

Part III

Statement of Program Service Accomplishments

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

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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 \$ 2,310,689,481 including grants of \$) (Revenue \$ 2,526,992,354)

THE STATUTE THAT AUTHORIZED THE CREATION OF BOSTON MEDICAL CENTER REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 654-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 BMC'S 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 \$ 16,785,466 including grants of \$ 16,785,466) (Revenue \$)

BOSTON MEDICAL CENTER PROVIDES RESEARCH SUPPORT TO ORGANIZATIONS WITHIN THE UNITED STATES.

4c (Code:) (Expenses \$ 1,080,692 including grants of \$ 1,080,692) (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 2,328,555,639

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)?	11f Yes	
12a If "Yes," complete Schedule D, Part XI. 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?	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?	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations 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	1,153
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	12,872			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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: C J , LT						
5a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Did the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a			No	
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No	
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7		Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes		
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes		
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No	
d		If "Yes," indicate the number of Forms 8282 filed during the year		7d				
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g				
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		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?		13a				
		Note. See the instructions for additional information the organization must report on Schedule O.						
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?		15		Yes		
16		Is the organization subject to the section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17				
		If "Yes," complete Form 6069.						

Part VI

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	27	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent.	1b	23	
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, box 6 of 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			
(1) ALASTAIR BELL MD TRUSTEE /INTERIM PRESIDENT(THRU 5/31/24)	50.00 4.00	X		X			1,769,199	0	180,077
(2) JENNIFER TSENG MD TRUSTEE (THRU 1/1/24)	1.00 50.00	X					0	1,156,227	41,056
(3) KAREN ANTMAN MD TRUSTEE	1.00 0.00	X					0	0	0
(4) ANITA BEKENSTEIN TRUSTEE	1.00 0.00	X					0	0	0
(5) REV WILLIE BODRICK II TRUSTEE (AS OF 11/7/23)	1.00 0.00	X					0	0	0
(6) MARY BOYD TRUSTEE (AS OF 5/14/24)	1.00 0.00	X					0	0	0
(7) RYAN CARROLL TRUSTEE	1.00 0.00	X					0	0	0
(8) NADINE CHAKAR TRUSTEE	1.00 0.00	X					0	0	0
(9) ENRIQUE COLBERT TRUSTEE	1.00 0.00	X					0	0	0
(10) SANDRA COTTERELL TRUSTEE (THRU 8/21/24)	1.00 1.00	X					0	0	0
(11) TODD COZZENS TRUSTEE (AS OF 5/14/24)	1.00 0.00	X					0	0	0
(12) PIERRE CREMIEUX TRUSTEE	1.00 0.00	X					0	0	0
(13) RANDI CUTLER TRUSTEE	1.00 1.00	X					0	0	0
(14) MANISHI DESAI TRUSTEE	1.00 4.00	X					0	291,570	44,175
(15) PAUL EGERMAN TRUSTEE	1.00 0.00	X					0	0	0
(16) RUTH ELLEN FITCH TRUSTEE (THRU 5/14/24)	1.00 0.00	X					0	0	0
(17) MELANIE FOLEY TRUSTEE (THRU 5/14/24)	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) JOHN T HAILER TRUSTEE (THRU 5/14/24)	1.00 0.00	X						0	0	0
(19) ANTHONY HOLLENBERG MD TRUSTEE/PRESIDENT (AS OF 5/31/24)	50.00 5.00	X		X				0	931,987	32,363
(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) RICHARD MARKS TRUSTEE	1.00 1.00	X						0	0	0
(24) DEVIN MCCOURTY TRUSTEE	1.00 0.00	X						0	0	0
(25) MICHELLE NADOW TRUSTEE	1.00 0.00	X						0	0	0
(26) BISOLA OJIKUTU MD TRUSTEE	1.00 0.00	X						0	0	0
(27) MARTHA SAMUELSON TRUSTEE/CHAIR	1.00 1.00	X		X				0	0	0
(28) CYNTHIA SIERRA TRUSTEE	1.00 0.00	X						0	0	0
(29) PATRICK SMITH TRUSTEE (AS OF 5/14/24)	1.00 0.00	X						0	0	0
(30) TED TRUSCOTT TRUSTEE (AS OF 11/7/23)	1.00 0.00	X						0	0	0
(31) GREGORY WILMOT TRUSTEE	1.00 0.00	X						0	0	0
(32) ANDREW YOUNISS TRUSTEE	1.00 1.00	X						0	0	0
(33) TERRI NEWSOM SVP/CF0/TREASURER (THRU 7/1/24)	50.00 2.00			X				809,132	0	114,386
(34) DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK	50.00 10.00			X				681,033	0	56,003
(35) JESSE SOUWEINE TREASURER (07/01/24 - 11/12/24)	50.00 3.00			X				184,790	0	9,325
(36) NANCY GADEN SVP OF CLINICAL OPERATIONS/CNO	50.00 0.00				X			788,987	0	53,276
(37) DAVID MCANENY SVP/CHIEF MEDICAL OFFICER	50.00 1.00				X			824,004	0	40,665
(38) LISA KELLY-CROSWELL SVP/CHIEF HR OFFICER	50.00 0.00				X			699,041	0	111,820
(39) RAVIN DAVIDOFF MD SVP/EXECUTIVE MEDICAL DIRECTOR	50.00 0.00				X			353,143	0	53,017
(40) JOE CAMILLUS SVP AMBULATORY & PRF SVC	50.00 1.00					X		760,503	0	138,091
(41) NICOLE FAUCHER PRESIDENT, CLEARWAY HEALTH, LLC	0.00 50.00					X		798,340	0	67,832
(42) ARTHUR HARVEY VP/CIO	50.00 0.00					X		645,941	0	117,202
(43) ROBERT BIGGIO SVP/CHIEF SUSTAINABILITY/RE OFFICER	50.00 0.00					X		604,968	0	87,861
(44) JODI LARSON VP, CHIEF QUALITY OFFICER	40.00 0.00					X		519,212	0	97,876
(45) KATHLEEN E WALSH FORMER PRESIDENT	0.00						X	583,594	0	5,611

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A . . .			
d Total (add lines 1b and 1c)	10,021,887	2,379,784	1,250,636

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	2,129						
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>3</td><td>Yes</td><td></td></tr></table>		Yes	No	3	Yes	
	Yes	No						
3	Yes							
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<table><tr><td></td><td></td><td></td></tr><tr><td>4</td><td>Yes</td><td></td></tr></table>				4	Yes	
4	Yes							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<table><tr><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td>No</td></tr></table>				5		No
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
SHC SERVICES INC 1640 WEST REDSTONE CENTER DRIVE SU PARK CITY, UT 84098	TEMPORARY STAFFING	69,578,940
BOSTON UNIVERSITY 715 ALBANY ST STE 580 BOSTON, MA 021182528	RESEARCH & OTHER SHARED SERVICES	67,776,195
WALSH BROTHERS INCORPORATED 210 COMMERCIAL STREET BOSTON, MA 02109	BUILDING CONTRACTOR	35,617,918
PRICEWATERHOUSECOOPERS ADVISOR 4040 W BOY SCOUT BOULEVARD TAMPA, FL 33607	ACCOUNTS RECEIVABLE MANAGEMENT	23,178,449
SOUTHERN MIDDLESEX INDUSTRIES 823 PLEASANT ST NORWOOD, MA 02062	BUILDING CONTRACTOR	10,793,300
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 251		

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	1a	Federated campaigns	1a	
Similar Amounts		Membership dues	1b	
		Fundraising events	1c	
		Related organizations	1d	
		Government grants (contributions)	1e	
		All other contributions, gifts, grants, and similar amounts not included above	1f	
		Noncash contributions included in lines 1a - 1f:\$	1g	
		h Total. Add lines 1a-1f		

Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code				
			900099	1,534,908,632	1,534,908,632		
	b	PHARMACY	900099	839,420,261	837,534,835	1,885,426	
	c	GRANT & CONTRACT REVENUE	900099	122,975,038	122,975,038		
	d	OTHER PROGRAM REVENUE	900099	31,573,849	31,573,849		
	e						
	f	All other program service revenue.					
	9	Total. Add lines 2a-2f.		2,528,877,780			

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,515,512		228,481	16,287,031
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			6a	9,028,402			
			6b	9,932,511			
	c	Rental income or (loss)	6c	-904,109			
	d	Net rental income or (loss)			-904,109		-904,109
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a	566,789,981			
			7b	550,660,426			
	c	Gain or (loss)	7c	16,129,555			
	d	Net gain or (loss)			16,129,555	42,907	16,086,648
	8a	Gross income from fundraising events (not including \$ 3,654,435 of contributions reported on line 1c). See Part IV, line 18	8a	811,801			
			8b	1,018,981			
	c	Net income or (loss) from fundraising events			-207,180		-207,180
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
			9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
			10b				
	c	Net income or (loss) from sales of inventory					

OtherRevenueMiscAmt	11a	PARKING	Business Code				
			812930	9,558,775			9,558,775
	b	CAFETERIA	900099	4,070,474			4,070,474
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		13,629,249			
	12	Total revenue. See instructions		2,600,525,380	2,526,992,354	2,156,814	44,891,639

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	16,785,466	16,785,466		
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.	1,080,692	1,080,692		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,098,962		6,098,962	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	308,172	308,172		
7 Other salaries and wages	762,526,114	670,424,772	87,154,548	4,946,794
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,639,557	23,237,425	3,230,751	171,381
9 Other employee benefits	105,935,045	92,406,103	12,847,428	681,514
10 Payroll taxes	65,304,563	56,964,531	7,919,907	420,125
11 Fees for services (non-employees):				
a Management				
b Legal	2,035,908	1,405,519	620,980	9,409
c Accounting	1,752,089	792,721	954,362	5,006
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	344,678		344,678	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	132,452,176	93,682,656	37,238,087	1,531,433
12 Advertising and promotion	2,628,850	2,281,562	330,536	16,752
13 Office expenses	21,348,509	17,965,646	3,179,880	202,983
14 Information technology	54,030,657	47,133,668	6,549,556	347,433
15 Royalties				
16 Occupancy	31,835,962	27,770,198	3,860,953	204,811
17 Travel	3,740,514	2,401,730	1,316,840	21,944
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,962,087	1,711,089	218,124	32,874
20 Interest	24,770,439	21,607,012	3,004,071	159,356
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,538,119	95,549,029	13,284,396	704,694
23 Insurance	11,984,551	10,454,007	1,453,444	77,100
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	711,388,280	711,388,280		
b PHYSICIAN SERVICES	188,718,191	184,480,283	4,237,908	
c PATIENT RELATED SUPPLIE	117,547,159	117,492,040	52,342	2,777
d DIRECT RESEARCH	96,383,950	96,383,950		
e All other expenses	144,360,478	34,849,088	109,257,166	254,224
25 Total functional expenses. Add lines 1 through 24e	2,641,501,168	2,328,555,639	303,154,919	9,790,610
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		-7,519,912	1	-7,360,633
	2	Savings and temporary cash investments		55,357,335	2	90,588,591
	3	Pledges and grants receivable, net		20,778,929	3	30,559,895
	4	Accounts receivable, net		348,337,332	4	426,500,319
	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		97,828,426	7	87,857,740
	8	Inventories for sale or use		27,928,035	8	29,208,456
	9	Prepaid expenses and deferred charges		6,907,948	9	5,499,315
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a2,410,443,088			
	b	Less: accumulated depreciation	10b1,373,420,675	1,005,631,372	10c	1,037,022,413
	11	Investments—publicly traded securities		46,383,460	11	392,400,231
	12	Investments—other securities. See Part IV, line 11		324,982,638	12	515,490,342
	13	Investments—program-related. See Part IV, line 11		230,000	13	230,000
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		705,353,604	15	224,080,310
16	Total assets: Add lines 1 through 15 (must equal line 33)		2,632,199,167	16	2,832,076,979	
Liabilities	17	Accounts payable and accrued expenses		292,693,919	17	307,929,861
	18	Grants payable			18	
	19	Deferred revenue		16,343,576	19	26,044,529
	20	Tax-exempt bond liabilities		634,691,719	20	619,025,143
	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	180,952,000
	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		261,017,447	25	304,648,518
	26	Total liabilities: Add lines 17 through 25		1,384,746,661	26	1,438,600,051
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		889,523,906	27	989,115,507
	28	Net assets with donor restrictions		357,928,600	28	404,361,421
	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		1,247,452,506	32	1,393,476,928
	33	Total liabilities and net assets/fund balances		2,632,199,167	33	2,832,076,979

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,600,525,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,641,501,168
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,975,788
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,247,452,506
5	Net unrealized gains (losses) on investments	5	101,061,973
6	Donated services and use of facilities	6	-11,751,533
7	Investment expenses	7	-404,863
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	98,094,633
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,393,476,928

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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

2023

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	133,609,173	150,978,125	65,960,590	31,735,184	26,484,573	408,767,645
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	133,609,173	150,978,125	65,960,590	31,735,184	26,484,573	408,767,645
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.						408,767,645

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	133,609,173	150,978,125	65,960,590	31,735,184	26,484,573	408,767,645
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,969,810	19,480,934	18,817,706	23,601,276	25,315,433	106,185,159
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	1,809,363	5,854,577	2,357,068	1,004,697	388,600	11,414,305
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	23,251,865	13,079,088	14,178,299	13,180,285	13,629,249	77,318,786
11 Total support. Add lines 7 through 10						603,685,895
12 Gross receipts from related activities, etc. (see instructions)					12	10,196,879,185
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 2023 (line 6, column (f) divided by line 11, column (f))	14	67.710 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	67.530 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2023. 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—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | |
|--|-----------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 |
| a Average monthly value of securities | 1a |
| b Average monthly cash balances | 1b |
| c Fair market value of other non-exempt-use assets | 1c |
| d Total (add lines 1a, 1b, and 1c) | 1d |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 |
| 3 Subtract line 2 from line 1d | 3 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |
| 6 Multiply line 5 by 0.035 | 6 |
| 7 Recoveries of prior-year distributions | 7 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 |

Section C - Distributable Amount

Current Year

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023:		
a	From 2018.		
b	From 2019.		
c	From 2020.		
d	From 2021.		
e	From 2022.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019.		
b	Excess from 2020.		
c	Excess from 2021.		
d	Excess from 2022.		
e	Excess from 2023.		

