICTION SERVICES
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 GROUPS THAT HAVE BEEN ECONOMICALLY AND SOCIALLY MARGINALIZED AND WHO RELY ON GOVERNMENT PAYERS, SUCH AS MEDICAID, THE HEALTH SAFETY NET, AND MEDICARE, FOR THEIR COVERAGE. 32% OF OUR PATIENTS 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 ULTIMATELY ELIMINATE INEQUITIES IN HEALTHCARE AMONG THE PATIENT POPULATIONS BMC SERVES. WITH MORE THAN 25,816 ADMISSIONS AND 1 MILLION PATIENT VISITS PER YEAR, BMC PROVIDES A COMPREHENSIVE RANGE OF INPATIENT, CLINICAL AND DIAGNOSTIC SERVICES IN MORE THAN 70 AREAS OF MEDICAL SPECIALTIES AND SUBSPECIALTIES. THE LARGEST 24-HOUR LEVEL I TRAUMA CENTER IN NEW ENGLAND, BMC'S EMERGENCY DEPARTMENT HAS MORE THAN 139,577 PATIENT VISITS ANNUALLY. BMC SERVES THE URBAN COMMUNITY OF GREATER BOSTON. THE MAJORITY OF THE COMMUNITIES THAT BMC SERVES ARE LOCATED IN BOSTON CENSUS TRACTS THAT ARE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS/POPULATIONS. ALTHOUGH MASSACHUSETTS' UNIVERSAL CARE ENABLES INDIVIDUALS TO SEEK CARE AT ANY HOSPITAL, BMC REMAINS THE LARGEST SAFETY NET PROVIDER IN BOSTON AND NEW ENGLAND. AN ESTIMATED 18% 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 BMCACCORDING 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 2022, MEDICAID MAKES UP 46.46%, MEDICARE IS 22.63%, UNINSURED IS 2.38%, PRIVATE COMMERCIAL IS 27.64%, WITH THE REMAINDER OF 0.89% ACCOUNTED FOR BY OTHER GOVERNMENT AND WORKERS COMP. 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 2022, BMC RECOGNIZED NET FAVORABLE SETTLEMENTS FROM MEDICARE, MEDICAID, WELLSENSE, BLUE CROSS AND OTHER PAYORS RELATED TO PRIOR YEARS OF APPORXIMATELY $6,300,000.
PART II, COMMUNITY BUILDING ACTIVITIES:	BMC CONTRIBUTES TO THE COMMUNITY THROUGH ITS PAYMENT OF LINKAGE FEES TO THE CITY OF BOSTON. THOSE LINKAGE FEES FUND 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.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.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 THAT ARE WRITTEN OFF TO BAD DEBT ARE 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 2(S)(IV) AND 1(U) FOUND ON PAGES 17 AND 18 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS OF $179,836,703 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 MEET THE COMMONWEALTH ONE-TIME DEDUCTIBLE.3. THE HOSPITAL MAY ALSO INITIATE BILLING OR COLLECTION FOR A LOW-INCOME PATIENT WHO ALLEGES THAT HE OR SHE IS A PARTICIPANT IN A FINANCIAL ASSISTANCE PROGRAM THAT COVERS THE COSTS OF THE HOSPITAL SERVICES, BUT WHO FAILS TO PROVIDE PROOF OF HIS OR HER PARTICIPATION AND WHOSE INSURANCE CANNOT BE VERIFIED IN THE HOSPITAL ELIGIBILITY SYSTEM. UPON RECEIPT OF SATISFACTORY PROOF THAT A PATIENT IS A PARTICIPANT IN A FINANCIAL ASSISTANCE PROGRAM, INCLUDING RECEIPT OR VERIFICATION FROM THE INSURANCE CARRIER, THE HOSPITAL SHALL CEASE ITS BILLING OR COLLECTION ACTIVITIES.4. THE HOSPITAL MAY CONTINUE COLLECTION ACTION ON ANY LOW-INCOME PATIENT FOR SERVICES RENDERED PRIOR TO THE LOW-INCOME PATIENT DETERMINATION, PROVIDED THAT THE CURRENT LOW-INCOME PATIENT STATUS HAS BEEN TERMINATED OR EXPIRED. HOWEVER, ONCE A PATIENT IS DETERMINED ELIGIBLE AND ENROLLED IN THE HEALTH SAFETY NET, MASSHEALTH, OR CERTAIN FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL CEASE COLLECTION ACTIVITY FOR SERVICES PROVIDED PRIOR TO THE BEGINNING OF THE PATIENT'S ELIGIBILITY.5. THE HOSPITAL MAY SEEK COLLECTION ACTION AGAINST ANY OF THE PATIENTS PARTICIPATING IN THE PROGRAMS LISTED ABOVE FOR NON-COVERED SERVICES THAT THE PATIENT HAS AGREED TO BE RESPONSIBLE FOR, PROVIDED THAT THE HOSPITAL OBTAINED THE PATIENT'S PRIOR WRITTEN CONSENT TO BE BILLED FOR THE SERVICE.
PART VI, LINE 2:	IN 2022 AND FOR THE SECOND TIME, 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 COLLABORATIVE) FORMED IN 2019 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 2019 AND 2022 CHNAS. METHODSTHIS CHNA FOCUSES ON THE SOCIAL DETERMINANTS OF HEALTH AND IS GUIDED BY A HEALTH EQUITY LENS. IN THE U.S., SOCIAL, ECONOMIC, AND POLITICAL PROCESSES WORK TOGETHER TO ASSIGN SOCIAL STATUS BASED ON RACE AND ETHNICITY, WHICH MAY AFFECT ACCESS TO OPPORTUNITIES, SUCH AS EDUCATIONAL AND OCCUPATIONAL MOBILITY AND HOUSING OPTIONS, EACH OF WHICH ARE INTIMATELY LINKED WITH HEALTH. HISTORICAL OPPRESSION, INSTITUTIONAL RACISM, DISCRIMINATORY POLICIES, AND ECONOMIC INEQUALITY ARE SEVERAL ROOT FACTORS THAT SHAPE HEALTH INEQUITIES ACROSS THE U.S.REVIEW OF SECONDARY DATATHE 2022 BOSTON CHNA DATA GATHERING EFFORT INCLUDED A REVIEW OF EXISTING SECONDARY DATA ON SOCIAL, ECONOMIC, AND HEALTH INDICATORS. THESE INDICATORS PROVIDE INSIGHTS INTO PATTERNS ACROSS BOSTON, BY