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 - 2019 AMOUNT: \$ 3,300,767. 2020 AMOUNT: \$ 2,802,878. 2021 AMOUNT: \$ 3,309,312. 2022 AMOUNT: \$ 3,574,036. 2023 AMOUNT: \$ 4,070,474. PARKING - 2019 AMOUNT: \$ 10,063,598. 2020 AMOUNT: \$ 10,276,210. 2021 AMOUNT: \$ 10,868,987. 2022 AMOUNT: \$ 9,606,249. 2023 AMOUNT: \$ 9,558,775. GAIN ON SALE OF TAX CREDITS - 2019 AMOUNT: \$ 9,887,500.

Additional Data

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Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2023
Name of the organization BOSTON MEDICAL CENTER CORPORATION		Employer identification number 04-3314093

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

Employer identification number
04-3314093

Contributors

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

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

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

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Name of the organization BOSTON MEDICAL CENTER CORPORATION	Employer identification number 04-3314093
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	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 July 25, 2006, 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 | 684,563,310 | 629,469,229 | 733,043,065 | 633,839,832 | 724,862,042 |
| b Contributions | 16,847,855 | 222,103,699 | 145,547,509 | 363,954,719 | 61,170,242 |
| c Net investment earnings, gains, and losses | 129,418,418 | 63,592,898 | -95,022,779 | 108,079,400 | 42,383,073 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 36,887,955 | 229,602,767 | 155,578,825 | 370,977,505 | 192,451,403 |
| f Administrative expenses | 748,484 | 999,749 | -1,480,259 | 1,853,381 | 2,124,122 |
| g End of year balance | 793,193,144 | 684,563,310 | 629,469,229 | 733,043,065 | 633,839,832 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 47.290 %

b Permanent endowment ▶ 39.310 %

c Term endowment ▶ 13.400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 14,626,946 | | 14,626,946 |
| b Buildings | | 1,357,830,448 | 616,493,727 | 741,336,721 |
| c Leasehold improvements | | 71,398,647 | 31,416,864 | 39,981,783 |
| d Equipment | | 798,613,734 | 649,853,716 | 148,760,018 |
| e Other | | 167,973,313 | 75,656,368 | 92,316,945 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 1,037,022,413 |

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 INV	284,509,071	F
(B) BOARD DESIGNATED	230,981,271	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	515,490,342	

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)SETTLEMENT WITH 3RD PARTY PAYORS - CURRENT	5,715,291
(2)INSURANCE RECOVERIES RECEIVABLE	42,138,544
(3)DUE FROM RELATED PARTIES	30,000,000
(4)OTHER LONG-TERM ASSETS	37,479,063
(5)RIGHT OF USE ASSETS - FINANCE AND OPERATING	108,747,412
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	224,080,310

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	
SETTLEMENTS WITH 3RD PARTY PAYORS	41,807,780
OTHER CURRENT LIABILITIES	11,508,728
FINANCE/OPERATING LIABILITIES	112,709,915
OTHER LONG-TERM LIABILITIES	80,433,333
DUE TO RELATED PARTIES	16,050,218
PROFESSIONAL LIABILITY CLAIMS	42,138,544
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	304,648,518

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 ☒

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:	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 THE CONSOLIDATED FINANCIAL STATEMENTS OF BMC HEALTH SYSTEM (BMCHS). THESE STATEMENTS INCLUDE THE FOLLOWING LANGUAGE REGARDING LIABILITY FOR UNCERTAIN TAX POSITIONS WITHIN THE INCOME TAXES FOOTNOTE. BMCHS 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, 2024 AND 2023. BMCHS ANNUALLY ASSESSES WHETHER IT MUST RECOGNIZE UBIT EXPENSE. THE AMOUNTS RECOGNIZED AS UBIT EXPENSE WERE NOT MATERIAL TO BMCHS'S CONSOLIDATED OPERATIONS OR CHANGES IN NET ASSETS FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023. NO INCOME, CAPITAL OR PREMIUM TAXES ARE LEVIED IN THE CAYMAN ISLANDS AND BMCIC HAS BEEN GRANTED AN EXEMPTION UNTIL JULY 8, 2042, FOR ANY TAXES THAT MIGHT BE INTRODUCED. BMCIC INTENDS TO CONDUCT ITS AFFAIRS SO AS NOT TO BE LIABLE FOR TAXES IN ANY OTHER JURISDICTION, OTHER THAN WITHHOLDING TAX ON CERTAIN INVESTMENTS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.
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, 2024 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF SCHEDULE D, PART V, 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:

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		617,308
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		3,264,111
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		12,408,255
(4) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		1,624,061
(5) NORTH AMERICA	0	0	INVESTMENTS		4,266,631
(6) RUSSIA AND NEIGHBORING STATES	0	0	INVESTMENTS		525,943
(7) SOUTH AMERICA	0	0	INVESTMENTS		746,385
(8) SUB-SAHARIAN AFRICA	0	0	INVESTMENTS		1,460,475
(9) NORTH AMERICA	0	0	GRANTMAKING		114,142
(10) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		11,910
(11) SOUTH ASIA	0	0	GRANTMAKING		54,967
(12) SUB-SAHARAN AFRICA	2	15	GRANTMAKING		875,883
(13) SOUTH AMERICA	0	0	GRANTMAKING		23,790
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			24,913,169
b Total from continuation sheets to Part I	2	15			1,080,692
c Totals (add lines 3a and 3b)	2	15			25,993,861

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)			NORTH AMERICA	SUBAWARD	13,011	WIRE TRANSFER	0		
(2)			SUB-SAHARAN AFRICA	SUBAWARD	274,419	WIRE TRANSFER	0		
(3)			SUB-SAHARAN AFRICA	SUBAWARD	44,837	WIRE TRANSFER	0		
(4)			SOUTH ASIA	SUBAWARD	54,967	WIRE TRANSFER	0		
(5)			SUB-SAHARAN AFRICA	SUBAWARD	37,450	WIRE TRANSFER	0		
(6)			NORTH AMERICA	SUBAWARD	96,551	WIRE TRANSFER	0		
(7)			SUB-SAHARAN AFRICA	SUBAWARD	519,177	WIRE TRANSFER	0		
(8)			SOUTH AMERICA	SUBAWARD	23,790	WIRE TRANSFER	0		
(9)			RUSSIA AND NEIGHBORING STATES	SUBAWARD	11,910	WIRE TRANSFER	0		
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

9

0

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

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.

[illegible]

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

2023

Open to Public Inspection

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GALA (event type)	CATWALK FOR CANCER (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,421,722	511,391	1,533,123	4,466,236
	2 Less: Contributions	1,894,271	445,091	1,315,073	3,654,435
	3 Gross income (line 1 minus line 2)	527,451	66,300	218,050	811,801
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	189,018	9,237	38,462	236,717
	7 Food and beverages		2,477	74,364	76,841
	8 Entertainment	130,628	72,136	177,209	379,973
	9 Other direct expenses	75,839	138,245	111,366	325,450
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,018,981
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-207,180

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

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

14

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

Name ▶ -----

Address ▶ -----

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

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

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ % 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 _____ % 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.	3a	Yes	
		3b	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			164,339,523	40,667,531	123,671,992	4.680 %
b Medicaid (from Worksheet 3, column a)			1,056,929,619	968,167,926	88,761,693	3.360 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,221,269,142	1,008,835,457	212,433,685	8.040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			15,570,504	12,693,663	2,876,841	0.110 %
f Health professions education (from Worksheet 5)			88,505,719	21,620,542	66,885,177	2.530 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	921		74,951,195	54,963,498	19,987,697	0.760 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	921		179,027,418	89,277,703	89,749,715	3.400 %
k Total. Add lines 7d and 7j	921		1,400,296,560	1,098,113,160	302,183,400	11.440 %

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		60,000		60,000	0 %
2 Economic development	2		16,060,000		16,060,000	0.610 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	12		515,116		515,116	0.020 %
8 Workforce development	1		867,750		867,750	0.030 %
9 Other	1		693,002		693,002	0.030 %
10 Total	22		18,195,868		18,195,868	0.690 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	11,279,684	
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	158,796,405	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	187,962,849	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,166,444	
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	No
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	No

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				
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11				
12				
13				

Section A. Hospital Facilities

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

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

Facility reporting group										
1	BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118 HTTP://WWW.BMC.ORG V112	X	X		X		X	X		

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>22</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://WWW.BMC.ORG/CARE-OUR-COMMUNITY</u>		
b ☒ Other website (list url): <u>SEE PART V, PAGE 8</u>		
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 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>HTTPS://WWW.BMC.ORG/CARE-OUR-COMMUNITY</u>		
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

- Did the hospital facility have in place during the tax year a written financial assistance policy that:
- 13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
If "Yes," indicate the eligibility criteria explained in the FAP:
- a** ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.00000000000000 %
 - b** ☐ Income level other than the 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?
- 15** Explained the method for applying for financial assistance?
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
- a** ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
 - b** ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
 - c** ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
 - d** ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
 - e** ☐ Other (describe in Section C)
- 16** Was widely publicized within the community served by the hospital facility?
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
- 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** ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP
 - i** ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
 - j** ☐ Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information *(continued)*

Billing and Collections

BOSTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21 Yes	
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Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BOSTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	No

Part V

Facility Information (continued)

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

Form and Line Reference	Explanation
PART V, SECTION A:	BOSTON MEDICAL CENTER (BMC) IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH TO OPERATE A HOSPITAL AT ONE BOSTON MEDICAL CENTER PLACE, BOSTON, MA 02118. BMC IS (1) A LICENSED HOSPITAL, (2) PROVIDES GENERAL MEDICAL AND SURGICAL TREATMENT, (3) IS A TEACHING HOSPITAL, AND (4) OPERATES AN EMERGENCY DEPARTMENT 24 HOURS PER DAY. THE MAIN CAMPUS OF BMC IS LOCATED AT THE MENINO PAVILION, 830-840 HARRISON AVENUE, BOSTON, MASSACHUSETTS. AN INPATIENT SATELLITE HOSPITAL KNOWN AS BMC BROCKTON BEHAVIORAL HEALTH CENTER IS LOCATED AT 34 NORTH PEARL STREET, BROCKTON, MASSACHUSETTS. ANOTHER LOCATION AT 249 RIVER STREET, MATTAPAN, MASSACHUSETTS IS LISTED ON BMC'S DEPARTMENT OF PUBLIC HEALTH LICENSE, BUT, THIS LOCATION HAS BEEN OUT OF SERVICE SINCE 1996.THE FOLLOWING OUTPATIENT SATELLITES ARE ALSO LISTED ON BMC'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. NEIGHBORHEALTH 10 GOVE STREETS5. 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. NEIGHBORHEALTH 20 MAVERICK SQUARE17. NEIGHBORHEALTH 79 PARIS STREET18. BOSTON MEDICAL CENTER RADIOLOGY AT WHITTIER STREET HEALTH CENTER19. NEIGHBORHEALTH SCHOOL BASED HEALTH CENTER20. NEIGHBORHEALTH 17 MAIN STREET21. SOUTH BOSTON COMMUNITY HEALTH CENTER SEAPORT PRIMARY CARE22. BOSTON MEDICAL CENTER - DEPARTMENT OF FAMILY MEDICINE MELNEA CASS BOULEVARD23. BOSTON MEDICAL CENTER - CROSTOWN 801 MASSACHUSETTS AVENUE24. BMC REHABILITATION SERVICES, PHYSICAL AND OCCUPATIONAL THERAPY, HYDE PARK25. NEIGHBORHEALTH 1601 WASHINGTON STREET26. NEIGHBORHEALTH 400 SHAWMUT AVE27. CURBSIDE CARE PROGRAM AT BOSTON MEDICAL CENTER (MOBILE UNIT)28. BMC REHABILITATION, ORTHOPEDICS & IMAGING 39B DISTRICT AVENUE29. BOSTON MEDICAL CENTER COMMUNITY BEHAVIORAL HEALTH SERVICES30. ACUTE HOSPITAL CARE AT HOME (SPECIAL PROJECT)31. SATELLITE BLOOD BANK CANTON FIRE DEPARTMENT (SPECIAL PROJECT)BMC IS LICENSED BY THE MASSACHUSETTS 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, MASSACHUSETTS.
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-PERSONFOCUS 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 (FOR EXAMPLE AFRICAN AMERICAN, LATINO, HAITIAN, CAPE VERDEAN, VIETNAMESE, CHINESE), LIMITED-ENGLISH SPEAKERS, IMMIGRANT AND ASYLEE COMMUNITIES, FAMILIES AFFECTED BY INCARCERATION AND 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, AND ELECTED GOVERNMENT OFFICES.COLLABORATIVE MEMBERS ALSO CONDUCTED FOUR 90-MINUTE VIRTUAL COMMUNITY LISTENING SESSIONS IN JANUARY 2022. 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. 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 IN SMALL GROUPS AND IDENTIFIED AREAS THAT WERE THEIR HIGHEST PRIORITIES 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. THESE SUMMARIES WERE THEN ANALYZED TO IDENTIFY COMMON THEMES ACROSS POPULATION GROUPS AS WELL AS UNIQUE CHALLENGES AND PERSPECTIVES IDENTIFIED BY POPULATIONS AND SECTORS, WITH AN EMPHASIS ON UNDERSTANDING THE CAUSES OF INEQUITIES. FREQUENCY AND INTENSITY OF DISCUSSIONS ON A SPECIFIC TOPIC WERE KEY INDICATORS USED FOR EXTRACTING MAIN THEMES.

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)
11 - MARGARET M SHEA RN ADULT DAY HEALTH PRO 229 RIVER STREET BOSTON,MA 02126	ADULT DAY HEALTH PROGRAM
22 - BOSTON EMERGENCY SERVICES TEAM (BEST) 85 EAST NEWTON STREET BOSTON,MA 02118	DEPARTMENT OF MENTAL HEALTH-LICENSED COMMUNIT CRISIS STABILIZATION SERVICE
33 - BMC BROCKTON BEHAVIORAL HEALTH CENTER 10 MEADOWBROOK ROAD BROCKTON,MA 02301	BUREAU OF SUBSTANCE ADDICTION SERVICES- CERTIFIED CLINICAL STABILIZATION SRVC
44 - 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 THE COMMONWEALTH'S ASSISTANCE PROGRAMS, PATIENTS ARE CHARGED AT THE SAME LEVELS AS INSURERS ARE CHARGED, BUT THEY ARE OFFERED A PROMPT-PAY DISCOUNT (REGARDLESS OF INCOME LEVEL) BASED ON THE UNCOMPENSATED CARE COST TO CHARGE RATIO IF THE PAYMENTS ARE MADE WITHIN THE FIRST 30 DAYS FROM THE AGREEMENT.INTRODUCTIONTHE STATUTE THAT CREATED BMC REQUIRES IT TO SERVE ALL POPULATIONS. BMC IS A PRIVATE, NOT-FOR-PROFIT, 654-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 AFFECT HEALTH OUTCOMES AMONG BMC'S PATIENTS AND COMMUNITY, THE GOAL OF BMC'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, OR COMMUNITY BENEFITS, IS TO IMPROVE COMMUNITY HEALTH.APPROXIMATELY 72% OF BMC'S INPATIENT DISCHARGES AND OUTPATIENT VISITS ARE FROM GROUPS THAT HAVE BEEN ECONOMICALLY AND SOCIALLY DISADVANTAGED AND WHO RELY ON GOVERNMENT PAYERS, SUCH AS MEDICAID, THE HEALTH SAFETY NET, AND MEDICARE, FOR THEIR COVERAGE. ALMOST 30% OF BMC'S 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 PATIENT NAVIGATION AND A FOOD PANTRY, HELP REDUCE BARRIERS TO HEALTH SERVICES AND ULTIMATELY ELIMINATE INEQUITIES IN HEALTHCARE AMONG THE PATIENT POPULATIONS BMC SERVES.WITH 27,064 ADMISSIONS AND MORE THAN 1.17 MILLION PATIENT VISITS, 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 APPROXIMATELY 124,550 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 16.9% OF BOSTON RESIDENTS LIVE BELOW THE FEDERAL POVERTY LEVEL. THE IMPLEMENTATION OF UNIVERSAL CARE DID NOT REDUCE THE REAL NUMBER OR PERCENT OF UNDERSERVED COMMUNITIES SERVED BY BMC.ACCORDING TO THE CENTER FOR HEALTH INFORMATION AND ANALYSIS (CHIA) MASSACHUSETTS HEALTH INSURANCE SURVEY'S 2023 RESEARCH BRIEF, AN ESTIMATED 1.7% OF RESIDENTS WERE UNINSURED DURING THE SURVEY OF WHICH 67.2% REPORTED EMPLOYER-SPONSORED INSURANCE (ESI) AND 31.9% REPORTED OTHER NON-ESI. STILL, INSURED RESIDENTS IN FAIR OR POOR HEALTH HAVE HIGH RATES OF AFFORDABILITY ISSUES WITH 14.8% REPORTING SPENDING A HIGH SHARE OF FAMILY INCOME ON OUT-OF-POCKET HEALTHCARE SPENDING. OF BMC'S PATIENTS IN 2024, MEDICAID MAKES UP 48.8%, MEDICARE 21.7%, UNINSURED 2.0%, AND PRIVATE COMMERCIAL 26.6%, WITH THE REMAINDER OF 0.9% 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) AND 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 2024, BMC RECOGNIZED NET FAVORABLE SETTLEMENTS FROM MEDICARE, MEDICAID, WELLSENSE, BLUE CROSS, AND OTHER PAYORS RELATED TO PRIOR YEARS OF APPROXIMATELY \$16,958,000.
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.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

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	MEET THE DEMAND. REIMBURSEMENT OFTEN DOES NOT COVER THE FULL COST OF CARING FOR THE COMPLEX NEEDS OF COMMUNITY HEALTH CENTERS' DIVERSE PATIENT POPULATION. COSTLY INFORMATION TECHNOLOGY UPGRADES ARE ALSO REQUIRED TO ENHANCE MANAGEMENT EFFICIENCIES AND PATIENT CARE. IN RESPONSE TO THE HEALTH CENTERS' NEEDS, BMC PROVIDED APPROXIMATELY \$16.9 MILLION IN DIRECT OPERATING SUPPORT TO THE BOSTON HEALTHNET HEALTH CENTERS IN FISCAL YEAR 2024 WITH \$17.8 MILLION IN TOTAL SUPPORT FOR THE COMMUNITY HEALTH CENTERS FOR THAT SAME PERIOD. 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(T)(IV) AND 2(U) FOUND ON PAGES 15 THROUGH 18 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS OF \$187,962,849 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 ACCORDING 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 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'S 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 CEASES ITS BILLING OR COLLECTION ACTIVITIES.4. THE HOSPITAL MAY CONTINUE COLLECTION ACTION AGAINST 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, 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 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 CHNAS.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 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 SELECTED INDICATORS TO REVISIT FOR THE 2022 REPORT. THE SECONDARY DATA WORK GROUP ENGAGED IN MULTIPLE DISCUSSIONS AND SET PRIORITIES USING THE SECONDARY DATA THAT ALIGNED WITH THE 2019 PRIORITY AREAS THAT COVID-19 HAD A DISPROPORTIONATE IMPACT ON, OR WHERE THERE WERE THE GREATEST INEQUITIES BY RACE/ETHNICITY, NEIGHBORHOOD, OR OTHER CHARACTERISTICS.SECONDARY DATA IN THE 2022 CHNA REPRESENTS THE MOST RECENT DATA AVAILABLE, AND IN SEVERAL CASES OVERLAPS 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

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	FOLLOWS) BUILT 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 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 (FOR EXAMPLE AFRICAN AMERICAN, LATINO,HAITIAN, CAPE VERDEAN, VIETNAMESE, CHINESE), LIMITED-ENGLISH SPEAKERS, IMMIGRANT AND ASYLEE COMMUNITIES, FAMILIES AFFECTED BY INCARCERATION 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. THOSE INTERVIEWED 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.COLLABORATIVE MEMBERS ALSO CONDUCTED FOUR 90-MINUTE VIRTUAL COMMUNITY LISTENING SESSIONS IN JANUARY 2022. 122 COMMUNITY MEMBERS PARTICIPATED IN THESE FOUR SESSIONS. THE SESSIONS OCCURRED MID-WAY INTO THE CHNA PROCESS AND PROVIDED AN OPPORTUNITY TO GATHER FEEDBACK AND INSIGHTS ON PRELIMINARY DATA FINDINGS AND POTENTIAL PRIORITIES. 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 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 ACROSS POPULATION GROUPS AS WELL AS UNIQUE CHALLENGES AND PERSPECTIVES IDENTIFIED BY POPULATIONS AND SECTORS, WITH AN EMPHASIS ON UNDERSTANDING THE 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.BMC, UNWAVERING IN ITS COMMITMENT TO ADDRESS THE HEALTH NEEDS OF ITS COMMUNITY, PROVIDES A WIDE RANGE OF PROGRAMS BEYOND THE TRADITIONAL MEDICAL MODEL TO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. CORE TO FULFILLING BMC'S PUBLIC HEALTH MISSION AND CONSISTENT WITH THE CHNA FINDINGS, THE GOALS OF ITS COMMUNITY BENEFITS PROGRAM ARE TO IMPROVE ACCESS TO HEALTH SERVICES AND IMPROVE HEALTH OUTCOMES FOR UNDER-RESOURCED POPULATIONS IN ITS COMMUNITY.
PART VI, LINE 3:	THE HOSPITAL POSTS NOTICES OF AVAILABILITY OF FINANCIAL ASSISTANCE IN: (1) INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT AND WAITING AREAS, (2) PATIENT FINANCIAL COUNSELOR AREAS, (3) CENTRAL ADMISSION/REGISTRATION AREAS, AND (4) 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 A PATIENT CONTACTS THE HOSPITAL, THE PATIENT FINANCIAL SERVICES STAFF NOTIFIES THE PATIENT IF THEY QUALIFY FOR A PAYMENT PLAN. A PATIENT WHO IS ENROLLED IN A PUBLIC FINANCIAL ASSISTANCE PROGRAM (FOR EXAMPLE, MASSHEALTH, HEALTH SAFETY NET, OR FOR MEDICAL HARDSHIP) MAY QUALIFY FOR CERTAIN PLANS. PATIENTS MAY ALSO QUALIFY FOR ADDITIONAL ASSISTANCE BASED ON THE HOSPITAL'S OWN INTERNAL CRITERIA FOR FINANCIAL ASSISTANCE. FOR CASES WHERE THE HOSPITAL USES THE VIRTUAL GATEWAY APPLICATION, THE HOSPITAL HELPS THE PATIENT COMPLETE 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 ACCESSBIRTH 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 PATIENTS TO COMMUNITY AND HOSPITAL-BASED RESOURCES, PROVIDE CONTINUOUS LABOR SUPPORT, AND SUPPORT PATIENTS IN THE EARLY POSTPARTUM PERIOD. THE BIRTH SISTERS PROGRAM HAS BEEN LINKED TO SIGNIFICANTLY HIGHER BREASTFEEDING RATES AND FEWER CESAREAN BIRTHS. DURING THE 2024 FISCAL YEAR, BIRTH SISTERS PROVIDED SUPPORT FOR 194 PATIENTS.CATALYST CLINIC: LAUNCHED IN MAY 2016, BMC'S CATALYST CLINIC (CENTER FOR ADDICTION TREATMENT FOR ADOLESCENT/YOUNG ADULTS WHO USE SUBSTANCES), TREATS YOUNG PEOPLE AGED 25 AND UNDER WHO ARE STRUGGLING WITH