Form and Line Reference	Explanation
	BOSTON NEIGHBORHOOD, AND BY POPULATION GROUPS WITHIN BOSTON. SECONDARY DATA SOURCES INCLUDED U.S. CENSUS/AMERICAN COMMUNITY SURVEY, VITAL STATISTICS (BIRTH/DEATH RECORDS), HOSPITAL CASE MIX DATA, BOSTON BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY (BBRFSS), BBRFSS COVID-19 HEALTH EQUITY SURVEY, YOUTH RISK BEHAVIOR SURVEY (YRBS), AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BUREAU OF SUBSTANCE ADDICTION SERVICES TREATMENT DATA. THE SECONDARY DATA WORK GROUP OF THE COLLABORATIVE INCLUDED 16 MEMBERS REPRESENTING A RANGE OF ORGANIZATIONS, INCLUDING HOSPITALS, HEALTH CENTERS, AND LOCAL PUBLIC HEALTH. THE SECONDARY DATA WORK GROUP'S CHARGE WAS TO PROVIDE GUIDANCE ON SECONDARY DATA APPROACH AND INDICATORS AND FOSTER CONNECTIONS WITH KEY NETWORKS AND GROUPS TO PROVIDE RELEVANT DATA.TO IDENTIFY THE LIST OF SOCIAL, ECONOMIC, AND HEALTH INDICATORS, SECONDARY DATA WORK GROUP MEMBERS REVIEWED THE INDICATOR LIST FROM THE 2019 BOSTON CHNA AND PRIORITIZED WHICH INDICATORS SHOULD BE REVISITED FOR THE 2022 REPORT. THE SECONDARY DATA WORK GROUP ENGAGED IN MULTIPLE DISCUSSIONS AND PRIORITIZED THE SECONDARY DATA THAT ALIGNED WITH THE 2019 PRIORITY AREAS THAT COVID-19 HAD A DISPROPORTIONATE IMPACT ON, AND/OR WHERE THERE WERE THE GREATEST INEQUITIES BY RACE/ETHNICITY, NEIGHBORHOOD, OR OTHER CHARACTERISTICS.SECONDARY DATA IN THE 2022 CHNA REPRESENT THE MOST RECENT DATA AVAILABLE, AND IN SEVERAL CASES OVERLAP WITH DATA INCLUDED IN THE 2019 CHNA DUE TO THE NEED TO COMBINE DATA ACROSS YEARS TO LOOK AT PATTERNS BY NEIGHBORHOOD AND SOCIAL AND DEMOGRAPHIC FACTORS. QUALITATIVE DISCUSSIONS (DESCRIBED IN THE SECTION THAT FOLLOWS) BUILD UPON THE SECONDARY DATA BY SHEDDING LIGHT ON RESIDENTS' RECENT EXPERIENCES WITH AND PERSPECTIVES ON MANY FACTORS, INCLUDING THE SOCIAL DETERMINANTS OF HEALTH AND HOW THESE ISSUES HAVE BEEN AFFECTED BY THE COVID-19 PANDEMIC. QUALITATIVE DISCUSSIONS AND COMMUNITY ENGAGEMENTTHE COMMUNITY ENGAGEMENT WORK GROUP INCLUDES 24 MEMBERS REPRESENTING A RANGE OF ORGANIZATIONS, INCLUDING HEALTH CENTERS, LOCAL PUBLIC HEALTH, COMMUNITY DEVELOPMENT, COMMUNITY-BASED ORGANIZATIONS, AND HOSPITALS. THE WORK GROUP'S CHARGE IS TO PROVIDE GUIDANCE ON THE APPROACH TO COMMUNITY ENGAGEMENT, INPUT ON PRIMARY DATA COLLECTIONS METHODS, AND SUPPORT WITH LOGISTICS FOR PRIMARY DATA COLLECTION. THE COLLABORATIVE'S COMMUNITY ENGAGEMENT WORK GROUP LED EFFORTS TO GAIN INSIGHT INTO COMMUNITY NEEDS AND STRENGTHS AS WELL AS PRIORITIES FROM COMMUNITY LEADERS AND RESIDENTS, ESPECIALLY AMONG THOSE WHERE THERE HAS BEEN A GAP IN REPRESENTATION IN PREVIOUS PROCESSES. ALTOGETHER, THEY FACILITATED 29 VIRTUAL AND IN-PERSON FOCUS GROUP DISCUSSIONS WITH A TOTAL OF 309 RESIDENTS WHO HAVE BEEN DISPROPORTIONATELY BURDENED BY SOCIAL, ECONOMIC, AND HEALTH CHALLENGES INCLUDING: YOUTH AND ADOLESCENTS, OLDER ADULTS, PERSONS WITH DISABILITIES, LOW-RESOURCED INDIVIDUALS AND FAMILIES, LGBTQIA+ POPULATIONS, RACIALLY/ETHNICALLY DIVERSE POPULATIONS (E.G., AFRICAN AMERICAN, LATINO, HAITIAN, CAPE VERDEAN, VIETNAMESE, CHINESE), LIMITED-ENGLISH SPEAKERS, IMMIGRANT AND ASYLEE COMMUNITIES, FAMILIES AFFECTED BY INCARCERATION AND/OR VIOLENCE, AND VETERANS. SOME FOCUS GROUPS WERE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH, INCLUDING SPANISH, CHINESE, AND VIETNAMESE.COLLABORATIVE MEMBERS CONDUCTED KEY INFORMANT INTERVIEWS WITH 62 INDIVIDUALS. THESE REPRESENTED A CROSS-SECTION OF SECTORS TO IDENTIFY AREAS OF ACTION AND PERSPECTIVES ON THE COMMUNITY. THESE INTERVIEWEES INCLUDED LEADERS AND STAFF FROM PUBLIC HEALTH, HEALTH CARE, BEHAVIORAL HEALTH, THE FAITH COMMUNITY, IMMIGRANT SERVICES, HOUSING ORGANIZATIONS, ECONOMIC DEVELOPMENT, COMMUNITY DEVELOPMENT, RACIAL JUSTICE ORGANIZATIONS, SOCIAL SERVICE ORGANIZATIONS, EDUCATION, COMMUNITY COALITIONS, THE BUSINESS COMMUNITY, CHILDCARE CENTERS, ELECTED GOVERNMENT OFFICES, AND OTHERS. ADDITIONALLY, COLLABORATIVE MEMBERS CONDUCTED FOUR 90-MINUTE VIRTUAL COMMUNITY LISTENING SESSIONS IN JANUARY 2022. A TOTAL OF 122 COMMUNITY MEMBERS PARTICIPATED IN THESE FOUR SESSIONS. THESE SESSIONS OCCURRED MID-WAY INTO THE CHNA PROCESS AND PROVIDED AN OPPORTUNITY TO GATHER FEEDBACK AND INSIGHTS ON PRELIMINARY DATA FINDINGS AND POTENTIAL PRIORITIES AT THIS POINT IN TIME. DURING THESE SESSIONS, COLLABORATIVE MEMBERS SHARED PRELIMINARY THEMES FROM FOCUS GROUPS, INTERVIEWS, AND THE REVIEW OF SECONDARY DATA. THE PARTICIPANTS DISCUSSED THEIR REACTIONS AND FEEDBACK TO THESE PRELIMINARY FINDINGS IN SMALL GROUPS AND IDENTIFIED AREAS THAT WERE THEIR HIGHEST PRIORITY FOR ACTION.TO DEEPEN UNDERSTANDING OF ISSUES THAT WERE SALIENT TO RESPONDENTS, INTERVIEW, FOCUS GROUP, AND COMMUNITY LISTENING SESSION DISCUSSION GUIDES USED OPEN-ENDED QUESTIONS AND DID NOT ASK ABOUT SPECIFIC TOPICS. COMMUNITY ENGAGEMENT WORK GROUP MEMBERS AND THEIR PARTNERS CONDUCTED THE FOCUS GROUPS AND INTERVIEWS, AND THEN SUMMARIZED THE KEY THEMES FROM THE DISCUSSIONS THEY FACILITATED. THESE SUMMARIES WERE THEN ANALYZED TO IDENTIFY COMMON THEMES AND SUB-THEMES ACROSS POPULATION GROUPS AS WELL AS UNIQUE CHALLENGES AND PERSPECTIVES IDENTIFIED BY POPULATIONS AND SECTORS, WITH AN EMPHASIS ON DIVING DEEP INTO THE ROOT CAUSES OF INEQUITIES. FREQUENCY AND INTENSITY OF DISCUSSIONS ON A SPECIFIC TOPIC WERE KEY INDICATORS USED FOR EXTRACTING MAIN THEMES. KEY FINDINGS THAT EMERGED FROM THE CHNA INCLUDED HEALTH CARE ACCESS AND UTILIZATION, CHRONIC DISEASES AND RISK FACTORS, MENTAL HEALTH AND SUBSTANCE USE DISORDER, 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.

Form and Line Reference	Explanation
	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 5% OR MORE OF THE POPULATION RESIDING IN THE HOSPITAL SERVICE AREA. CURRENTLY, THE HOSPITAL TRANSLATES THE NOTICES INTO ENGLISH, PORTUGUESE, SPANISH, VIETNAMESE, 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 2022 FISCAL YEAR, BIRTH SISTERS PROVIDED SUPPORT FOR 245 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 2022, THE CATALYST CLINIC RECEIVED APPROXIMATELY 107 REFERRALS TO THE CLINIC; 825 REFERRALS HAVE BEEN RECEIVED SINCE THE PROGRAM'S INCEPTION.THE CENTER FOR THE URBAN CHILD AND HEALTHY FAMILY (THE CENTER): 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 WELLSENSE, BMC'S HEALTH INSURANCE PROGRAM, TO TEST ALTERNATIVE PAYMENT MODELS TO ULTIMATELY REDEFINE VALUE IN PEDIATRIC CARE. 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 613 CLIENTS DURING FISCAL YEAR 2022. OF THESE CLIENTS, 340 RECEIVED HOUSING SEARCH AND PLACEMENT SERVICES; 112 RECEIVED HOUSING STABILIZATION SERVICES; AND 161 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 FAMILIES ARE TREATED ANNUALLY BY THE GROW CLINIC. IN FY2022, THERE WERE 101 NEW PATIENTS. FORTY-FIVE PERCENT (45%) 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 1,054 TOTAL CLINIC VISITS DURING THIS PERIOD. APPROXIMATELY 20% OF PATIENT FAMILIES WERE HOMELESS AND LIVING IN SHELTERS. CLINICIANS MADE 238 HOME VISITS IN FY22. ALL PATIENTS DEMONSTRATED IMPROVED GROWTH, AND 80% DEMONSTRATED SIGNIFICANT WEIGHT IMPROVEMENT.
PART VI, LINE 6:	BOSTON MEDICAL CENTER HEALTH PLAN, INC., DOING BUSINESS AS WELLSENSE HEALTH PLAN (WELLSENSE)WELLSENSE IS A NON-PROFIT HEALTH PLAN THAT PROVIDES HEALTH INSURANCE COVERAGE TO MASSACHUSETTS RESIDENTS, INCLUDING LOW INCOME,