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	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 2024, THE CATALYST CLINIC RECEIVED APPROXIMATELY 114 REFERRALS TO THE CLINIC (909 REFERRALS HAVE BEEN RECEIVED SINCE THE PROGRAM'S INCEPTION).THE CENTER FOR THE URBAN CHILD AND HEALTHY FAMILY: THE CENTER, LAUNCHED IN 2016, WORKS TO HELP BMC REALIZE ITS 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. 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 SUPPORT TO THRIVE BY AGE FIVE. TO ACHIEVE THIS GOAL, THE CENTER CO-DEVELOPED A NEW MODEL OF PEDIATRIC PRIMARY CARE, ORIGINALLY KNOWN AS 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 INITIALLY AIMED AT FAMILIES WITH NEWBORNS, AND IS COLLECTING DATA TO UNDERSTAND ITS IMPACT. THE PILOT LAUNCHED IN JANUARY 2020 AND HAS SINCE ENROLLED 2,432 PATIENTS. ULTIMATELY, A FINANCIALLY SUSTAINABLE MODEL WILL BE SCALED TO THE LARGER PRIMARY CARE PRACTICE. IN ADDITION, THE CENTER WORKS WITH WELLSENSE HEALTH PLAN TO TEST ALTERNATIVE PAYMENT MODELS TO ULTIMATELY REDEFINE VALUE IN PEDIATRIC CARE. THE CENTER ALSO SUPPORTS AN INTEGRATED MEDICAL HOME FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDER AND AN INNOVATIVE ASTHMA CARE PROGRAM TARGETED AT BMC'S URBAN PEDIATRIC POPULATION.LIVING WELL AT HOME (FORMERLY ELDERLY LIVING AT HOME PROGRAM): THE GOAL OF LIVING WELL AT HOME IS TO HELP OLDER ADULTS AND PERSONS WITH DISABILITIES WHO ARE HOMELESS OR AT RISK FOR HOMELESSNESS SECURE AND MAINTAIN A PERMANENT RESIDENCE AND LIVE AS INDEPENDENTLY AS POSSIBLE. LIVING WELL AT HOME SERVED OVER 700 CLIENTS DURING FISCAL YEAR 2024 IN HOUSING HOUSING SEARCH AND PLACEMENT SERVICES. OF THESE CLIENTS, 310 WERE NEWLY ENROLLED DURING THE FISCAL YEAR, AND 199 WERE HOUSED OR HAD THEIR TENANCY PRESERVED. THE SUCCESS RATE OF LIVING WELL AT HOME'S STABILIZATION SERVICES IN THE BOSTON HOUSING AUTHORITY SUPPORTIVE HOUSING PROGRAM IS 98%. IN 2024, OVER 100 CLIENTS WERE SERVED THROUGH A COMMUNITY-BASED COMPLEX CARE MANAGEMENT PILOT DESIGNED TO IMPROVE HEALTH OUTCOMES FOR FRAIL RESIDENTS OF AN ELDERLY/DISABLED HOUSING COMPLEX IN ROXBURY AND IN CAMBRIDGE.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. CHILDREN WITH FAILURE TO THRIVE HAVE SIGNIFICANT DIFFICULTY GROWING BECAUSE OF MALNUTRITION ASSOCIATED WITH ILLNESS, POVERTY, AND OTHER FAMILY STRESSORS. THE EFFECTS OF FAILURE TO THRIVE 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 PREVENTIVE FOOD PANTRY, NUTRITIONAL SUPPLEMENTS, CHILDREN'S CLOTHES, DIAPERS, AND BOOKS AND EDUCATIONAL TOYS. APPROXIMATELY 230 FAMILIES ARE TREATED ANNUALLY BY THE GROW CLINIC. IN FY24, THERE WERE 118 NEW PATIENTS. FORTY-FIVE PERCENT (45%) OF CLINIC PATIENTS WERE 12 MONTHS OF AGE OR YOUNGER. THE AVERAGE AGE AT REFERRAL WAS 22 MONTHS AND THE AVERAGE LENGTH OF TREATMENT WAS 28 MONTHS. THERE WERE 858 TOTAL CLINIC VISITS DURING THIS PERIOD. APPROXIMATELY 12% OF PATIENT FAMILIES WERE HOMELESS AND LIVING IN SHELTERS. 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 IS A NON-PROFIT HEALTH PLAN THAT PROVIDES HEALTH INSURANCE COVERAGE TO MASSACHUSETTS RESIDENTS, INCLUDING LOW INCOME, UNDERSERVED, DISABLED AND ELDERLY POPULATIONS. WELLSENSE HAS MORE THAN 25 YEARS OF EXPERIENCE DELIVERING ACCESSIBLE CARE TO COMPLEX POPULATIONS AND SERVES AN AVERAGE OF 684,000 MEMBERS ACROSS MASSACHUSETTS. IT ALSO PROVIDES HEALTH COVERAGE TO MEDICAID MEMBERS IN NEW HAMPSHIRE.BOSTON HEALTHNETTHE BOSTON HEALTHNET HEALTH CENTER NETWORK IS A PARTNERSHIP BETWEEN BOSTON MEDICAL CENTER AND COMMUNITY HEALTH CENTERS TO FULFILL A SHARED COMMITMENT TO THE MOST VULNERABLE AND DIVERSE PATIENTS SERVED. ESTABLISHED IN 1995, BOSTON HEALTHNET IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF BMC, BOSTON UNIVERSITY'S CHOBANIAN & AVEDISIAN 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. BOSTON HEALTHNET'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, EXTENDING BMC'S PRESENCE INTO THESE NEIGHBORHOODS. PHYSICIANS WORKING IN THE HEALTH CENTERS ARE CREDENTIALLED MEMBERS OF BMC'S MEDICAL STAFF. HEALTH CENTER PATIENTS HAVE ACCESS TO HIGHLY TRAINED SPECIALISTS AND CUTTING-EDGE TECHNOLOGY AT BMC WHILE RECEIVING INDIVIDUALIZED AND CULTURALLY SENSITIVE CARE IN THEIR OWN NEIGHBORHOODS.A NOTABLE SHARE OF BMC VOLUME ORIGINATES FROM THE HEALTH CENTERS, AND THE NETWORK HAVE ACCOMPLISHED COLLABORATIVE DEVELOPMENT OF QUALITY IMPROVEMENT INITIATIVES, CLINICAL PROTOCOLS, AND STANDARDS OF PRACTICE, AND COORDINATION OF HEALTH INFORMATION TECHNOLOGY TRAINING, COMMUNICATION AND OPTIMIZATION ACROSS THE HEALTH CENTER NETWORK WITH NINE OF THE BOSTON HEALTHNET HEALTH CENTERS ON THE SAME ELECTRONIC HEALTH RECORD.THE COMMUNITY

Form and Line Reference	Explanation
	HEALTH CENTER PARTNERSHIP ALSO EXTENDS INTO CLINICIAN TRAINING AND JOINT HIRING. THE BU CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE STUDENTS USE HEALTH CENTER EDUCATION PROGRAMS, RESIDENTS GAIN LONGITUDINAL AMBULATORY EXPERIENCE AT COMMUNITY HEALTH CENTERS AND PROVIDERS ARE 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 REPRESENTED ON BMC'S BOARD OF TRUSTEES, COMMITTEES OF THE BMC BOARD OF TRUSTEES, AND BMC HOSPITAL COMMITTEES.RESEARCH: FOR OVER 15 YEARS, A RESEARCH COLLABORATIVE COMPRISED OF BOSTON HEALTHNET, COMMUNITY HEALTH CENTERS, AND BOSTON UNIVERSITY CLINICAL TRANSLATIONAL SCIENCE INSTITUTE HAS ADVANCED HEALTH RELATED RESEARCH IN THE COMMUNITY, INCLUDED THE COMMUNITY VOICE IN RESEARCH PROJECTS, AND FACILITATED CLINICIAN ENGAGEMENT IN THE RESEARCH PROCESS.ACO PARTICIPATION: CURRENTLY, 11 BOSTON HEALTHNET COMMUNITY HEALTH CENTERS PARTICIPATE IN BOSTON ACCOUNTABLE CARE ORGANIZATION (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.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	IMMIGRANT AND REFUGEE HEALTH CENTER: THE CENTER CONNECTS ALL OF BMC'S EXISTING PROGRAMS AND EXPERTISE IN IMMIGRANT AND REFUGEE HEALTH CARE INTO ONE CENTRAL POINT OF ENTRY. THROUGH THE CENTER, ANY IMMIGRANT PATIENT CAN BE CONNECTED WITH ALL OF THE MEDICAL, MENTAL HEALTH, AND SOCIAL SERVICES THEY NEED TO HEAL, REBUILD, AND THRIVE, INCLUDING SPECIALIZED PRIMARY CARE SERVICES, REGULAR CHECK-UPS, IMMUNIZATIONS AND SCREENINGS, SPECIALIZED, TRAUMA-INFORMED MENTAL HEALTH CARE, AND TAILORED OBSTETRICS AND GYNECOLOGICAL CARE, INCLUDING PREGNANCY AND POSTPARTUM CARE, ANNUAL CHECK-UPS, GYNECOLOGIC CARE, CONTRACEPTION COUNSELING, SURGICAL CONSULTATION AND CONSULTATIONS REGARDING FEMALE GENITAL CIRCUMCISION. THE CENTER'S CASE MANAGEMENT TEAM PARTNERS WITH 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 SPECIFICALLY TAILORED TO MEET THEIR UNIQUE NEEDS. 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 CENTER SERVED OVER 2,000 IMMIGRANT, REFUGEE, AND ASYLUM SEEKING PATIENTS, DELIVERING APPROXIMATELY 6,400 CLINICAL VISITS ANNUALLY.MARGARET M. SHEA RN ADULT DAY HEALTH PROGRAM: LICENSED UNDER THE DEPARTMENT OF PUBLIC HEALTH, BMC'S MARGARET M. SHEA RN ADULT DAY HEALTH PROGRAM IS AN INTERDISCIPLINARY PROGRAM THAT HELPS CLIENTS ACHIEVE AND MAINTAIN THEIR HIGHEST LEVEL OF FUNCTIONING WHILE PROVIDING SUPPORT TO THE CLIENTS AND THEIR CAREGIVERS TO ENABLE THEM TO REMAIN IN THE COMMUNITY. THIS IS ACHIEVED BY PROVIDING HOLISTIC CARE TO MEET THE INDIVIDUAL CLIENT'S PHYSICAL, COGNITIVE, SOCIAL, AND EMOTIONAL NEEDS WITHIN A GROUP SETTING.OVER THE COURSE OF 2024, THE PROGRAM HAD 4,810 CLIENT VISITS, SERVING A TOTAL OF 40 CLIENTS; 7 OF WHOM WERE NEW ADMISSIONS. BASED ON MASSHEALTH CLASSIFICATIONS, THE PROGRAM HAS SEEN AN INCREASE IN THE ACUITY OF ITS CLIENTS. IN FY23 THE CLIENT ACUITY MIX WAS AT 85% BASIC AND 15% COMPLEX, INCREASING IN FY24 TO 82% BASIC AND 18% COMPLEX. EXCELLENCE IN THE QUALITY AND PROCESS IMPROVEMENT PROGRAM WAS RECOGNIZED WITH THE ACCEPTANCE OF, AND PRESENTATION BY, THE PROGRAM DIRECTOR AT THE 2024 NATIONAL ADULT DAY SERVICES ASSOCIATION NATIONAL CONFERENCE.PROGRAM FOR INTEGRATIVE MEDICINE AND HEALTH CARE DISPARITIES: 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 THE 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, BUT CERTAIN THERAPIES ARE BECOMING MORE COMMON IN HEALTHCARE TODAY BECAUSE KNOWLEDGE AND RESEARCH ABOUT THEIR EFFECTIVENESS CONTINUES TO GROW.AUTISM PROGRAM: THE AUTISM PROGRAM AT BMC IS A MULTIDISCIPLINARY, MULTI-TIERED, COMPREHENSIVE AND CULTURALLY COMPETENT PROGRAM UNIQUELY EQUIPPED TO MEET THE COMPLEX NEEDS OF PATIENTS AND FAMILIES. THE TEAM, COMPRISED OF A PROGRAM DIRECTOR, PROGRAM MANAGER, AUTISM RESOURCE SPECIALISTS, TRANSITION SPECIALIST AND ADULT AUTISM RESOURCE SPECIALIST, OFFERS SPECIALIZED OUTREACH, TRAINING, AND ADVOCACY SERVICES. THE TEAM ALSO FORMS EFFECTIVE PARTNERSHIPS WITH SCHOOLS, COLLABORATES WITH LOCAL SUPPORT ORGANIZATIONS, AND DRAWS UPON A DEEP KNOWLEDGE BASE OF SOCIAL SERVICE AGENCIES TO PROVIDE CONNECTIONS TO RESOURCES AND SUPPORTS AND DEVELOP NOVEL INTERVENTIONS TO MEET GAPS IN SERVICES. AUTISM RESOURCE SPECIALISTS WORK INTENSIVELY 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; AND HELPING GAIN ACCESS TO STATE AND GOVERNMENTAL BENEFITS. STAFF ALSO PROVIDE INDIVIDUALIZED BEHAVIOR CONSULTATION AND PARENT TRAINING TO STRENGTHEN CHILDREN'S COMMUNICATION AND RELATED SKILL-BUILDING AND REDUCE CHALLENGING BEHAVIORS. THE TRANSITION SPECIALIST PROVIDES TRANSITION-AGED YOUTH (14-22 YEARS OLD) AND THEIR FAMILIES WITH INFORMATION, GUIDANCE, AND RESOURCES REGARDING THE TRANSITION FROM SCHOOL SERVICES TO ADULT LIFE AND DISCUSSES TOPICS SUCH AS GOAL SETTING, SCHOOL IEP PLANNING, ADULT SERVICES, AND LIFE SKILLS DEVELOPMENT. THE ADULT RESOURCE SPECIALIST PARTNERS WITH ADULT CLINICAL SETTINGS TO HELP ADULTS OF ALL AGES AND THEIR CARE PROVIDERS AND FAMILIES GAIN ACCESS TO RESOURCES AND SUPPORT SYSTEMS NEEDED TO CONTINUE TO THRIVE THROUGHOUT ADULthood.BMC'S AUTISM FRIENDLY INITIATIVE IS RECOGNIZED

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	AS A NATIONAL AND INTERNATIONAL LEADER IN IMPROVING THE HEALTHCARE EXPERIENCE FOR PATIENTS WITH AUTISM SPECTRUM DISORDER AND THEIR FAMILIES. THE INITIATIVE 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 WHICH SERVES AS AN ADDITIONAL AVENUE TO PROVIDE RESOURCES, INFORMATION, AND GUIDANCE TO FAMILIES. THE AUTISM PROGRAM HAS SUPPORTED OVER 16,000 FAMILY REFERRALS SINCE ITS INCEPTION IN 2007 AND APPROXIMATELY 2,500 IN FY24. THE PROGRAM ALSO TRAINS OVER 1,500 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. THE CLINIC'S TEAM OF EXPERTS WORKS CLOSELY WITH EACH PATIENT'S PRIMARY CARE PHYSICIAN HELPING 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 (NOURISHING OUR COMMUNITY): 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. THE FOOD PANTRY HAS CONTINUED TO PROVIDE NUTRITIONAL FOOD PRESCRIPTIONS TO APPROXIMATELY 6,756 PEOPLE EACH MONTH. IN FY24 THE FOOD PANTRY PROVIDED FOOD TO 81,072 PEOPLE, AND DISPENSED APPROXIMATELY 12,000 POUNDS OF FOOD EACH WEEK. THIS EQUATES TO APPROXIMATELY 8 POUNDS OF GROCERIES PER PERSON. HALF OF THE FOOD DISPENSED ARE PERISHABLE ITEMS, WHICH PATIENTS OFTEN LACK IN THEIR DIET BECAUSE OF THE COST. THE TEACHING KITCHEN: OFFERS IN-PERSON, VIRTUAL, AND HYBRID CLASSES TO PATIENTS, STAFF, STUDENTS, AND PARTNERING COMMUNITY ORGANIZATIONS. RECURRING 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. 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 INDIVIDUALS 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 BMC'S PATIENT POPULATION. RECIPES FEATURE STAPLE FOODS PROVIDED BY THE FOOD PANTRY, AND CULTURALLY COMPETENT FOODS FOR BMC'S 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. BMC'S ROOFTOP FARM, OPEN SINCE 2017, MEETS 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, AND TOMATOES. 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 1,000 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 ABOUT ROOFTOP FARMING AND GROWING FOOD FOR A HOSPITAL. IN FY24, THE FARM GREW NEARLY 10,000 POUNDS OF FOOD VALUED AT \$64,000 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.
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 CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE. PROJECT RESPECT PROVIDES A UNIQUE SERVICE OF COMPREHENSIVE OBSTETRIC AND SUBSTANCE USE DISORDER TREATMENT FOR BIRTHING PEOPLE AND THEIR NEWBORNS IN MASSACHUSETTS. PROJECT RESPECT SUPPORTS PATIENTS WITH ALL TYPES OF SUBSTANCE USE DISORDERS, AND THE MAJORITY OF PROJECT RESPECT'S PATIENTS ARE IN RECOVERY FROM OPIOID ADDICTION. PROJECT RESPECT PROVIDES INPATIENT, MONITORED, ACUTE SUBSTANCE WITHDRAWAL TREATMENT AND INDUCTION OF MEDICATIONS FOR OPIOID USE DISORDER, ALCOHOL USE DISORDER, AND CANNABIS USE DISORDER FOR BIRTHING PEOPLE SEEKING ADDICTION TREATMENT. INTENSIVE, INDIVIDUALIZED OUTPATIENT TREATMENT PLANS ARE OUTLINED FOR EACH PATIENT TAILORED TO THE SEVERITY OF THEIR DISEASE AND THEIR RECOVERY PROGRESS. THE OUTPATIENT MEDICAL HOME MODEL PROVIDES ON-SITE, COLLABORATIVE, AND MULTIDISCIPLINARY CARE FOR PREGNANT AND POST-PARTUM PATIENTS IN RECOVERY TO INCLUDE COMPREHENSIVE BEHAVIORAL HEALTH CARE. PROJECT RESPECT TREATS AN AVERAGE OF 75-90 UNIQUE PATIENTS EACH MONTH, WITH 6-10 NEW PATIENTS EACH MONTH. IN FY24 PROJECT RESPECT SUPPORTED MORE THAN 300 MOTHER/CHILD DYADS. STREETCRED: BMC'S STREETCRED PROGRAM ADDRESSES FINANCIAL AND HEALTH INEQUITIES BY LINKING LOW- TO MODERATE-INCOME PEDIATRIC PATIENT FAMILIES TO ANTI-POVERTY SAFETY 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 TAKE ADVANTAGE OF THE EARNED INCOME TAX CREDIT, A REFUNDABLE TAX

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	CREDIT FOR LOW TO MODERATE INCOME WORKING INDIVIDUALS, PARTICULARLY THOSE WITH CHILDREN. STREETCRED HAS PREPARED OVER 5,000 TAX RETURNS, WHICH PROVIDED IN EXCESS OF \$5 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 (SPARK) CENTER : THE SPARK CENTER HAS A LONG AND STORIED HISTORY OF PROVIDING INNOVATIVE CARE TO THOSE MOST IN NEED. THE CENTER OFFERS NEURODEVELOPMENTAL ASSESSMENTS AND PSYCHOLOGICAL EVALUATIONS THROUGH THE DIVISION OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS 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 ENSURE ACCESS TO 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 AFFECTED BY COMPLEX DEVELOPMENTAL AND BEHAVIORAL CHALLENGES, GRIEF AND LOSS, AND DOMESTIC VIOLENCE AND OTHER FORMS OF INTERPERSONAL VIOLENCE.THE SPARK CENTER ALSO SERVES AS AN OUTLET FOR PEDIATRIC INFECTIOUS DISEASE CASE MANAGEMENT AND CONCRETE RESOURCE SUPPORT, THROUGH THEIR INTEGRATED FOOD PANTRY. SPARK IS ALSO THE LOCATION OF A MONTHLY CLINIC, PROJECT POSITIVE HOPE, THAT 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 ITS ABUNDANCE OF INNOVATIVE CLINICAL SERVICES, THE SPARK CENTER HAS BECOME AN EXCEPTIONAL TRAINING SITE FOR MENTAL HEALTH CLINICIANS AND DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS 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: TEAM UP FOR CHILDREN - TRANSFORMING AND EXPANDING ACCESS TO MENTAL HEALTH CARE UNIVERSALLY IN PEDIATRICS - IS A PEDIATRIC INTEGRATED BEHAVIORAL HEALTH INITIATIVE DESIGNED TO HELP PEDIATRIC PRIMARY CARE PRACTICES DELIVER EVIDENCE-INFORMED, TRAUMA-RESPONSIVE, INTEGRATED BEHAVIORAL HEALTHCARE ENSURING ALL CHILDREN CAN HAVE ACCESS TO NEEDED SERVICES. THE TEAM UP CLINICAL MODEL FOCUSES ON PREVENTION, PROMOTION, EARLY IDENTIFICATION OF SOCIAL, DEVELOPMENTAL, AND BEHAVIORAL HEALTH ISSUES, AND PROMPT ACCESS TO CARE. WHILE THE MAJORITY OF MODELS ARE BASED ON INITIATING CARE AT THE POINT OF DIAGNOSIS, TEAM UP'S GOAL, THROUGH CONSISTENT SCREENING AND MONITORING FROM BIRTH TO YOUNG ADULTHOOD, IS TO ADDRESS EMERGING ISSUES BEFORE THEY REACH A CRISIS POINT. BMC'S TEAM UP SCALING AND SUSTAINABILITY CENTER PROVIDES PRIMARY CARE PRACTICES WITH EVERYTHING THEY NEED TO OVERCOME ROADBLOCKS AND IMPLEMENT THE TEAM UP CLINICAL MODEL. ACCESS TO THE TEAM UP LEARNING COMMUNITY GIVES HEALTH CENTERS IN-DEPTH, ONGOING CLINICAL TRAINING AND PRACTICE TRANSFORMATION SUPPORT, WITH DATA-DRIVEN TECHNICAL ASSISTANCE CUSTOMIZED TO THE PRACTICE. LEARNING COMMUNITY SUPPORT LASTS THROUGHOUT THE IMPLEMENTATION PERIOD AND BEYOND, WITH THE ENGAGEMENT INTENSITY HIGHEST AT THE BEGINNING OF THE PROJECT AND DECREASING AS SITES TRANSITION TOWARD SUSTAINING INDEPENDENT OPERATIONS. TEAM UP'S ROBUST EVALUATION ARM HAS PUBLISHED OVER TEN PEER-REVIEWED ARTICLES, DEMONSTRATING POSITIVE OUTCOMES FOR CHILDREN AND FAMILIES, THE HEALTH CARE WORKFORCE, AND SYSTEM-WIDE UTLIZIATION OF PRIMARY CARE SERVICES. GOOD GRIEF: THE GOOD GRIEF PROGRAM PROVIDES TRAUMA-INFORMED, CULTURALLY RESPONSIVE THERAPEUTIC SERVICES TO CHILDREN (AGE 0-18) AFFECTED 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. THE SMALL GOOD GRIEF 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 (FOR EXAMPLE, CHALLENGES AT SCHOOL, HOUSING/FOOD/FINANCIAL INSECURITY, AND IMMIGRATION-RELATED NEEDS).IN 2024, APPROXIMATELY 130 CHILDREN WERE REFERRED TO GOOD GRIEF, AND IN LATE 2024, GOOD GRIEF'S SERVICES WERE INTEGRATED INTO THE CHILD TRAUMA AND RESILIENCE NETWORK THAT CONSISTS OF THE GOOD GRIEF PROGRAM, THE CHILD WITNESS TO VIOLENCE PROJECT, AND THE CENTER OF EXCELLENCE FOR IMMIGRANT INFANT AND EARLY CHILDHOOD MENTAL HEALTH.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	HOUSING: BMC'S MULTI-YEAR INVESTMENT IN A SUPPORTIVE HOUSING STRATEGY IS A MULTI-PRONGED APPROACH TO IMPROVE AFFORDABLE HOUSING AND AFFORDABLE HOUSING WITH SUPPORTS IN BOSTON, AND INCLUDES NEW FUNDING FOR INTERNAL HOUSING NAVIGATION SUPPORT IN THE PEDIATRIC AND COMPLEX CARE MANAGEMENT, EXPANSION OF LIVING WELL AT HOME PROGRAM AND DEEPER COLLABORATION WITH BOSTON AND CAMBRIDGE HOUSING AUTHORITY ON SUPPORTIVE HOUSING PROGRAMS.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 INCREASE FURTHER. THE LOANS ARE LONG TERM, 20+ YEARS COMMITMENTS TO MATCH AND TAKE ADVANTAGE OF THE CITY AND STATE INVESTMENTS IN THESE PROJECTS.BMC INVESTED IN THE HEALTHY NEIGHBORHOOD EQUITY FUND, A \$22.35 MILLION PRIVATE EQUITY FUND LED BY THE CONSERVATION LAW FOUNDATION AND THE

Form and Line Reference	Explanation
	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, ASHMON, DORCHESTER AND BARTLETT STATION, DUDLEY SQUARE, ROXBURY.BMC ALSO INVESTED IN THE METROPOLITAN AREA PLANNING COUNCIL (MAPC), THE EVALUATOR FOR BMC'S DETERMINATION OF NEED (DON). IN THIS ROLE, MAPC DEVELOPS AND IMPLEMENTS AN EVALUATION PLAN TO ASSESS THE 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 IMPROVE ACCESS TO HOUSING-RELATED PROGRAMS AND SOLUTIONS. THESE NAVIGATORS WORK CLOSELY WITH FAMILIES TO ENTER SHELTER, RESOLVE HOUSING QUALITY ISSUES, APPLY FOR RENTAL ASSISTANCE AND SUBSIDIZED 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. FUNDED PARTNERSHIPS WITH METRO HOUSING BOSTON, FAMILYAID BOSTON, AND MEDICAL-LEGAL PARTNERSHIP BOSTON 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 PROVIDE ACCESS TO PRIORITY HOUSING VOUCHERS AND STABILIZATION SERVICES, RECENTLY WORKING 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, MEDICAL LEGAL PARTNESRHIP BOSTON PROVIDED REGULAR LEGAL PROBLEM-SOLVING TRAININGS TO FRONTLINE STAFF WORKING WITH FAMILIES AS WELL AS CASE-SPECIFIC LEGAL CONSULTATION.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	CHRONIC DISEASES AND RISK FACTORS.CANCER SUPPORT GROUPS: SUPPORT PROGRAM OFFERINGS INCLUDED AN ARRAY OF SIXTEEN MONTHLY SUPPORT GROUPS BY CANCER TYPE (BREAST, GI, HEAD & NECK); POPULATION TYPE (MEN, SPANISH-SPEAKING); OTHER DISEASE (SICKLE CELL, AMYLOIDOSIS); AND RELATED SUPPORT (OSTOMY, CAREGIVER, BEREAVEMENT). ALSO PROVIDED TO ALL CLIENTS WERE SIX ONGOING SUPPORT ACTIVITIES THAT MET WEEKLY TO MONTHLY (FOUR DIFFERENT BODY/MIND CLASSES AND ARTS & CRAFTS AND COOKING CLASSES). EACH QUARTER ALSO SAW A VARIETY OF FOUR TO SIX FEATURED PROGRAMS IN ART-MAKING, WRITING, THEATER, OUTDOOR GAMES, COMEDY, MINDFUL HEALING, AND COMMUNICATION. BMC ALSO HELD TWO LARGE CELEBRATORY ANNUAL EVENTS: THE HOLIDAY PARTY AND THE (16TH ANNUAL) SURVIVORS CELEBRATION LUNCHEON. THE FREE WEEKLY ACUPUNCTURE CLINIC FOR PATIENTS CURRENTLY OR RECENTLY IN TREATMENT ALSO CONTINUED THROUGH THE YEAR.ALL PROGRAMS WERE MANAGED AND IMPLEMENTED BY THE PROGRAM MANAGER AND ONE PROGRAM ASSISTANT, TWO IN-HOUSE SOCIAL WORKERS WHO EACH LED ONE OF THE REGULAR MONTHLY GROUPS, A HIGHLY EXPERIENCED LICENSED ACUPUNCTURIST, BMC REGISTERED DIETITIANS FOR THE MONTHLY COOKING CLASS, AND SEVERAL OUTSIDE VENDORS CONTRACTED FOR THE FEATURED ART PROGRAMS.PATIENT NAVIGATION: BMC'S PATIENT NAVIGATION PROGRAM, LAUNCHED IN 2005, IDENTIFIES AND OVERCOMES 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. PATIENT NAVIGATION SUPPORT PATIENTS BY LINKING THEM TO A BROAD RANGE OF SERVICES, INCLUDING ONCOLOGY SUPPORT SERVICES, TRANSPORTATION, FINANCIAL ASSISTANCE, AND APPROPRIATE COMMUNITY RESOURCES.
SCHEDULE H, PART VI, LINE 5 (CONTINUATION):	VIOLENCECHILD WITNESS TO VIOLENCE PROJECT: THE CHILD WITNESS TO VIOLENCE PROJECT IS A NATIONALLY-RECOGNIZED AND AWARD-WINNING MENTAL HEALTH COUNSELING, OUTREACH, AND CONSULTATION PROGRAM. THE PROJECT 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 PROGRAM PROVIDED REFERRALS, ADVOCACY, ASSESSMENT, AND SHORT-TERM AND LONGER-TERM CLINICAL CARE TO APPROXIMATELY 350 FAMILIES IN FY24. IN ADDITION TO ITS CLINICAL SERVICES, THE PROGRAM 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. IN LATE 2024, PROGRAM SERVICES WERE INTEGRATED INTO THE CHILD TRAUMA AND RESILIENCE NETWORK THAT CONSISTS OF THE GOOD GRIEF PROGRAM, THE CHILD WITNESS TO VIOLENCE PROJECT, AND THE CENTER OF EXCELLENCE FOR IMMIGRANT INFANT AND EARLY CHILDHOOD MENTAL HEALTH.COMMUNITY VIOLENCE RESPONSE TEAM: THE COMMUNITY VIOLENCE RESPONSE TEAM ADDRESSES THE 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 TEAM INCLUDE CRISIS INTERVENTION, ADVOCACY, CASE MANAGEMENT, AND TRAUMA-FOCUSED COUNSELING FOR ADULTS, ADOLESCENTS, AND CHILDREN (WITH A FOCUS ON AGE EIGHT AND OVER). THE TEAM SEEKS TO REDUCE THE EFFECTS OF TRAUMA BY PROVIDING THERAPEUTIC SUPPORT THROUGHOUT THE RECOVERY PROCESS AND ULTIMATELY MINIMIZING MENTAL HEALTH TRAUMA. THE TEAM REFLECTS THE DIVERSITY OF BMC'S PATIENT POPULATION. IN FY24 THE TEAM SERVED 736 INDIVIDUALS.DOMESTIC VIOLENCE PROGRAM: THE DOMESTIC VIOLENCE PROGRAM 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 EACH PERSON CAN PLAY IN ADDRESSING IT. IN FY24 THE MULTI-LINGUAL TEAM OF 4 SAFETY AND SUPPORT ADVOCATES ASSISTED 509