Form and Line Reference	Explanation
	UNDERSERVED, DISABLED AND ELDERLY POPULATIONS. IT WAS ESTABLISHED IN 1997 BY BMC AND HAS MORE THAN 25 YEARS OF EXPERIENCE DELIVERING ACCESSIBLE CARE TO COMPLEX POPULATIONS. WELLSENSE SERVES OVER 344,000 MEMBERS ACROSS MASSACHUSETTS. IT ALSO PROVIDES HEALTH COVERAGE TO MEDICAID MEMBERS IN NEW HAMPSHIRE. 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 CREDENTIALED 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 BU SCHOOL OF MEDICINE STUDENTS USING HEALTH CENTER EDUCATION PROGRAMS, RESIDENTS HAVING LONGITUDINAL AMBULATORY EXPERIENCE AT CHCS DURING 2022 AND 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 WELLSENSE.VACCINATION UPTAKEEARLY IN ITS TRAJECTORY, THE COVID-19 PANDEMIC REVEALED GROSS INEQUITIES IN THE UPTAKE OF VACCINATIONS BY BLACK AND LATINX PEOPLE ACROSS THE 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

Form and Line Reference	Explanation
	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.
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 SERVED AN AVERAGE ROSTER OF 33 PARTICIPANTS DURING 2022 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.CONVENTIONAL TREATMENTS MAY INCLUDE PRESCRIPTION MEDICATION, X-RAYS, SURGICAL PROCEDURES, PHYSICAL, AND OCCUPATIONAL THERAPY. HISTORICALLY, COMPLEMENTARY THERAPIES WERE NOT PART OF CONVENTIONAL MEDICINE; HOWEVER, CERTAIN THERAPIES ARE BECOMING MORE COMMON IN HEALTHCARE TODAY BECAUSE KNOWLEDGE AND RESEARCH ABOUT THEIR EFFECTIVENESS CONTINUES TO GROW.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 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

Form and Line Reference	Explanation
	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 FY22. ADDITIONALLY, THE PROGRAM TRAINS OVER 1,000 INDIVIDUALS ANNUALLY.
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. OUR 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. EACH PATIENT IS GIVEN A PERSONALIZED PAIN MANAGEMENT PLAN TO BEST FIT THEIR 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.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 5,643 PEOPLE EACH MONTH. IN FY22, WE PROVIDED FOOD TO 67,712 PEOPLE. WE DISPENSED APPROX. 10,500 POUNDS OF FOOD EACH WEEK. THIS EQUATES TO APPROXIMATELY 8 POUNDS OF GROCERIES PER PERSON. THE TEACHING KITCHEN: OFFERS IN PERSON, VIRTUAL, AND HYBRID CLASSES TO PATIENTS, STAFF, STUDENTS, AND PARTNERING COMMUNITY ORGANIZATIONS. RE-CURRING CLASSES IN THE TEACHING KITCHEN INCLUDE HEALTHY HABITS, WELLNESS AND THE TEACHING KITCHEN, WEIGHT LOSS SURGERY PREP, COOKING FOR RECOVERY, FOOD EXPLORERS, CUISINES OF THE WORLD AND MORE. NEW STRATEGIC PARTNERSHIPS HAVE BEEN MADE THROUGHOUT THE HOSPITAL TO FURTHER INTEGRATE INTO CLINICAL CARE. FOR EXAMPLE, AN INNOVATIVE CLASS WITH THE GROW CLINIC OFFERS NUTRITION AND CULINARY EDUCATION FOR PREGNANT AND POSTPARTUM PEOPLE TO SUPPORT PREGNANCY AND BABIES. PARTNERSHIPS WITH THE GRAYKEN CENTER'S START CLINIC AND CATALYST CLINIC SUPPORT FOLKS WITH SUBSTANCE USE DISORDER TO BUILD HEALTHY EATING HABITS AND GAIN CONFIDENCE IN FOOD PREPARATION USING ACCESSIBLE FOODS. THESE CLINICALLY INTEGRATED CLASSES ENHANCE CARE AND PROVIDE ADDITIONAL EDUCATION, SUPPORT, AND COMMUNITY TO ADDRESS THE NUTRITIONAL NEEDS OF OUR PATIENT POPULATION. RECIPES FEATURE STAPLE FOODS PROVIDED BY THE FOOD PANTRY, AND CULTURALLY COMPETENT FOODS FOR OUR DIVERSE COMMUNITY. RESEARCH EFFORTS CONTINUE TO GROW, INCLUDING A QUALITY IMPROVEMENT PROJECT ASSESSING PATIENTS' FOOD PREFERENCES AND ENVIRONMENT, THE FEASIBILITY OF TEACHING KITCHEN CLASSES IN CLINICAL CARE, AND RESEARCH ON HEALTH OUTCOMES. 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. AS OF 2022 THE FARM HAS BEEN FULLY OPEN TO THE PUBLIC, HOSTING OVER 1000 VISITORS TO THE FARM LAST SEASON FOR TOURS, GARDENING CLASSES, YOGA, AND COOKING CLASSES. THE FARM CONTINUED TO HOST AN INTERNSHIP PROGRAM FOR PEOPLE LOOKING TO LEARN THE INS AND OUTS OF ROOFTOP FARMING AND GROWING FOOD FOR A HOSPITAL. IN FY 2022, THE FARM GREW OVER 4,000 LBS OF FOOD VALUED AT $18,000 FOR THE HOSPITAL. MORE THAN HALF OF THE FOOD WENT TO THE FOOD PANTRY, WITH THE REST GOING TO THE HOSPITAL CAFETERIA AND WEEKLY FARMERS' MARKET. THE FARMERS MARKET, HOSTED EVERY TUESDAY IN THE SHAPIRO BUILDING, SERVES PATIENTS AND STAFF FRESH FARM PRODUCE AT A SUBSIDIZED RATE. 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 SEPTEMBER 2022, PROJECT REACH STAFF CONNECTED WITH THE FAMILIES OF OVER 1,500 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.

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	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 FY22, PROJECT RESPECT SUPPORTED MORE THAN 220 MOTHER/CHILD DYADS.STREETCRED: BMC'S STREETCRED PROGRAM ADDRESSES FINANCIAL AND HEALTH INEQUITIES BY LINKING LOW- TO MODERATE-INCOME (LMI) PEDIATRIC PATIENT FAMILIES TO ANTI-POVERTY SAFE-NET PROGRAMS AND ASSET BUILDING TOOLS. STREETCRED PROVIDES AN ECONOMIC BUNDLE OF SERVICES DURING WELL CHILD VISITS IN THE FIRST YEAR OF LIFE, WHICH INCLUDES FREE TAX-PREPARATION SERVICES THROUGH WELL-TRAINED STAFF AND VOLUNTEERS WHO WORK WITH FAMILIES TO PREPARE THEIR TAXES AND ACCESS THE EITC. THE UNITED STATES FEDERAL EARNED INCOME TAX CREDIT (EITC) IS A REFUNDABLE TAX CREDIT FOR LMI WORKING INDIVIDUALS, PARTICULARLY THOSE WITH CHILDREN. UNDER OUR MEDICAL TAX COLLABORATIVE, STREETCRED HAS PREPARED 6,000 TAX RETURNS, WHICH PROVIDED $14 MILLION IN TAX 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 2022, 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 FIVE 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