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	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; AND EMERGENCY FINANCIAL ASSISTANCE. APPROXIMATELY 62% OF PATIENTS WERE REFERRED BY BMC PROVIDERS, 3% WERE BMC EMPLOYEES, AND 35% WERE SELF-REFERRALS OR REFERRED BY COMMUNITY AND GOVERNMENT PROGRAMS THAT ASSIST DOMESTIC VIOLENCE SURVIVORS AND THEIR CHILDREN.DURING FY24 THE DOMESTIC VIOLENCE PROGRAM ALSO OFFERED SEVERAL 6 WEEK SUPPORT GROUPS IN BOTH ENGLISH AND SPANISH FOR WOMEN-IDENTIFIED SURVIVORS, AS WELL AS A MONTHLY GROUP FOR SURVIVORS WHO ARE INVOLVED WITH THE MASSACHUSETTS DEPARTMENT OF CHILDREN AND FAMILY. THE PROGRAM MANAGER (WHO IS ALSO THE PROGRAM'S PRIMARY TRAINER/PRESENTER) PROVIDED 46 PRESENTATIONS AND OTHER TYPES OF TRAINING TO APPROXIMATELY 718 PARTICIPANTS, MOST OF WHOM WERE BMC STAFF AND PROVIDERS, AS WELL AS A FEW STUDENT AND COMMUNITY GROUPS. PRESENTATION TOPICS INCLUDED ORIENTATION TO THE DOMESTIC VIOLENCE PROGRAM, EDUCATION ABOUT THE DYNAMICS AND HEALTH IMPACT OF DOMESTIC VIOLENCE, AND FOCUSED SKILL BUILDING AND BEST PRACTICES FOR PROVIDING TRAUMA INFORMED RESPONSES TO DOMESTIC VIOLENCE.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 IN REAL TIME, IN THE TRAUMA BAY, 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 FOR BOTH THE VICTIM AND THEIR FAMILY MEMBERS.DURING FY24, VIAP PROVIDED ESSENTIAL SERVICES TO SURVIVORS OF GUNSHOTS AND STABBINGS, AND THEIR FAMILY MEMBERS (IN FY24 BMC RECEIVED 70% OF THE CITY'S GUNSHOT AND STABBING VICTIMS). DURING FY24 VIAP SERVED 248 NEW VICTIMS, INCLUDING 95 GUNSHOT AND 153 STABBING VICTIMS. THERE WERE 223 FAMILY MEMBERS SERVED THROUGH VIAP'S FAMILY SUPPORT COMPONENT, AS WELL AS 10 FAMILIES OF HOMICIDE VICTIMS. SURVIVORS RECEIVED A SPECTRUM OF SERVICES, INCLUDING EMPLOYMENT HELP, LEGAL SUPPORT AND REFERRALS, BEHAVIORAL AND MENTAL HEALTH CARE, AND LEGAL ASSISTANCE. VIAP ALSO ASSISTED WITH HOUSING APPLICATIONS AND EDUCATIONAL SUPPORT. MEDICAL ASSISTANCE AND SUPPORT INCLUDED ACCESSING PRIMARY CARE, PHYSICAL THERAPY, REHABILITATION, NURSING SERVICES, SUBSTANCE USE SERVICES, AND MEDICATION MANAGEMENT. ADDITIONAL ASSISTANCE INCLUDED HELP WITH FOOD INSECURITY, TRANSPORTATION, OBTAINING A DRIVER'S LICENSE AND SOCIAL SECURITY CARD, AND REGISTERING TO VOTE. VIAP'S STAFF WELLNESS PROGRAM HAS INCLUDED TRAININGS, TEAM BUILDING, AND OTHER ESSENTIAL SUPPORTIVE RESOURCES FOR STAFF TO ADDRESS VICARIOUS TRAUMA AND COMPASSION FATIGUE.MENTAL HEALTH AND SUBSTANCE USE DISORDERMENTAL HEALTH DIVERSION INITIATIVE (MHD1) OR CRIMINAL JUSTICE DIVERSION PROGRAM (DMH): THROUGHOUT FY24 BOSTON MEDICAL CENTER CONTINUED TO STAFF THE THREE BOSTON MUNICIPAL COURT MENTAL HEALTH COURT SESSIONS LOCATED WITHIN THE CENTRAL DIVISION, THE WEST ROXBURY DIVISION AND THE ROXBURY DIVISION. SESSIONS CONTINUE TO BE WELL UTILIZED WITH A TOTAL OF 247 CLIENTS SERVED ACROSS ALL THREE COURTS OVER THE COURSE OF THE FISCAL YEAR.IN TOTAL, ALL THREE SESSIONS COMPLETED INTAKES FOR AND ACCEPTED 122 NEW CLIENTS. AT THE END OF THE FISCAL YEAR, THERE WERE 27 NEW REFERRALS PENDING THROUGHOUT ALL THREE SESSIONS, A NUMBER REFLECTING STAFF LEAVES AND THE NUMBER OF REFERRED CLIENTS WHO WERE HOSPITALIZED OR INCARCERATED AT THE TIME OF REFERRAL. THE SESSIONS' SUCCESS CAN BE DEMONSTRATED THROUGH A VARIETY OF MEANS, INCLUDING THE NUMBER OF PROGRAM GRADUATES (CLIENTS WHO HAVE MET ALL LEGAL AND PROGRAMMATIC EXPECTATIONS). DURING FY24 THE THREE SESSIONS GRADUATED A TOTAL OF 42 CLIENTS. BMC CENTRAL AND WEST ROXBURY CURRENTLY HAVE THE HIGHEST NUMBER OF ACTIVE CLIENTS. ROXBURY CONTINUES TO ACCEPT NEW REFERRALS AND ENCOURAGE DEFENSE ATTORNEYS AND THE PROBATION DEPARTMENT TO CONSIDER INDIVIDUALS WHO MAY BE APPROPRIATE FOR SESSION.
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, 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. IN ADDITION TO THE INTERNAL COLLABORATIONS, FASTER PATHS PARTNERS CLOSELY WITH COMMUNITY PROGRAMS INCLUDING THE BOSTON PUBLIC HEALTH COMMISSION PROVIDING ACCESS TO ADDICTION TREATMENT, HOPE, AND SUPPORT PROGRAM, TO FACILITATE CONNECTIONS TO COMMUNITY SERVICES. IN A TWELVE-MONTH PERIOD, FASTER PATHS SERVED APPROXIMATELY 1,130 UNIQUE PATIENTS FOR 4,300 VISITS. THE SUCCESS OF THE FASTER PATHS MODEL HAS INSPIRED REPLICATION IN OTHER BRIDGE CLINICS. ALCOHOL & SUBSTANCE ABUSE SERVICES, EDUCATION, AND REFERRAL TO TREATMENT (PROJECT ASSERT): PROJECT ASSERT, ESTABLISHED IN 1994, PROVIDES GREATER ACCESS TO SUBSTANCE USE TREATMENT IN THE EMERGENCY DEPARTMENT SETTING AND HAS

Form and Line Reference	Explanation
	EXPANDED TO INCLUDE A VARIETY OF SOCIAL AND COMMUNITY HEALTHCARE SUPPORT SERVICES. BASED IN THE EMERGENCY DEPARTMENT, PROJECT ASSERT COUNSELS PATIENTS WHOSE ALCOHOL OR DRUG USE WAS DIRECTLY AND INDIRECTLY IMPLICATED IN THEIR NEED FOR EMERGENCY SERVICES. LICENSED ALCOHOL AND DRUG COUNSELORS CONSULT AND COLLABORATE WITH HOSPITAL STAFF TO OFFER PATIENTS ALCOHOL AND DRUG SCREENING, BRIEF INTERVENTION, COUNSELING ON TREATMENT OPTIONS AND REFERRALS TO HEALTH AND SOCIAL RESOURCES SUCH AS SUBSTITUTE USE DISORDER TREATMENT AND PRIMARY CARE SERVICES. IN FY24, 1,306 PATIENTS HAD 2,433 ENCOUNTERS WITH RECOVERY SUPPORT NAVIGATORS AT PROJECT ASSERT. 98% OF TAPS SCREENER ASSESSMENT RESULTS WERE POSITIVE FOR SUBSTANCE USE. ENCOUNTERS HAVE DOCUMENTED REFERRALS TO RECOVERY COACH SERVICES, FASTER PATHS, DETOX/WITHDRAWAL MANAGEMENT, AND CLINICAL STABILIZATION SERVICES. 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 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 FY24, SOFAR HAD APPROXIMATELY 375 PATIENTS ENROLLED IN THE CLINIC.
PART VI, LINE 7:	BMC DOES NOT FILE A COMMUNITY BENEFITS REPORT WITH THE COMMONWEALTH OF MASSACHUSETTS.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

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

2023

Open to Public Inspection

Employer identification number
04-3314093

Part I General Information on Grants and Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
Part III 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) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX,NY 10461	13-1624225	501(C)(3)	67,364	0			SUBAWARD	
(2) ALTERNATIVES FOR COMMUNITY & ENVIROMENT 2181 WASHINGTON STREET SUITE 301 ROXBURY,MA 02119	04-3228509	501(C)(3)	81,800	0			SUBAWARD	
(3) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE BOX 26-AP CHICAGO,IL 60611	36-2170833	501(C)(3)	51,226	0			SUBAWARD	
(4) BAY COVE HUMAN SERVICES 66 CANAL STREET 3RD FLOOR BOSTON,MA 02114	04-2518575	501(C)(3)	189,147	0			SUBAWARD	
(5) BAY STATE COMM SERVICES INC 1120 HANCOCK STREET QUINCY,MA 02169	04-2468492	501(C)(3)	463,068	0			SUBAWARD	
(6) BAYSTATE MEDICAL CENTER 140 HIGH STREET C LEVEL SPRINGFIELD,MA 01105	04-2790311	501(C)(3)	291,965	0			SUBAWARD	
(7) BEHAVIORAL HEALTH NETWORK INC 417 LIBERTY STREET SPRINGFIELD,MA 01104	04-2103756	501(C)(3)	171,292	0			SUBAWARD	
(8) BERKSHIRE MEDICAL CENTER DENTAL CLINIC 725 NORTH STREET PITTSFIELD,MA 01201	04-2791396	501(C)(3)	154,438	0			SUBAWARD	
(9) BERKSHIRE REGIONAL PLANNING COMMISSION 1 FENN STREET PITTSFIELD,MA 01201	04-2430187	501(C)(3)	379,244	0			SUBAWARD	
(10) BIDMC BETH ISRAEL DEACONESS 330 BROOKLINE AVENUE MISC A/R OTHER A/R BR-3 BOSTON,MA 02215	04-2103881	501(C)(3)	356,053	0			SUBAWARD	
(11) BOSTON HEALTHCARE FOR THE HOMELESS PROGRAM INC 780 ALBANY STREET BOSTON,MA 02118	04-3160480	501(C)(3)	115,525	0			SUBAWARD	
(12) BOSTON HOUSING AUTHORITY 52 CHAUNCY STREET 7TH FLOOR BOSTON,MA 02111	04-6001907	501(C)(3)	17,204	0			SUBAWARD	
(13) BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE 6TH FLOOR MVP ACCT CAMBRIDGE,MA 02138	04-3316655	501(C)(3)	36,057	0			SUBAWARD	
(14) BOSTON UNIVERSITY OFFICE OF FINANCIAL AFFAIRS 715 ALBANY STREET SUITE 580 BOSTON,MA 021182528	04-2103547	501(C)(3)	4,929,254	0			SUBAWARD	
(15) BRANDEIS UNIVERSITY OFFICE OF GRANTS ADMIN MAILSTOP 116 WALTHAM,MA 022549110	04-2103552	501(C)(3)	68,855	0			SUBAWARD	
(16) BRIGHAM & WOMENS HOSPITAL INC RESEARCH MANAGEMENT 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	127,707	0			SUBAWARD	
(17) BROCKTON AREA MULTI SERVICES INC 10 CHRISTYS DRIVE BROCKTON,MA 02301	04-2562377	501(C)(3)	211,555	0			SUBAWARD	
(18) BROCKTON NEIGHBORHOOD HEALTH 63 MAIN STREET BROCKTON,MA 02301	04-3165044	501(C)(3)	48,115	0			SUBAWARD	
(19) BROWN UNIVERSITY OFFICE OF CONTROLLER BOX 1 PROVIDENCE,RI 02912	50-0258809	501(C)(3)	340,218	0			SUBAWARD	
(20) CAMBRIDGE HEALTH ALLIANCE 10 PRESIDENTS LANDING 5TH FLOOR MEDFORD,MA 02155	04-3320571	501(C)(3)	55,933	0			SUBAWARD	
(21) CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	501(C)(3)	23,501	0			SUBAWARD	
(22) CITY OF NEW BEDFORD 133 WILLIAM STREET NEW BEDFORD,MA 02740	04-6001402	CITY OF NEW BEDFORD	444,266	0			SUBAWARD	
(23) CITY OF SPRINGFIELD DEPT OF HEALTH AND HUMAN SERVICES 95 STATE STREET SUITE 201 SPRINGFIELD,MA 01103	04-6001415	501(C)(3)	546,295	0			SUBAWARD	
(24) CLEVELAND CLINIC LABORATORIES PO BOX 74222 CLEVELAND,OH 44194	34-0714585	501(C)(3)	37,780	0			SUBAWARD	
(25) COMAGINE HEALTH 10700 MERIDIAN AVENUE NORTH SUITE 100 SEATTLE,WA 98139008	91-1072875	501(C)(3)	17,039	0			SUBAWARD	
(26) COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTHDIVISION OF FOOD A 305 SOUTH STREET JAMAICA PLAIN,MA 02130	04-6002284	COMMONWEALTH OF MA	418,201	0			SUBAWARD	
(27) COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY INC 102 MAIN STREET GREENFIELD,MA 01301	04-3312968	501(C)(3)	68,175	0			SUBAWARD	
(28) DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD SUITE 6015 HANOVER,NH 037651471	02-0222111	501(C)(3)	163,366	0			SUBAWARD	
(29) DIGNITY HEALTH DBA ST JOSEPH'S HOS & MED CTR 350 WEST THOMAS ROAD PHOENIX,AZ 85013	94-1196203	501(C)(3)	22,022	0			SUBAWARD	
(30) DOTHOUSE HEALTH INC 1353 DORCHESTER AVENUE DORCHESTER,MA 02122	23-7125970	501(C)(3)	45,881	0			SUBAWARD	
(31) DREXEL UNIVERSITY 3201 ARCH STREET SUITE 420 PHILADELPHIA,PA 19104	23-1352630	501(C)(3)	11,198	0			SUBAWARD	
(32) DUDLEY ST NEIGHBRHD INITIATIVE 550 DUDLEY STREET ROXBURY,MA 02119	04-2859066	501(C)(3)	48,892	0			SUBAWARD	
(33) EAST BOSTON NHC 10 GOVE STREET EAST BOSTON,MA 02128	23-7425849	501(C)(3)	28,061	0			SUBAWARD	
(34) EMORY UNIVERSITY OFFICE OF GRANTS CONTRACTS 1599 CLIFTON ROAD 4TH FL ATLANTA,GA 30322	58-0566256	501(C)(3)	31,308	0			SUBAWARD	
(35) EPILEPSY FOUNDATION NEW ENGLAND 650 SUFFOLK STREET UNIT 405 LOWELL,MA 01854	22-2505819	501(C)(3)	7,000	0			SUBAWARD	
(36) FAMILY SVCS OF MERRIMACK VALLEY 430 NORTH CANAL STREET LAWRENCE,MA 01840	04-2104054	501(C)(3)	266,203	0			SUBAWARD	
(37) FENWAY COMMUNITY HEALTH CTR 1340 BOYLSTON STREET BOSTON,MA 02215	04-2510564	501(C)(3)	12,760	0			SUBAWARD	
(38) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET CSC319 MIAMI,FL 33199	65-0177616	501(C)(3)	13,287	0			SUBAWARD	
(39) GREATER LAWRENCE HEALTH CENTER 34 HAVERHILL STREET LAWRENCE,MA 01840	04-2708824	501(C)(3)	374,942	0			SUBAWARD	
(40) HARVARD UNIVERSITY OFFICE OF SPONSORED PROGS HOLYOKE CENTER 1350 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	45,710	0			SUBAWARD	
(41) HEALTH RESOURCES IN ACTION INC 2 BOYLSTON STREET 4TH FL ATTN MS BORA TORO BOSTON,MA 02116	04-2229839	501(C)(3)	23,790	0			SUBAWARD	
(42) HEPATITIS EDUCATION PROJECT 1621 SOUTH JACKSON STREET SUITE 201 SEATTLE,MA 98144	91-1658691	501(C)(3)	12,009	0			SUBAWARD	
(43) HOLYOKE HEALTH CENTER INC 230 MAPLE STREET ATTN KATHLEEN LEBLANC HOLYOKE,MA 01040	04-2492730	501(C)(3)	13,517	0			SUBAWARD	
(44) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE BOX 1070 NEW YORK,NY 10029	13-6171197	501(C)(3)	64,903	0			SUBAWARD	
(45) JEWISH VOCATIONAL SERVICES ATTN ACCOUNTING DEPARTMENT 105 CHAUNCY STREET BOSTON,MA 02111	04-2104357	501(C)(3)	85,147	0			SUBAWARD	
(46) JOSLIN DIABETES CENTER ONE JOSLIN PLACE BOSTON,MA 02215	04-2203836	501(C)(3)	219,545	0			SUBAWARD	
(47) LAHEY CLINIC 41 MALL ROAD FINANCE OFFICE BURLINGTON,MA 01805	04-2704683	501(C)(3)	65,238	0			SUBAWARD	
(48) LOWELL COMMUNITY HEALTH CTR 161 JACKSON STREET LOWELL,MA 01852	04-2881348	501(C)(3)	44,768	0			SUBAWARD	
(49) MANET COMMUNITY HEALTH CENTER 110 WEST SQUANTUM STREET N QUINCY,MA 02171	04-2646695	501(C)(3)	61,606	0			SUBAWARD	
(50) MASS INSTITUTE OF TECHNOLOGY DBA DIVISION OF COMPARATIVE MEDICINEBUILDING 77 MASSACHUSETTS AVENUE 16-849 CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	105,675	0			SUBAWARD	
(51) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 02114	04-2697983	501(C)(3)	88,166	0			SUBAWARD	
(52) MCLEAN HOSPITAL CORPORATION 115 MILL STREET BELMONT,MA 024789106	04-2697981	501(C)(3)	61,011	0			SUBAWARD	
(53) NEW YORK UNIVERSITY 105 EAST 17TH STREET 4TH FL NEW YORK,NY 10003	13-5562308	501(C)(3)	37,964	0			SUBAWARD	
(54) NORTH SUFFOLK MENTAL HEALTH ASSOCIATION 301 BROADWAY AVENUE CHELSEA,MA 02150	04-2317215	501(C)(3)	79,755	0			SUBAWARD	
(55) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON,MA 02115	04-1679980	501(C)(3)	45,682	0			SUBAWARD	
(56) NORTHWESTERN UNIVERSITY DIVISION OF ALLERGY IMMUNOLOGYTARRY BLDG 3-707 MAIL CODE S207 CHICAGO,IL 606113006	36-2167817	501(C)(3)	12,701	0			SUBAWARD	
(57) NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK,NY 10016	13-5562309	501(C)(3)	49,614	0			SUBAWARD	
(58) PROOF ALLIANCE 1876 MINNEHAHA AVENUE WESTSUITE 395 SAINT PAUL,MN 55104	41-1904618	501(C)(3)	214,208	0			SUBAWARD	
(59) RAND CORPORATION 1776 MAIN STREET PO BOX 2138 SANTA MONICA,CA 904072138	95-1958142	501(C)(3)	38,447	0			SUBAWARD	
(60) REACHING OUR SISTERS EVERYWHERE INC 3614 COLUMBIA PARKWAY DECATUR,GA 30034	45-2803568	503(C)(3)	153,363	0			SUBAWARD	
(61) REGENTS OF THE UNIV OF CALIFORNIA DBA UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA,CA 920930953	95-6006144	501(C)(3)	55,069	0			SUBAWARD	
(62) SOCIAL SCIENCE RESEARCH AND EVALUATION INC (SSRE) 84 MILL STREET LINCOLN,MA 017731706	22-2551337	501(C)(3)	36,243	0			SUBAWARD	
(63) STANLEY STREET TREATMENT AND RESOURCES INC 386 STANLEY STREET FALL RIVER,MA 02724	04-2604426	501(C)(3)	94,419	0			SUBAWARD	
(64) THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA CHILD DEVELOPMENT RESOU ATT VIVIAN MCKINLEY 651 PETER BRYCE BOULEVARD TUSCALOOSA,AL 35401	63-6001138	501(C)(3)	42,793	0			SUBAWARD	
(65) THE BRIEN CTR FOR MENTAL HLTH & SUBSTANCE ABUSE SRVS INC 359 FENN STREET PITTSFIELD,MA 01201	04-2081870	501(C)(3)	497,357	0			SUBAWARD	
(66) THE REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE 600 DENVER,CO 80203	84-6000555	501(C)(3)	159,555	0			SUBAWARD	
(67) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NY 615 WEST 131ST STREET 3RD FL NEW YORK,NY 10027	13-5598093	501(C)(3)	148,359	0			SUBAWARD	
(68) THE UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD KINGSTON,RI 02881	22-3011455	STATE OF RI	8,607	0			SUBAWARD	
(69) THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE STOP K5300 AUSTIN,TX 78712	74-6000203	STATE OF TX	8,812	0			SUBAWARD	
(70) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE STREET 6 WEST GATES 6041 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	14,324	0			SUBAWARD	
(71) TUFTS MEDICAL CENTER INC 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	27,684	0			SUBAWARD	
(72) TUFTS UNIVERSITY NEMCH 096171 HARRISON AVENUE BOSTON,MA 02111	04-2103634	501(C)(3)	216,284	0			SUBAWARD	
(73) UNIV OF N CAROLINA AT CHAPEL HILL OFFICE OF CONTRACTS GRANTS CB 1350104 AIRPORT DRIVE SUITE 2200 CHAPEL HILL,NC 275991350	56-6001393	501(C)(3)	446,269	0			SUBAWARD	
(74) UNIVERSITY OF ARIZONA 888 NORTH EUCLID AVENUE ROOM 510 TUCSON,AZ 857194824	74-2652689	STATE OF AZ	10,895	0			SUBAWARD	
(75) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 500 PARNASSUS AVENUE MU 200-W SAN FRANCISCO,CA 941430244	94-6036493	501(C)(3)	340,881	0			SUBAWARD	
(76) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE FARMINGTON,CT 06030	52-1725543	STATE OF CT	36,107	0			SUBAWARD	
(77) UNIVERSITY OF GUAM 303 UNIVERSITY DRIVE MANGILAO,GU 96913	98-0032933	TERRITORY OF GUAM	23,759	0			SUBAWARD	
(78) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INST INC 3901 RAINBOW BOULEVARD MAILSTOP 1039 KANSAS CITY,KS 66160	48-1108830	501(C)(3)	14,157	0			SUBAWARD	
(79) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKAD HALL LEXINGTON,KY 405060057	61-6033693	501(C)(3)	17,032	0			SUBAWARD	
(80) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	COMMONWEALTH OF MA	539,544	0			SUBAWARD	
(81) UNIVERSITY OF MIAMI 1600 NW 10TH AVENUE MIAMI,FL 33136	59-0624458	501(C)(3)	17,730	0			SUBAWARD	
(82) UNIVERSITY OF NEVADA LAS VEGAS BOARD OF REGENTS NV SVCS OF HIGHER EDU 4505 SOUTH MARYLAND PARKWAY LAS VEGAS,NV 89154	88-6000024	STATE OF NV	82,816	0			SUBAWARD	
(83) UNIVERSITY OF PITTSBURGH ATTN NICOLE KAEFER 200 MEYRAN AVENUE SUITE 200 PITTSBURGH,PA 15213	25-0965591	501(C)(3)	686,623	0			SUBAWARD	
(84) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS 3500 SOUTH FIGUEROA STREET SUITE 205 LOS ANGELES,CA 900898006	95-1642394	501(C)(3)	67,213	0			SUBAWARD	
(85) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 SOUTH PROSPECT STREET BURLINGTON,VT 05405	03-0179440	STATE OF VT	5,120	0			SUBAWARD	
(86) UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NESUITE 308 SEATTLE,WA 98195	91-6001537	STATE OF WA	10,882	0			SUBAWARD	
(87) WHEEL CORP 1050 COMMONWEALTH AVENUE SUITE 200 BOSTON,MA 02215	04-2632219	501(C)(3)	614,613	0			SUBAWARD	
(88) WALK BOSTONSRs OLD CITY HALL 45 SCHOOL STREET BOSTON,MA 02108	22-3061699	501(C)(3)	22,489	0			SUBAWARD	
(89) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY CO RESEARCH ACCOUNTING DEPT 100 BROADWAY 8TH FL NEW YORK,NY 10005	13-1623978	501(C)(3)	31,048	0			SUBAWARD	
(90) WESTERN MASSACHUSETTS TRAINING 187 HIGH STREET SUITE 202 HOLYOKE,MA 01040	23-7450656	501(C)(3)	247,809	0			SUBAWARD	
(91) YALE UNIVERSITY SCHOOL OF MED 2 WHITNEY AVENUE 6TH FLOOR NEW HAVEN,CT 06510	06-0646973	501(C)(3)	41,818	0			SUBAWARD	