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	2022, OVER 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 ABOUT 76% OF GOOD GRIEF'S PATIENTS TO DATE.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 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, THOROUGH 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. 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 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 FACTORSCANCER SUPPORT GROUPS: OFFERINGS INCLUDE AN ARRAY OF SIXTEEN (16) MONTHLY SUPPORT GROUPSBY CANCER TYPE (E.G., BREAST, GI, HEAD & NECK); POPULATION TYPE (E.G., MEN, SPANISH-SPEAKING), OTHER DISEASE (E.G., SICKLE CELL, AMYLOIDOSIS); AND RELATED

Form and Line Reference	Explanation
	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 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 IN 2021, 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. IN 2022, IN PERSON MEETINGS BEGAN AGAIN CREATING A GROWTH IN THIS PROGRAM, INCLUDING SPEND. 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.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	VIOLENCECHILD 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 FY22. 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. 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 FY22 THE CVRT SERVED 491 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 FY22 THE MULTI-LINGUAL TEAM OF 4 SAFETY AND SUPPORT ADVOCATES ASSISTED 457 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, APPROXIMATELY 75% WERE PATIENTS REFERRED BY BMC PROVIDERS, 2% WERE BMC EMPLOYEES, AND 23% WERE SELF-REFERRALS OR REFERRED BY COMMUNITY AND GOVERNMENT PROGRAMS THAT ASSIST DV SURVIVORS. DURING FY22 THE DV PROGRAM ALSO OFFERED A SERIES OF 6 WEEK SUPPORT GROUPS IN BOTH ENGLISH AND SPANISH FOR WOMEN-IDENTIFIED SURVIVORS. THE PROGRAM MANAGER (WHO IS ALSO THE PROGRAM'S PRIMARY TRAINER/PRESENTER) PROVIDED 59 PRESENTATIONS AND OTHER TYPES OF TRAINING TO OVER 1,000 PARTICIPANTS, MOST OF WHOM WERE BMC STAFF AND PROVIDERS, AS WELL AS A FEW STUDENT AND COMMUNITY GROUPS.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. DURING FY22, VIAP PROVIDED ESSENTIAL SERVICES TO SURVIVORS OF GUNSHOTS AND STABBINGS, AND THEIR FAMILY MEMBERS. (IT IS SIGNIFICANT TO NOTE THAT BMC RECEIVES 70% OF THE CITY'S GUNSHOT AND STABBING VICTIMS.) DURING THIS PERIOD 407 VICTIMS WERE SERVED, INCLUDING 194 GUNSHOT AND 213 STABBING VICTIMS. THERE WERE 326 FAMILY MEMBERS SERVED THROUGH OUR FAMILY SUPPORT COMPONENT, AS WELL AS 31 FAMILIES

Form and Line Reference	Explanation
	OF HOMICIDE VICTIMS. SURVIVORS RECEIVED A SPECTRUM OF SERVICES, INCLUDING EMPLOYMENT HELP (268 SERVICES PROVIDED AND 18 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 (6 OBTAINED THEIR HISET AND 9 COMPLETED JOB TRAINING). MEDICAL ASSISTANCE INCLUDED ACCESSING PRIMARY CARE, PT, REHABILITATION, NURSING SERVICES, SUBSTANCE USE AND MEDICATION MANAGEMENT. ADDITIONAL ASSISTANCE INCLUDED HELP WITH FOOD INSECURITY, TRANSPORTATION, OBTAINING A DRIVER'S LICENSE, SOCIAL SECURITY CARD, 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 DIVISION INITIATIVE (MHDI) OR CRIMINAL JUSTICE DIVISION PROGRAM (DMH): THROUGHOUT FY22 FISCAL YEAR (OCTOBER 2021-SEPTEMBER 2022), BOSTON MEDICAL CENTER CONTINUED TO STAFF THE THREE BOSTON MUNICIPAL COURT MENTAL HEALTH COURT SESSIONS LOCATED WITHIN BMC CENTRAL DIVISION, WEST ROXBURY DISTRICT COURT AND ROXBURY DISTRICT COURT. SESSIONS CONTINUE TO BE WELL UTILIZED WITH A TOTAL OF TWO HUNDRED AND THIRTY (230) CLIENTS BEING SERVED ACROSS ALL THREE COURTS OVER THE COURSE OF THE FISCAL YEAR.IN TOTAL, ALL THREE SESSIONS COMPLETED INTAKES FOR AND ACCEPTED ONE HUNDRED AND TWENTY THREE (123) NEW CLIENTS. THERE WERE LESS THAN TEN REFERRALS RECEIVED AND NOT COMPLETED, DUE TO VARIOUS REASONS TO INCLUDE THE CLIENT'S INACCESSIBILITY DUE TO INCARCERATION AND THE CLIENT'S DECLINE OF SERVICES. THERE ARE CURRENTLY SIXTEEN (16) REFERRALS PENDING THROUGHOUT ALL THREE SESSIONS, WITH NINE OF THE SIXTEEN ALREADY SCHEDULED FOR INTAKE COMPLETION. STAFF CONTINUE TO OUTREACH THE REMAINING SEVEN IN ORDER TO SCHEDULE THEIR INTAKES AND IT IS ANTICIPATED THAT THE NINE CURRENTLY SCHEDULED WILL BE ACCEPTED INTO SESSION.THE SESSION'S SUCCESS CAN BE DEMONSTRATED THROUGH THE NUMBER OF PROGRAM GRADUATES, OR CLIENTS WHO HAVE MET ALL LEGAL AND PROGRAMMATIC EXPECTATIONS. DURING FY22 THE THREE SESSIONS GRADUATED A TOTAL OF FIFTY-FOUR (54) CLIENTS. BMC-CENTRAL REMAINS THE LARGEST SESSION WITH 2-3 NEW REFERRALS EACH WEEK, AND A TOTAL OF FIFTY-TWO (52) NEW CLIENTS OVER THE YEAR. WEST ROXBURY AND ROXBURY AVERAGE 1-2 NEW REFERRALS A WEEK, AND SINCE FILLING A VACANCY IN BOTH COURTS, THE TOTAL NUMBER OF PARTICIPANTS CONTINUES TO RISE AS PROVEN IN THE INCREASE OF NEW REFERRALS FROM FY21 TO FY22.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	FASTER PATHS: FASTER PATHS IS THE LOW-BARRIER SUBSTANCE USE DISORDER BRIDGE CLINIC AT BMC. OPEN SEVEN DAYS PER WEEK, FASTER PATHS OFFERS SAME-DAY, ON-DEMAND CARE BY ADDICTION MEDICINE AND NURSING SPECIALISTS INCLUDING INITIATION AND CONTINUATION OF MEDICATIONS FOR OPIOID USE DISORDER (MOUD), MEDICATIONS FOR OTHER SUBSTANCE USE DISORDERS, OUTPATIENT MEDICALLY MANAGED WITHDRAWAL, REFERRAL TO INPATIENT MEDICALLY MANAGED WITHDRAWAL, INFECTION SCREENING, TREATMENT, AND PREVENTION SERVICES, AND OVERDOSE PREVENTION. AFTER STABILIZATION, FASTER PATHS PATIENTS ARE REFERRED TO A COMPREHENSIVE NETWORK OF BMC AND COMMUNITY SERVICES FOR LONG-TERM CARE, INCLUDING PRIMARY AND BEHAVIORAL HEALTH CARE AND LONG-TERM MOUD. THE FASTER PATHS PROGRAM COLLABORATES CLOSELY WITH LICENSED ALCOHOL AND DRUG COUNSELORS FROM BMC'S PROJECT ASSERT, WHO PROVIDE 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, WHICH INCLUDES A TEAM OF RECOVERY COACHES AND ADDICTION COUNSELORS, IS ALSO A CLOSE PARTNER. SPECIFIC MEDICATIONS AVAILABLE IN FASTER PATHS 7 DAYS/WEEK INCLUDING SUBLINGUAL BUPRENORPHINE/NALOXONE, MONTHLY INJECTABLE BUPRENORPHINE, MONTHLY INJECTABLE NALTREXONE, AND METHADONE ADMINISTRATION FOR OPIOID WITHDRAWAL FOR UP TO 72 HOURS WITH LINKAGE TO AN OPIOID TREATMENT PROGRAM. IN ADDITION TO THE INTERNAL COLLABORATIONS, FASTER PATHS PARTNERS CLOSELY WITH COMMUNITY PROGRAMS INCLUDING THE BOSTON PUBLIC HEALTH COMMISSION'S (BPHC'S) PAATHS (PROVIDING ACCESS TO ADDICTION TREATMENT, HOPE, AND SUPPORT) PROGRAM, TO FACILITATE CONNECTIONS TO COMMUNITY SERVICES. IN CY 2022, FASTER PATHS SERVED APPROXIMATELY 1,300 UNIQUE PATIENTS FOR 3,600 VISITS. CARE INCLUDED 950 SUBLINGUAL BUPRENORPHINE/NALOXONE PRESCRIPTIONS PROVIDED FOR 329 UNIQUE PATIENTS, 130 LONG-ACTING INJECTABLE BUPRENORPHINE PRESCRIPTIONS ADMINISTERED TO 81 UNIQUE PATIENTS, 11 LONG-ACTING INJECTABLE NALTREXONE INJECTION, 748 PATIENTS WITH OPIOID WITHDRAWAL TREATED WITH METHADONE AND REFERRED TO AN OPIOID TREATMENT PROGRAM OR OTHER APPROPRIATE ONGOING CARE, 23 PATIENTS WITH BENZODIAZEPINE USE DISORDER WHO RECEIVED OUTPATIENT MEDICALLY MANAGED WITHDRAWAL, 364 NALOXONE KITS PRESCRIBED AND 58 NALOXONE KITS DIRECTLY DISTRIBUTED IN CLINIC. INFECTION SCREENING, TREATMENT, AND PREVENTION SERVICES INCLUDED NEARLY 450 HIV TESTS, 400 HCV TESTS, AND 500 SYPHILIS, CHLAMYDIA, AND GONORRHEA TESTS; 18 PATIENTS WITH HIV WERE TREATED WITH ANTIRETROVIRAL THERAPY AND 79 PATIENTS RECEIVED HIV PRE- OR POST-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION. ADDITIONALLY, FASTER PATHS BEGAN TO OFFER SAFER SMOKING EQUIPMENT ALONGSIDE OTHER HARM REDUCTION SUPPLIES AND BEGAN TO OFFER INTEGRATED LONG-ACTING REVERSIBLE CONTRACEPTION (E.G., CONTRACEPTION IMPLANTS). 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. 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 FY22, PROJECT ASSERT SERVED 1910 WHOM HAD 3153 LADC /RECOVERY SUPPORT NAVIGATORS VISITS. BASED ON SCREENING AND PATIENT PREFERENCE FOR TREATMENT, THE FOLLOWING SERVICES WERE PROVIDED: 795 UNIQUE PATIENTS WERE PLACED IN DETOX/ACUTE TREATMENT SERVICES AND BECAUSE OF MULTIPLE VISITS THERE WERE A TOTAL OF 1204 DETOX / CSS LEVEL OF CARE PLACEMENT

Form and Line Reference	Explanation
	AMONG THESE PATIENTS; 785 UNIQUE PATIENTS WERE REFERRED TO NA/AA; 984 PATIENTS 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 1107 NALOXONE RESCUE KITS TO PATIENTS AND 586 WERE OFFERED AND REFUSED. A TOTAL OF 2,356 PATIENTS RECEIVED OVERDOSE EDUCATION ON HOW TO RECOGNIZE AND PREVENT AN OPIOID OVERDOSE. IN ADDITION, 105 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 FY22, SOFAR SERVED SERVED 215 FAMILIES, WITH 312 INDIVIDUAL CHILDREN ENROLLED.

Additional Data

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACADEMIC PEDIATRIC ASSOCIATION 6728 OLD MCLEAN VILLAGE DRIVE MCLEAN,VA 22101	51-0202446	501(C)(3)	17,400	0			SUBAWARD
(2) ACTION FOR EQUITY INC 367 WASHINGTON STREET DORCHESTER,MA 02124	84-4687278	501(C)(3)	248,169	0			SUBAWARD
(3) ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND 6823 ST CHARLES AVE NEW ORLEANS,LA 70118	72-0423889	501(C)(3)	10,000	0			SUBAWARD
(4) AID SUPPORT GROUP OF CAPE COD 96-98 BRADFORD STREET PROVINCETOWN,MA 02657	04-2908722	501(C)(3)	13,991	0			SUBAWARD
(5) AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE,IL 600070747	36-2275597	501(C)(3)	206,527	0			SUBAWARD
(6) ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE 800 MARSHALL SLOT 512-26 C-SNAP LITTLE ROCK SITE LITTLE ROCK,AR 72202	71-0694931	501(C)(3)	30,609	0			SUBAWARD
(7) ASIAN WOMEN FOR HEALTH INC 83 WALLACE ST SOMERVILLE,MA 02144	32-0390494	501(C)(3)	47,372	0			SUBAWARD
(8) BAY COVE HUMAN SERVICES 66 CANAL ST 3RD FLOOR BOSTON,MA 02114	04-2518575	501(C)(3)	1,235,804	0			SUBAWARD
(9) BAY STATE COMM SERVICES INC 1120 HANCOCK STREET QUINCY,MA 02169	04-2468492	501(C)(3)	32,736	0			SUBAWARD
(10) BAYSTATE MEDICAL CENTER 140 HIGH STREET C SPRINGFIELD,MA 01199	04-2790311	501(C)(3)	73,607	0			SUBAWARD
(11) BERKSHIRE REGIONAL PLANNING COMMISSION 1 FENN STREET PITTSFIELD,MA 01201	04-2430187	501(C)(3)	29,188	0			SUBAWARD
(12) BIDMC - BETH ISRAEL DEACONESS 330 BROOKLINE AVE MISC A/R - OTHER A/R BR-3 BOSTON,MA 02215	04-2103881	501(C)(3)	363,824	0			SUBAWARD
(13) BOSTON HOUSING AUTHORITY 52 CHAUNCY STREET 7TH FLOOR BOSTON,MA 02111	04-6001907	501(C)(3)	12,699	0			SUBAWARD
(14) BOSTON UNIVERSITY OFFICE OF FINANCIAL AFFAIRS 715 ALBANY ST STE 580 BOSTON,MA 021182528	04-2103547	501(C)(3)	5,508,578	0			SUBAWARD
(15) BRANDEIS UNIVERSITY OFFICE OF GRANTS ADMIN MAILSTOP 116 WALTHAM,MA 022549110	04-2103552	501(C)(3)	230,999	0			SUBAWARD
(16) BRIDGEWATER STATE UNIVERSITY 131 SUMMER STREET BRIDGEWATER,MA 02325	04-3010428	501(C)(3)	459,508	0			SUBAWARD
(17) BRIGHAM & WOMENS HOSPITAL INC RESEARCH MANAGEMENT 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	287,461	0			SUBAWARD
(18) BROCKTON AREA MULTI-SERVICES INC 10 CHRISTYS DR BROCKTON,MA 02301	04-2562377	501(C)(3)	151,314	0			SUBAWARD
(19) BROCKTON NEIGHBORHOOD HEALTH 63 MAIN STREET BROCKTON,MA 02301	04-3165044	501(C)(3)	442,395	0			SUBAWARD
(20) BROWN UNIVERSITY OFFICE OF CONTROLLER BOX J PROVIDENCE,RI 02912	05-0258809	501(C)(3)	33,033	0			SUBAWARD
(21) CHC OF CAPE COD 107 COMMERCIAL ST MASHPEE,MA 02649	04-3370560	501(C)(3)	541,343	0			SUBAWARD
(22) CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	501(C)(3)	87,422	0			SUBAWARD
(23) CHILDREN'S HOSPITAL OF PHILLY 3401 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	82,570	0			SUBAWARD
(24) CITY OF NEW BEDFORD 133 WILLIAM STREET NEW BEDFORD,MA 02740	04-6001402	115	40,272	0			SUBAWARD
(25) CITY OF NORTHHAMPTON 212 MAIN STREET NORTHAMPTON,MA 01060	04-6001406	501(C)(3)	63,261	0			SUBAWARD
(26) CITY OF SALEM 93 WASHINGTON STREET SALEM,MA 01970	04-6001413	501(C)(3)	642,988	0			SUBAWARD
(27) CITY OF SPRINGFIELD DEPT OF HEALTH AND HUMAN SERVICES 95 STATE STREET SUITE 201 SPRINGFIELD,MA 01103	04-6001415	501(C)(3)	36,609	0			SUBAWARD
(28) CLEVELAND CLINIC LABORATORIES PO BOX 74222 CLEVELAND,OH 44194	34-0714585	501(C)(3)	37,780	0			SUBAWARD
(29) COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH DIVISION OF FOOD AND DRUGS 305 SOUT JAMAICA PLAIN,MA 02130	04-6002284	115	682,211	0			SUBAWARD
(30) COMMUNITY HEALTHLINK INC 72 JAQUES AVENUE WORCESTER,MA 01610	04-2626179	501(C)(3)	72,830	0			SUBAWARD
(31) CONNECTICUT CHILDREN'S MED CTR 10 COLUMBUS BLVD HARTFORD,CT 06106	06-0646755	501(C)(3)	52,166	0			SUBAWARD
(32) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP418 BOSTON,MA 022156084	04-2263040	501(C)(3)	685,193	0			SUBAWARD
(33) DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD STE 6015 HANOVER,NH 037651471	02-0222111	501(C)(3)	108,510	0			SUBAWARD
(34) DOTHOUSE HEALTH INC 1353 DORCHESTER AVENUE DORCHESTER,MA 02122	23-7125970	501(C)(3)	80,025	0			SUBAWARD
(35) DREXEL UNIVERSITY 3201 ARCH ST STE 420 PHILADELPHIA,PA 19104	23-1352630	501(C)(3)	48,809	0			SUBAWARD
(36) DUDLEY ST NEIGHBRHD INITIATIVE 550 DUDLEY STREET ROXBURY,MA 02119	04-2859066	501(C)(3)	200,153	0			SUBAWARD
(37) EAST BOSTON NHC 10 GOVE STREET EAST BOSTON,MA 02128	23-7425849	501(C)(3)	86,641	0			SUBAWARD
(38) ELON UNIVERSITY 100 CAMPUS DRIVE ELON,NC 27244	56-0532303	501(C)(3)	40,604	0			SUBAWARD
(39) EMORY UNIVERSITY OFFICE OF GRANTS CONTRACTS 1599 CLIFTON ROAD 4TH FL ATLANTA,GA 30322	58-0566256	501(C)(3)	33,702	0			SUBAWARD
(40) FAMILY SVCS OF MERRIMACK VALLEY 430 NORTH CANAL STREET LAWRENCE,MA 01840	04-2104054	501(C)(3)	19,766	0			SUBAWARD
(41) FAMILYAID BOSTON INC 3815 WASHINGTON STREET BOSTON,MA 02130	04-2105756	501(C)(3)	75,000	0			SUBAWARD
(42) FLORIDA INTERNATIONAL UNIV 11200 SW 8TH STREET CSC319 MIAMI,FL 33199	65-0177616	501(C)(3)	277,985	0			SUBAWARD
(43) GREATER LOWELL HEALTH ALLIANCE 55 TECHNOLOGY DRIVE LOWELL,MA 01851	27-0408037	501(C)(3)	671,357	0			SUBAWARD
(44) HARBOR HEALTH SERVICE INC 398 NEPONSET AVE DORCHESTER,MA 02122	23-7100550	501(C)(3)	137,797	0			SUBAWARD
(45) HARVARD PILGRIM HEALTH CARE 1600 CROWN COLONY DR QUINCY,MA 02169	04-2452600	501(C)(3)	5,888	0			SUBAWARD
(46) HARVARD UNIVERSITY OFFICE OF SPONSORED PROGS HOLYOKE CENTER 1350 MASSACHUSETTS AVE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	123,911	0			SUBAWARD
(47) HEALTH RESOURCES IN ACTION INC 2 BOYLSTON STREET 4TH FLOOR BOSTON,MA 02116	04-2229839	501(C)(3)	114,143	0			SUBAWARD
(48) HEBREW COLLEGE 160 HERRICK ROAD NEWTON CENTRE,MA 02459	04-2104300	501(C)(3)	15,000	0			SUBAWARD
(49) HOLYOKE HEALTH CENTER INC 230 MAPLE STREET ATTN KATHLEEN LEBLANC HOLYOKE,MA 01040	04-2492730	501(C)(3)	94,078	0			SUBAWARD
(50) HOLYOKE MEDICAL CENTER INC ATTN PAUL BARRETT PHARMACY 575 BEECH STREET HOLYOKE,MA 01040	22-2520073	501(C)(3)	48,635	0			SUBAWARD
(51) INSTITUTE FOR HEALTHCARE IMPROVEMENT 53 STATE STREET 19TH FLOOR BOSTON,MA 02109	38-3017223	501(C)(3)	118,864	0			SUBAWARD
(52) JEWISH VOCATIONAL SERVICES ATTN ACCOUNTING DEPARTMENT 105 CHAUNCY ST BOSTON,MA 02111	04-2104357	501(C)(3)	170,784	0			SUBAWARD
(53) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE DEPT HEALTH POLICY MGMT 624 N BROADWAY RM 627 BALTIMORE,MD 21210	52-0595110	501(C)(3)	92,737	0			SUBAWARD
(54) JOSLIN DIABETES CENTER ONE JOSLIN PL BOSTON,MA 02215	04-2203836	501(C)(3)	26,618	0			SUBAWARD
(55) LOWELL COMMUNITY HEALTH CTR 161 JACKSON ST LOWELL,MA 01852	04-2881348	501(C)(3)	126,726	0			SUBAWARD
(56) MASS INSTITUTE OF TECHNOLOGY DBA DIVISION OF COMPARATIVE MEDICINE BUILDING 16-849 CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	119,267	0			SUBAWARD