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:	BMC'S DEPARTMENT OF RESEARCH ADMINISTRATION USES SOFTWARE REPORTING SYSTEMS TO MONITOR THE USE OF ALL GRANT FUNDING. PRINCIPAL INVESTIGATORS AND DEPARTMENT ADMINISTRATORS HAVE SYSTEM ACCESS TO REVIEW THEIR GRANT EXPENDITURES REGULARLY.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I

Questions Regarding Compensation

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

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 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 ALASTAIR BELL MD TRUSTEE /INTERIM PRESIDENT(THRU 5/31	(i)	1,228,295	459,250	81,654	169,725	10,352	1,949,276	68,250
	(ii)	- 0	0	0	0	- 0	- 0	0
2 JENNIFER TSENG MD TRUSTEE (THRU 1/1/24)	(i)	0	0	0	0	0	0	0
	(ii)	- 1,151,325	0	4,902	38,268	- 2,788	- 1,197,283	0
3 ANTHONY HOLLENBERG MD TRUSTEE/PRESIDENT (AS OF 5/31/24)	(i)	0	0	0	0	0	0	0
	(ii)	- 889,949	0	42,038	0	- 32,363	- 964,350	0
4 TERRI NEWSOM SVP/CFO/TREASURER (THRU 7/1/24)	(i)	648,132	156,000	5,000	107,400	6,986	923,518	0
	(ii)	- 0	0	0	0	- 0	- 0	0
5 JOE CAMILLUS SVP AMBULATORY & PRF SVC	(i)	610,156	117,000	33,347	91,350	46,741	898,594	23,790
	(ii)	- 0	0	0	0	- 0	- 0	0
6 NICOLE FAUCHER PRESIDENT, CLEARWAY HEALTH, LLC	(i)	419,451	377,800	1,089	57,888	9,944	866,172	0
	(ii)	- 0	0	0	0	- 0	- 0	0
7 DAVID MCANENY SVP/CHIEF MEDICAL OFFICER	(i)	604,681	122,400	96,923	8,758	31,907	864,669	0
	(ii)	- 0	0	0	0	- 0	- 0	0
8 NANCY GADEN SVP OF CLINICAL OPERATIONS/CNO	(i)	502,546	101,400	185,041	16,500	36,776	842,263	31,980
	(ii)	- 0	0	0	0	- 0	- 0	0
9 LISA KELLY-CROSWELL SVP/CHIEF HR OFFICER	(i)	536,209	117,000	45,832	79,881	31,939	810,861	35,490
	(ii)	- 0	0	0	0	- 0	- 0	0
10 ARTHUR HARVEY VP/CIO	(i)	515,551	112,500	17,890	82,200	35,002	763,143	12,480
	(ii)	- 0	0	0	0	- 0	- 0	0
11 DAVID BECK SVP/CHIEF LEGAL COUNSEL/CLERK	(i)	506,187	112,500	62,346	23,100	32,903	737,036	0
	(ii)	- 0	0	0	0	- 0	- 0	0
12 ROBERT BIGGIO SVP/CHIEF SUSTAINABILITY/RE OFFICER	(i)	465,871	101,250	37,847	76,350	11,511	692,829	30,225
	(ii)	- 0	0	0	0	- 0	- 0	0
13 JODI LARSON VP, CHIEF QUALITY OFFICER	(i)	439,376	70,980	8,856	46,300	51,576	617,088	0
	(ii)	- 0	0	0	0	- 0	- 0	0
14 KATHLEEN E WALSH FORMER PRESIDENT	(i)	271,094	312,500	0	4,442	1,169	589,205	0
	(ii)	- 0	0	0	0	- 0	- 0	0
15 RAVIN DAVIDOFF MD SVP/EXECUTIVE MEDICAL DIRECTOR	(i)	287,478	47,250	18,415	22,050	30,967	406,160	0
	(ii)	- 0	0	0	0	- 0	- 0	0
16 MANISHI DESAI TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	- 289,776	1,362	432	30,524	- 13,651	- 335,745	0
17 JESSE SOUWEINE TREASURER (07/01/24 - 11/12/24)	(i)	158,602	26,188	0	0	9,325	194,115	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
SCHEDULE J, PART I, LINE 4B:	BMC HAS A 457(F) DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES LISTED IN SCEHDULE J, PART II.
SCHEDULE J, PART I, LINE 7:	BMC HAS AN ANNUAL EXECUTIVE PERFORMANCE INCENTIVE PLAN. PERFORMANCE TARGETS AND PAYOUT METRICS ARE ESTABLISHED AND APPROVED BY THE COMPENSATION COMMITTEE AT THE BEGINNING OF EACH PERFORMANCE CYCLE. FISCAL YEAR 2023 PERFORMANCE BONUS PAYOUTS WERE APPROVED BY THE COMMITTEE AFTER IT REVIEWED THE 2023 PERFORMANCE RESULTS AGAINST PRE ESTABLISHED PERFORMANCE TARGETS, AND APPROVED THE FORMULA-BASED PAYOUTS ACCORDINGLY.

Additional Data

Return to Form

Software ID:

Software Version:

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

2023

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 2015 SERIES D	04-3431814	57583U6Q6	04-08-2015	167,471,151	FINANCE CAPITAL PROJECTS		X		X		X
B MDFA 2016 SERIES E	04-3431814	57584XWT4	09-22-2016	203,977,951	FINANCE NEW PROJECTS		X		X		X
C MDFA 2017 SERIES F	04-3431814	57584X6Z9	12-20-2017	45,272,849	FINANCE CAPITAL PROJECTS		X		X		X
D MHEFA 2009 SERIES O-1	04-2456011	57586ELD1	08-14-2009	101,485,000	REFUNDING OF SERIES M3-B		X		X	X	

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			13,780,000		5,435,000		10,400,909	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	168,069,007		206,393,981		45,971,835		13,688,734	
4 Gross proceeds in reserve funds	16,059,025						34,537	
5 Capitalized interest from proceeds	226,325				9,238			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2,007,035		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	259,175		175,673,681				13,688,734	
12 Other unspent proceeds								
13 Year of substantial completion	2016		2017		2019			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		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		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		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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			0.500 %				0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government							0 %	
6	Total of lines 4 and 5			0.500 %				0 %	
7	Does the bond issue meet the private security or payment test?		X		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		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		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		X
b	Exception to rebate?		X		X		X	X	
c	No rebate due?	X		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)

4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			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								
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	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

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

Part VI

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

Return Reference	Explanation
COLUMN A, SERIES D - ENTITY 1:	PART I(F) - BONDS FINANCED CAPITAL PROJECTS, FUNDED A RESERVE, AND PAID COSTS OF ISSUANCE. PART II, LINE 3 - THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2(C) - THE MOST RECENT FIVE YEAR REBATE REPORT, DATED APRIL 27, 2020, WAS PREPARED BY BLX GROUP, LLC.
COLUMN B, SERIES E - ENTITY 1:	PART I(F) - BONDS FINANCED CAPITAL PROJECTS AND ADVANCED REFUNDED PRIOR BONDS (ISSUED ON JULY 1, 2008) BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART II, LINE 3 - THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2(C) - THE MOST RECENT FIVE YEAR REBATE REPORT, DATED OCTOBER 21, 2021, WAS PREPARED BY BLX GROUP, LLC.
COLUMN C, SERIES F - ENTITY 1:	PART I(F) - BONDS WERE ISSUED TO FINANCE CAPITAL PROJECTS. PART II, LINE 3 - THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2(C) - THE FIFTH YEAR REBATE REPORT WAS PREPARED ON SEPTEMBER 26, 2022.
COLUMN D, SERIES O-1 - ENTITY 1:	BONDS ARE PART OF A POOLED FINANCING (TOTAL PAR \$101,485,000) AND THUS, EXCEPT FOR PART I, ONLY THE BORROWER'S ALLOCABLE PORTION IS REPRESENTED. PART I(F) - THE BORROWER'S PORTION OF THE BONDS REFINANCED THE PORTION OF THE ISSUER'S SERIES M3-B (2005) BONDS (ISSUED ON OCTOBER 3, 2005) ALLOCABLE TO THE BORROWER. PART II, LINE 4 - THE RESERVE HAS BEEN FUNDED BY PROCEEDS OF THE PRIOR BONDS. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2(B) - BOND PROCEEDS WERE EXPENDED TO FINANCE A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT. NO COMPUTATION HAS BEEN MADE THAT WOULD INDICATE WHETHER ANY REBATE WOULD BE DUE ON THE PROCEEDS TRANSFERRED FROM THE PRIOR BONDS.
COLUMN A, SERIES G - ENTITY 2:	PART I(F) - BONDS FINANCED CAPITAL PROJECTS, CURRENT REFUNDED PRIOR BONDS (ISSUED ON JUNE 14, 2012), AND PAID COSTS OF ISSUANCE. PART II, LINE 3 - THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2(B) - THE PORTION OF BOND PROCEEDS USED TO CURRENT REFUND PRIOR BONDS HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT.

Additional Data

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Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 2023 SERIES G	04-3431814	57584Y4U0	02-28-2023	242,274,160	FINANCE CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	3,105,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	253,036,577							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,295,024							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	162,215,451							
11	Other spent proceeds	17,978,105							
12	Other unspent proceeds	70,547,996							
13	Year of substantial completion								
		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?	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								
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
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Additional Data

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Software ID:

Software Version:

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.					
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$. \$					

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

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANNAH LEAVER	DAUGHTER OF TRUSTEE	308,172	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 RICHARD MARKS, IS EMPLOYED BY BMC. LEAVER HAS BEEN EMPLOYED BY BMC SINCE BEFORE TRUSTEE RICHARD MARKS JOINED THE BMC BOARD IN 2016.

Additional Data

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Software ID:

Software Version:

Name of the organization
BOSTON MEDICAL CENTER CORPORATION

Employer identification number
04-3314093

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		80,120	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	43	803,890	AVG. HIGH/LOW PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	1,640	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (GIFT CERTIFICATE	X	24	39,201	DONOR ESTIMATE
25 ►) _____				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

290

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?

30aNo

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?

31Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32aNo

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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Software ID:

Software Version:

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	BISOLA OJIKUTU, M.D. ALASTAIR BELL, M.D. BUSINESS RELATIONSHIP - THE OFFICERS AND TRUSTEES ABOVE ARE ALSO MEMBERS OR EMPLOYEES OF THE BOSTON PUBLIC HEALTH COMMISSION. MELANIE FOLEY (THRU 5/14/24) JENNIFER TSENG, M.D. (THRU 1/1/24) BUSINESS RELATIONSHIP - THE TRUSTEES ABOVE ARE ALSO DIRECTORS OF BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD. MARTHA SAMUELSON PIERRE CREMIEUX BUSINESS RELATIONSHIP - THE TRUSTEES ABOVE ARE ALSO TRUSTEES, OFFICERS, 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 HEALTH SYSTEM'S INTERNAL MANAGEMENT. FOLLOWING THAT REVIEW, BMC HEALTH SYSTEM'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 FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2024 WERE DISTRIBUTED BY BMC HEALTH SYSTEM'S CORPORATE COMPLIANCE DEPARTMENT. THE CHIEF COMPLIANCE OFFICER OR THE CHIEF COMPLIANCE OFFICER'S DESIGNEE QUERIES TRUSTEES AND OFFICERS 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	BMC HEALTH SYSTEM, INC. IS A SUPPORTING ORGANIZATION OF BOTH BMC AND WELLSENSE. 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, BMC, OR WELLSENSE EXECUTIVE SEEKING COMPENSATION. INDIVIDUAL COMPENSATION IS 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 AN 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 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. THE RESTATED ARTICLES OF THE ORGANIZATION ARE AVAILABLE ON THE SECRETARY OF THE COMMONWEALTH'S CORPORATIONS WEBSITE.
FORM 990, PART XI, LINE 9:	NET ASSETS TRANSFER FROM BMC HEALTH PLAN 100,000,000. PERIODIC PENSION COSTS 3,494,946. OTHER CHANGES 1,019,149. ADJUSTMENT RELATED TO NET ASSETS OF RELATED CAPTIVE ON CONSOLIDATED FINANCIALS -6,419,462.

Additional Data

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Software ID:

Software Version:

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	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	MA	501 (C) (3)	3	BMC	Yes	
(10)BOSTON UNIVERSITY DERMATOLOGY INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3335166	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	MA	501 (C) (3)	12C III-FI	N/A		No
(12)BOSTON UNIVERSITY FAMILY MEDICINE INC	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	MA	501 (C) (3)	12C III-FI	N/A		No
(26)BUMC OTOLARYNGOLOGIC FOUNDATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3156471	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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	MEDICAL GROUP PRACTICE	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)FACULTY PRACTICE FOUNDATION INC ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3289381	MEDICAL SVCS	MA	501 (C) (3)	12 B-II	N/A		No
(31)BOSTON MEDICAL CENTER-SOUTH CORPORATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118	HEALTHCARE	MA	501 (C) (3)	3	BMCHS	Yes	

(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
99-4491180							
(32)BOSTON MEDICAL CENTER-BRIGHTON CORPORATION ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 99-4793550	HEALTHCARE	MA	501 (C) (3)	3	BMCHS	Yes	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) BMC INSURANCE COMPANY LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN CJ 98-0375219	INSURANCE	CJ	BMC	C	990,533	102,898,008	70.000 %	Yes	
(2) CHARITABLE REMAINDER TRUST - MA (3)	SUPPORT	MA	BMC	T				Yes	

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

No

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 INSURANCE COMPANY LTD	P	9,452,351	FMV
(2)BMC HEALTH SYSTEM INC	P	179,979,025	FMV

Schedule R (Form 990) 2023

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:

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