(57) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 02114	04-2697983	501(C)(3)	869,667	0			SUBAWARD
(58) MCLEAN HOSPITAL CORPORATION 115 MILL ST BELMONT,MA 024789106	04-2697981	501(C)(3)	107,194	0			SUBAWARD
(59) METROPOLITAN AREA PLANNING COUNCIL 60 TEMPLE PLACE BOSTON,MA 02111	04-2472296	501(C)(3)	68,000	0			SUBAWARD
(60) NEW YORK UNIVERSITY 105 EAST 17TH STREET 4TH FL NEW YORK,NY 10003	13-5562308	501(C)(3)	45,138	0			SUBAWARD
(61) NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY RALEIGH,NC 27607	56-6000756	501(C)(3)	9,089	0			SUBAWARD
(62) NORTH SHORE CMTY HEALTH CTR 27 CONGRESS STREET STE 513 SALEM,MA 01970	04-2610447	501(C)(3)	1,138,133	0			SUBAWARD
(63) NORTH SUFFOLK MENTAL HEALTH ASSOCIATION 301 BROADWAY AVE CHELSEA,MA 02150	04-2317215	501(C)(3)	453,208	0			SUBAWARD
(64) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON,MA 02115	04-1679980	501(C)(3)	151,165	0			SUBAWARD
(65) NORTHERN ARIZONA UNIVERSITY 525 S BEAVER STREET SCIENCE ANNEX BLDG 20 4TH FLOOR FLAGSTAFF,AZ 86011	74-2579628	115	30,500	0			SUBAWARD
(66) NORTHSHORE UNIVERSITY HEALTH SYSTEM 9455 EAGLE WAY CHICAGO,IL 606781094	36-2167060	501(C)(3)	28,353	0			SUBAWARD
(67) NOUS FOUNDATION INC ACP DECISIONA 195 CARLTON ROAD WABAN,MA 02468	27-1871373	501(C)(3)	576,284	0			SUBAWARD
(68) PALO ALTO VETERANS INST FOR RESEARCH 3801 MIRANDA AVENUE 151P PALO ALTO,CA 943040038	77-0207331	501(C)(3)	103,867	0			SUBAWARD
(69) PLYMOUTH COUNTY OUTREACH HOPE INC PO BOX 401 EAST BRIDGEWATER,MA 02333	46-0970650	501(C)(3)	766,022	0			SUBAWARD
(70) PROOF ALLIANCE 1876 MINNEHAHA AVE WEST SAINT PAUL,MN 55104	41-1904618	501(C)(3)	210,644	0			SUBAWARD
(71) RAND CORPORATION 1776 MAIN ST PO BOX 2138 SANTA MONICA,CA 904072138	95-1958142	501(C)(3)	30,158	0			SUBAWARD
(72) REGENTS OF THE UNIV OF CALIFORNIA DBA UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 920930953	95-6006144	501(C)(3)	110,608	0			SUBAWARD
(73) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE,RI 029034923	05-0258954	501(C)(3)	49,523	0			SUBAWARD
(74) SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE,WA 98105	91-0564748	501(C)(3)	331,786	0			SUBAWARD
(75) SIGNATURE HEALTHCARE CORP 680 CENTRE STREET BROCKTON,MA 023023395	04-2103554	501(C)(3)	71,640	0			SUBAWARD
(76) SOCIAL SCIENCE RESEARCH AND EVALUATION INC SSRE 84 MILL STREET LINCOLN,MA 017731706	22-2551337	501(C)(3)	87,796	0			SUBAWARD
(77) SOUTHWEST BOSTON SENIOR SVC DBA ETHOS 555 AMORY STREET JAMAICA PLAIN,MA 02130	23-7304163	501(C)(3)	5,923	0			SUBAWARD
(78) SPANISH AMERICAN CENTER INC 112 SPRUCE STREET LEOMINSTER,MA 01453	04-2761759	501(C)(3)	655,848	0			SUBAWARD
(79) STANFORD UNIVERSITY WELLMD CENTER 1520 PAGE MILL ROAD PALO ALTO,CA 943045156	94-1156365	501(C)(3)	144,482	0			SUBAWARD
(80) TEEN CHALLENGE NEW ENGLAND 1311 MAIN STREET BROCKTON,MA 02301	04-2401399	501(C)(3)	73,217	0			SUBAWARD
(81) THE FEINSTEIN INSTITUTES FOR MEDICAL RESEARCH 972 BRUSH HOLLOW ROAD 5TH FLOOR WESTBURY,NY 11590	11-2673595	501(C)(3)	169,375	0			SUBAWARD
(82) THE FULL FRAME INITIATIVE INC 308 MAIN STREET SUITE 2A GREENFIELD,MA 01301	30-0592577	501(C)(3)	78,245	0			SUBAWARD
(83) THE PENNSYLVANIA STATE UNIV DEPT OF VETERINARY AND BIOMEDICAL SCIENCES-COLLEGE OF AGRICULTURAL SC UNIVERSITY PARK,PA 168023500	24-6000376	115	13,227	0			SUBAWARD
(84) THE REGENTS OF THE UNIVERSITY OF COLORADO OF COLORADO 1800 GRANT STREET SUITE 600 DENVER,CO 80203	84-6000555	501(C)(3)	96,411	0			SUBAWARD
(85) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 700 FANNIN STREET HOUSTON,TX 77030	74-1761309	115	10,732	0			SUBAWARD
(86) TRUSTEES OF THE UNIVERSITY OF OF PENNSYLVANIA 3400 SPRUCE STREET 6 WEST GATES 6041 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	146,025	0			SUBAWARD
(87) TUFTS UNIVERSITY NEMCH 096 171 HARRISON AVENUE BOSTON,MA 02111	04-2103634	501(C)(3)	381,180	0			SUBAWARD
(88) UNIV OF N CAROLINA AT CHAPEL HILL OFFICE OF CONTRACTS GRANTS CB 1350 104 AIRPORT DRIVE SUITE 2200 CHAPEL HILL,NC 275991350	56-6001393	501(C)(3)	735,549	0			SUBAWARD
(89) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 500 PARNASSUS AVE MU 200-W SAN FRANCISCO,CA 941430244	94-6036493	501(C)(3)	131,674	0			SUBAWARD
(90) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD BOX 368 HONOLULU,HI 968222234	99-6000354	115	290,441	0			SUBAWARD
(91) UNIVERSITY OF IOWA DSHB DEPT BIOLOGICAL SCIENCES 436 BB IOWA CITY,IA 522421324	42-6004813	115	6,740	0			SUBAWARD
(92) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON,KY 405060057	61-6033693	501(C)(3)	17,527	0			SUBAWARD
(93) UNIVERSITY OF LOUISVILLE CONTROLLERS OFFICE SERVICE COMPLEX BUILDING LOUISVILLE,KY 40292	61-1014882	115	22,199	0			SUBAWARD
(94) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	115	444,446	0			SUBAWARD
(95) UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER 3003 S STATE STREET ANN HARBOR,MI 481091287	38-6006309	501(C)(3)	95,109	0			SUBAWARD
(96) UNIVERSITY OF NEW MEXICO (HSC) 1 UNIVERSITY OF NEW MEXICO MSC01 1300 ALBUQUERQUE,NM 87131	85-6000642	115	89,877	0			SUBAWARD
(97) UNIVERSITY OF PITTSBURGH ATTN NICOLE KAEFER 200 MEYRAN AVE SUITE 200 PITTSBURGH,PA 15213	25-0965591	501(C)(3)	592,236	0			SUBAWARD
(98) UNIVERSITY OF SOUTH CALIFORNIA UNIVERSITY GARDENS SUITE 205 LOS ANGELES,CA 900898006	95-1642394	501(C)(3)	56,539	0			SUBAWARD
(99) UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE SUITE 300 SEATTLE,WA 98195	91-6001537	115	316,466	0			SUBAWARD
(100) UNIVERSITY SYSTEM OF NH DBA UNH INST ON DISABILITY 56 OLD SUNCOOK RD STE 2 CONCORD,NH 03301	02-6000937	501(C)(3)	12,710	0			SUBAWARD
(101) US CIVILIAN RESEARCH AND DEVELOPMENT FOUNDATION 1776 WILSON BOULEVARD SUITE 300 ARLINGTON,VA 22209	54-1773406	501(C)(3)	67,372	0			SUBAWARD
(102) VANDERBILT UNIVERSITY PMB 406310 2301 VANDERBILT PLACE NASHVILLE,TN 372406310	62-0476822	501(C)(3)	19,772	0			SUBAWARD
(103) VANDERBILT UNIVERSITY MEDICAL CTR 1161 21ST AVE SOUTH D-3300 MEDICAL CENTER NORTH NASHVILLE,TN 372325445	35-2528741	501(C)(3)	102,987	0			SUBAWARD
(104) VINFEN CORP 1050 COMMONWEALTH AVE STE 200 BOSTON,MA 02215	04-2632219	501(C)(3)	258,717	0			SUBAWARD
(105) VITAL CXNS INC 133 BRIDGE ST NEWTON,MA 02458	30-1255787	501(C)(3)	5,162	0			SUBAWARD
(106) WAKE FOREST UNIV HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	69,456	0			SUBAWARD
(107) WALK BOSTONSRS OLD CITY HALL 45 SCHOOL STREET BOSTON,MA 02108	22-3061699	501(C)(3)	53,365	0			SUBAWARD
(108) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 700 ROSEDALE AVENUE CB1034 SAINT LOUIS,MO 631121408	43-0653611	501(C)(3)	15,973	0			SUBAWARD
(109) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY C/O RESEARCH ACCOUNTING DEPT 100 BROADWAY 8TH FL NEW YORK,NY 10005	13-1623978	501(C)(3)	106,724	0			SUBAWARD
(110) WESTERN MASSACHUSETTS TRAINING 187 HIGH STREET SUITE 202 HOLYOKE,MA 01040	23-7450656	501(C)(3)	1,442,507	0			SUBAWARD
(111) YALE UNIVERSITY SCHOOL OF MED 2 WHITNEY AVE6TH FLOOR NEW HAVEN,CT 06510	06-0646973	501(C)(3)	127,918	0			SUBAWARD
(112) YMCA OF GREATER BOSTON DORCHESTER FAMILY BRANCH 776 WASHINGTON STREET DORCHESTER,MA 02124	04-2103551	501(C)(3)	50,000	0			SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 112

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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 CLOUDSUITE 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:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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)	1,331,211	881,056	301,154	20,300	23,556	2,557,277	0
	(ii)	0	0	0	0	0	0	0
2 ALASTAIR BELL SVP OPS & STRATEGY/COO	(i)	828,644	530,304	119,449	138,250	12,029	1,628,676	68,000
	(ii)	0	0	0	0	0	0	0
3 TERRI NEWSOM SVP/CFO/TREASURER	(i)	635,183	282,048	17,500	100,177	29,287	1,064,195	0
	(ii)	0	0	0	0	0	0	0
4 JENNIFER TSENG MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	990,048	0	2,597	600	3,146	996,391	0
5 RAVIN DAVIDOFF MD SVP MEDICAL AFFAIRS AND CMO	(i)	525,772	236,250	90,865	20,300	46,843	920,030	0
	(ii)	0	0	0	0	0	0	0
6 DAVID COLEMAN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	820,438	0	7,908	600	1,829	830,775	0
7 NANCY GADEN SVP CHIEF NURSING OFFICER	(i)	429,469	215,000	52,287	67,300	43,253	807,309	29,500
	(ii)	0	0	0	0	0	0	0
8 LISA KELLY-CROSWELL SVP/CHRO	(i)	462,306	169,952	56,644	70,900	23,945	783,747	32,500
	(ii)	0	0	0	0	0	0	0
9 ARTHUR HARVEY VP/CIO	(i)	457,724	176,250	26,041	74,900	32,719	767,634	9,500
	(ii)	0	0	0	0	0	0	0
10 BOB BIGGIO SVP FACILITY & SUPT SVCS	(i)	408,123	159,375	65,094	67,285	49,312	749,189	32,500
	(ii)	0	0	0	0	0	0	0
11 JOE CAMILLUS SVP AMBULATORY & PRF SVC	(i)	408,955	159,375	45,944	65,189	45,280	724,743	23,500
	(ii)	0	0	0	0	0	0	0
12 DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK	(i)	424,344	155,488	61,523	20,300	38,609	700,264	27,100
	(ii)	0	0	0	0	0	0	0
13 THEA JAMES VP OF MISSION AND ASSOCIATE CMO	(i)	400,560	120,000	38,892	14,500	50,375	624,327	0
	(ii)	0	0	0	0	0	0	0
14 DAVID TWITCHELL VP AND CHIEF PHARMACY OFFICER	(i)	340,056	155,000	2,692	35,700	46,252	579,700	0
	(ii)	0	0	0	0	0	0	0
15 NORMAN STEIN FORMER SVP CHIEF DEVELOPMENT OFFICER	(i)	0	0	400,000	892	585	401,477	0
	(ii)	0	0	0	0	0	0	0
16 JULIE JONCAS FORMER VP FINANCE	(i)	0	0	348,704	335	11,809	360,848	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, LINES 4A-B	LINE 4A: NORMAN STEIN AND JULIE JONCAS LEFT THE ORGANIZATION ON 12/30/2020. NORMAN STEIN'S HAD A 2-YEAR SEVERANCE ARRANGEMENT AND JULIE JONCAS HAD A 1-YEAR SEVERANCE ARRANGEMENT. THEIR SEVERANCE AMOUNTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). 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 AMOUNTS REPORTED FOR THE EXECUTIVES BELOW WERE CONTRIBUTED IN 2018 AND BECAME VESTED AND WERE PAID IN 2021: BIGGIO - $53,652 BELL - $99,834 KELLY-CROSSWELL - $45,797 GADEN - $42,133 HARVEY - $13,387 CAMILLUS - $34,501 BOSTON MEDICAL CENTER PROVIDED A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN TO DAVID BECK, RAVIN DAVIDOFF, AND KATHLEEN WALSH. ALL THREE EXECUTIVES HAVE REACHED THE PLAN RETIREMENT AGE AND HAVE 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, 2021 CONTRIBUTIONS OF $51,600, $78,750, AND $270,000 WERE PAID IN CASH TO DAVID BECK, RAVIN DAVIDOFF, AND KATHLEEN WALSH, RESPECTIVELY, IN 2021. THESE AMOUNTS ARE 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 2021 PERFORMANCE BONUS PAYOUTS WERE APPROVED BY THE COMMITTEE AFTER IT REVIEWED THE 2021 PERFORMANCE RESULTS AGAINST PRE ESTABLISHED PERFORMANCE TARGETS, AND APPROVED THE FORMULA-BASED PAYOUTS ACCORDINGLY.

Additional Data

Return to Form

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part 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

2021

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
1	Amount of bonds retired	84,605,000		6,975,000	5,435,000
2	Amount of bonds legally defeased				
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

		A		B		C		D	
		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 2020, 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 2020, 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			
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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?								
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 10, 2022, 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

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part 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

2021

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
1	Amount of bonds retired	8,775,717			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	13,688,734			
4	Gross proceeds in reserve funds	48,134			
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				

		A		B		C		D	
		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 2020, 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 2020, 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						
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							

Part IV Arbitrage (Continued)

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

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

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

Return Reference	Explanation

Additional Data

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Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2021

Open to Public Inspection

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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANNAH LEAVER	DAUGHTER OF TRUSTEE	206,765	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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2021

Open to Public Inspection

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		26,648	DONOR ESTIMATE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	69	3,274,340	MEAN VAL ON CONTRIB DATE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	5	3,053	DONOR ESTIMATE
20	Drugs and medical supplies	X	1	315	DONOR ESTIMATE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TICKETS)	X	3	9,700	DONOR ESTIMATE
26	Other ▶ (GIFT CERTIFICATE)	X	7	3,975	DONOR ESTIMATE
27	Other ▶ (BEAUTY)	X	1	865	DONOR ESTIMATE
28	Other ▶ (TOYS)	X	1	159	DONOR ESTIMATE

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
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

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SCHEDULE O
(Form 990)

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

2021

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	KATHLEEN E. WALSH BISOLA OJIKUTU, M.D. BUSINESS RELATIONSHIP - THE OFFICERS AND TRUSTEES ABOVE ARE ALSO MEMBERS 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, 2022 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	BOSTON MEDICAL CENTER HEALTH SYSTEM IS A SUPPORTING ORGANIZATION OF BOTH BOSTON MEDICAL CENTER AND WELLSENSE HEALTH PLAN. ALL THREE ENTITIES HAVE THE SAME INDEPENDENT COMPENSATION COMMITTEE, FORMED OF INDIVIDUALS WHOSE COMPENSATION IS NOT IN ISSUE, THAT ESTABLISHES THE COMPENSATION OF THE PRESIDENT AND CEO AND APPROVES THE COMPENSATION OF SENIOR MANAGEMENT. THE COMMITTEE MEMBERS ARE NOT UNDER THE CONTROL OR DIRECTION OF ANY HEALTH SYSTEM, MEDICAL CENTER, OR HEALTH PLAN EXECUTIVE SEEKING COMPENSATION. THE INDIVIDUAL COMPENSATION PLANS ARE SUPPORTED BY COMPARABLE DATA, WHICH INCLUDES COMPENSATION PAID FOR COMPARABLE POSITIONS BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX-EXEMPT), INDEPENDENTLY COMPILED COMPENSATION SURVEYS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE HEALTH SYSTEM, MEDICAL CENTER, OR HEALTH PLAN EXECUTIVE. THE COMMITTEE MAY ALSO UTILIZE AN INDEPENDENT COMPENSATION CONSULTANT AS PART OF THE COMPENSATION-SETTING PROCESS. THE INDEPENDENT COMMITTEE'S ASSESSMENTS OF THESE CONSIDERATIONS ARE CONTAINED IN THE MINUTES OF THE COMMITTEE MEETINGS. THE REVIEW PROCESS INCLUDES, AND THE MINUTES INDICATE, DISCUSSIONS AND EVALUATIONS OF EACH EXECUTIVE'S PRIOR PERFORMANCE, QUALIFICATIONS, AND EXPERIENCE. THE EXECUTIVES ARE NOT PRESENT FOR THE INDEPENDENT COMMITTEE'S DISCUSSIONS OR THE COMMITTEE'S 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 AND OTHER ADJUSTMENTS 3,687,424. TRANSFER TO AFFILIATES -11,890,667.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(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	HEALTHCARE	MA	501 (C) (3)	12C III-FI			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
ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3354353					N/A		
(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	MEDICAL SVCS	MA	501 (C) (3)	12 B-II	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	(g) Section 512(b)(13) controlled entity? No
04-3289381							

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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1) BMC INSURANCE COMPANY LTD FIRST CARRIBEAN HOUSE 10 MAIN STRE GRAND CAYMAN CJ 98-0375219	INSURANCE	CJ	BMC	C	980,589	84,787,308	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.

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	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	4,900,000	FMV
(2)BMC INSURANCE COMPANY LTD	P	3,625,000	FMV
(3)BMC HEALTH SYSTEM INC	D	16,226,000	FMV

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: