

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007**B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization BOSTON UNIVERSITY MALLORY PATHOLOGY ASSOCIATES, INCNumber and street (or P O box if mail is not delivered to street address) Room/suite
BIOSQUARE III, 670 ALBANY STREET 310City or town, state or country, and ZIP + 4
BOSTON, MA 02118**D Employer identification number**
04-2794543**E Telephone number**
(617) 414-5314**F Accounting method** ☐ Cash ☒ Accrual
Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? ☒ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I Group Exemption Number** ▶ 8094**M Check** ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶ N/A**J Organization type** (check only one) ☒ 501(c) (3) (insert no) 4947(a)(1) or 527**K Check here** ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,171,069.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)**1 Contributions, gifts, grants, and similar amounts received****a Contributions to donor advised funds** 1a
b Direct public support (not included on line 1a) 1b
c Indirect public support (not included on line 1a) 1c
d Government contributions (grants) (not included on line 1a) 1d**e Total** (add lines 1a through 1d) (cash \$ noncash \$) 1e**2 Program service revenue including government fees and contracts** (from Part VII, line 93) 2 9,155,093.**3 Membership dues and assessments** 3**4 Interest on savings and temporary cash investments** 4 10,090.**5 Dividends and interest from securities** 5**6 a Gross rents** 6a
b Less rental expenses 6b**c Net rental income or (loss)** Subtract line 6b from line 6a. 6c**7 Other investment income** (describe) ▶ 7**8 a Gross amount from sales of assets other than inventory**

(A) Securities

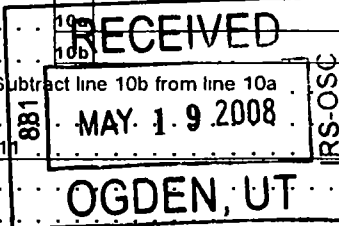
(B) Other

b Less cost or other basis and sales expenses**c Gain or (loss)** (attach schedule). Stmt. 3 8c 5,886.**d Net gain or (loss)** Combine line 8c, columns (A) and (B). 8d 5,886.**9 Special events and activities** (attach schedule). If any amount is from gaming, check here ☐**a Gross revenue** (not including \$ of contributions reported on line 1b). 9a**b Less direct expenses other than fundraising expenses** 9b**c Net income or (loss) from special events** Subtract line 9b from line 9a. 9c**10 a Gross sales of inventory, less returns and allowances** 10a**b Less cost of goods sold** 10b**c Gross profit or (loss) from sales of inventory** (attach schedule). Subtract line 10b from line 10a. 10c**11 Other revenue** (from Part VII, line 103) 11**12 Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 12 9,171,069.**13 Program services** (from line 44, column (B)). 13 7,765,289.**14 Management and general** (from line 44, column (C)). 14 1,134,552.**15 Fundraising** (from line 44, column (D)). 15**16 Payments to affiliates** (attach schedule). 16**17 Total expenses.** Add lines 16 and 44, column (A). 17 8,899,841.**18 Excess or (deficit) for the year** Subtract line 17 from line 12. 18 271,228.**19 Net assets or fund balances at beginning of year** (from line 73, column (A)). 19 1,197,153.**20 Other changes in net assets or fund balances** (attach explanation). 20**21 Net assets or fund balances at end of year** Combine lines 18, 19, and 20. 21 1,468,381.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

POSTMARK DATE MAY 15 2008 4 11 PM DENNIS



Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 19,050 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	19,050.	19,050.	STMT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	1,049,952.	881,960.	167,992.	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,681,362.	3,092,344.	589,018.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	920,039.	772,833.	147,206.	
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	96,125.	80,745.	15,380.	
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	1,244.	1,045.	199.	
42 Depreciation, depletion, etc (attach schedule)	175,054.	147,045.	28,009.	
43 Other expenses not covered above (itemize)				
a BAD DEBT	1,789,839.	1,789,839.		
b OUTSIDE SERVICES	666,823.	560,131.	106,692.	
c INSURANCE	109,388.	91,886.	17,502.	
d UTILITIES	1,537.	1,291.	246.	
e FACILITIES	32,683.	27,454.	5,229.	
f OTHER EXPENSES	356,745.	299,666.	57,079.	
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	8,899,841.	7,765,289.	1,134,552.	

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PROVIDE PATHOLOGY SERVICES TO PATIENTS AT BOSTON MEDICAL
CENTER AND PROMOTE BASIC AND APPLIED RESEARCH WITHIN THE
FIELD.

(Grants and allocations \$ 19,050.) If this amount includes foreign grants, check here ☐

7,765,289.

b _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

c _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

d _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) 7,765,289.

Form **990** (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	269,862.	45	414,996.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	1,367,030.		
	b Less allowance for doubtful accounts	657,257.	47c	709,773.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	30,380.	53	29,626.
	54a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	25,486.	54a	25,486.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,239,566.			
b Less accumulated depreciation (attach schedule) STMT 6a	738,941.	57c	500,625.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 7)	194,564.	58	105,345.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,595,343.	59	1,785,851.	
Liabilities	60 Accounts payable and accrued expenses	100,147.	60	87,208.
	61 Grants payable		61	
	62 Deferred revenue	50,329.	62	55,478.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 8)	247,714.	65	174,784.
66 Total liabilities. Add lines 60 through 65	398,190.	66	317,470.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,197,153.	67	1,468,381.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21))	1,197,153.	73	1,468,381.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,595,343.	74	1,785,851.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	9,171,069.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	9,171,069.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	9,171,069.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	8,899,841.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	8,899,841.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	8,899,841.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Yes	No
-----	----

	Yes	No

75b	X
-----	---

75c	X	
-----	---	--

75d	x	
-----	---	--

75d	x	
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Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76	X
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77		X

78a	X	
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78b	X	
-----	---	--

79	X
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80a	X
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— 188 —

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81b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: NONE, section 4912: NONE, section 4955: NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed: MA,	90b	34
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions).		
91 a	The books are in care of: ROBERT FOLEY, COMPTROLLER Telephone no: (617) 414-5314		
	Located at: 670 ALBANY STREET, BIOSQUARE II BOSTON, MA ZIP + 4: 02118		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country: _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☒ Yes ☐ No
 If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>PATIENT REVENUE</u>					5,901,840.
b <u>INSTITUTIONAL SPRT</u>					1,771,158.
c <u>RESEARCH SUPPORT</u>					5,936.
d <u>OTHER HEALTH SRVCS</u>	541380	42,583.			1,072,588.
e <u>FREE CARE REIMBURSEMENT</u>					360,988.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	10,090.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	5,886.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u> </u>					
b <u> </u>					
c <u> </u>					
d <u> </u>					
e <u> </u>					
104 Subtotal (add columns (B), (D), and (E))		42,583.		15,976.	9,112,510.
105 Total (add line 104, columns (B), (D), and (E))					9,171,069.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	PROVIDE PATHOLOGY SERVICES TO PATIENTS AT BOSTON MEDICAL
A-E	CENTER AND PROMOTE BASIC AND APPLIED RESEARCH WITHIN THE
	FIELD.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
N/A	

**Please
Sign
Here**

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

Signature of officer Robert FoleyDate MAY 15, 2008Type or print name and title Robert Foley, Comptroller**Paid
Preparer's
Use Only**Preparer's
signatureKay B. Lumb

Date

5-15-08Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

P00641464Firm's name (or yours
if self-employed),
address, and ZIP + 4PRICEWATERHOUSECOOPERS LLP

EIN

13-4008324125 HIGH STREET

Phone no

617-530-5000BOSTON, MA02110Form **990** (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization **BOSTON UNIVERSITY MALLORY PATHOLOGY
ASSOCIATES, INC**

Employer identification number
04-2794543

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 12				
Total number of other employees paid over \$50,000 . . . ►		16		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 13		
Total number of others receiving over \$50,000 for professional services ►		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ►		NONE

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990. PART. V.

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees? *Statement 14A*

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ►

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►

NONE

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☒ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
SEE STATEMENT 14					
Total					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting **NOT APPLICABLE**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17,					
25 Enter 1% of line 23.					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **NOT APPLICABLE** . . . ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

NOT APPLICABLE

(2005) _____ (2004) _____ (2003) _____ (2002) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____
17 _____ 20 _____ 21 _____ ▶ 27c

d Add: Line 27a total, . . . and line 27b total ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a If the organization belongs to an affiliated group Check ☐ b If you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 13 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
Lobbying nontaxable						
45 amount						
Lobbying ceiling amount						
46 (150% of line 45(e)) . .						
47 Total lobbying expenditures						
Grassroots nontaxable						
48 amount						
Grassroots ceiling amount						
49 (150% of line 48(e)) . . .						
50 Grassroots lobbying expenditures						

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .		X	
c Media advertisements		X	NONE
d Mailings to members, legislators, or the public		X	NONE
e Publications, or published or broadcast statements		X	NONE
f Grants to other organizations for lobbying purposes		X	NONE
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	NONE
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	NONE
i Total lobbying expenditures (Add lines c through h)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Boston University Mallory Pathology Associates, Inc.
EIN: 04-2794543
FYE: 06/30/2007

Form 990, Part VI, Line 80b - Related Organizations

Boston University Medical Center Otolaryngologic Foundation, Inc.
Boston Rehabilitation Medicine Associates, Inc.
Boston University Medical Center Urologists, Inc.
Boston University Psychiatry Associates, Inc.
Boston University Neurosurgical Associates, Inc.
Boston University Mallory Pathology Associates, Inc.
Boston University Dermatology, Inc.
Boston University Dermatology Support Services I, Inc.
Boston University Dermatology Support Services II, Inc.
Child Health Foundation of Boston, Inc.
Boston University Family Medicine, Inc.
Boston University Obstetrics & Gynecology Foundation, Inc.
Boston University Eye Associates, Inc.
Evans Medical Foundation, Inc.
Boston University Orthopaedic Surgical Associates, Inc.
Boston University General Surgical Associates, Inc.
Boston University Surgical Associates, Inc.
Faculty Practice Foundation, Inc.
B.U. Cardiac & Thoracic Surgical Foundation, Inc.
Boston University Medical Center Anesthesiologists, Inc.
Boston University Neurology Associates, Inc.
Boston Emergency Physician Foundation, Inc.
Boston University Plastic Surgery Associates, Inc.
Boston University Medical Center Radiologists, Inc.
Boston Medical Center
Boston University

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

COMMON PAYMASTER
FORM 990 PART V-A LINE 75C

THIS ORGANIZATION HAS A COMMON PAYMASTER AGREEMENT WITH BOSTON UNIVERSITY
AND BOSTON MEDICAL CENTER. INDIVIDUALS REPORTED ON THIS TAX RETURN ARE
PAID PURSUANT TO THESE AGREEMENTS

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GAIN (LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY
FORM 990 LINE 8

GAIN ON SALE *of Assets* \$5,886

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

=====

GRANTS PAID

19,050.

TOTAL CONTRIBUTIONS PAID

19,050.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

PROVIDE PATHOLOGY SERVICES TO PATIENTS AT BOSTON MEDICAL CENTER AND
PROMOTE BASIC AND APPLIED RESEARCH WITHIN THE FIELD.

Boston University Mallory Pathology Associates, Inc.

EIN: 04-2794543

FYE: 06/30/2007

FORM 990, PART II, LINE 42 AND PART IV, LINE 57:

2007

PROPERTY, PLANT AND EQUIPMENT:

LEASEHOLD IMPROVEMENTS	\$	13,197
FURNITURE & FIXTURES		22,756
MACHINES & EQUIPMENT		629,482
CAPITAL LEASE - EQUIPMENT		493,071
COMPUTER - HARDWARE		25,981
COMPUTER - SOFTWARE		33,557
FEDERAL EQUIPMENT		21,522
		<hr/> 1,239,566

ACCUMULATED DEPRECIATION		<hr/> (738,941)
--------------------------	--	-----------------

NET PROPERTY, PLANT AND EQUIPMENT	\$	<hr/> <hr/> 500,625
-----------------------------------	----	---------------------

DEPRECIATION EXPENSE FOR THE PERIOD ENDED 06/30/2007 WAS \$175,054.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
STOCKS	486.	486.
BONDS	25,000.	25,000.
	-----	-----
TOTALS	25,486.	25,486.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
A/R CONTRACTS	35,790.	32,737.
OTHER SHORT TERM-EBNHC	15,749.	19,683.
OTHER SHORT TERM A/R	1,225.	7,808.
DUE FROM RELATED PARTIES	141,800.	45,117.
	-----	-----
TOTALS	194,564.	105,345.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO AFFILIATES	153,146.	170,873.
C/P PORTION OF LONG TERM DEBT	90,657.	3,911.
L/T PORTION OF LONG TERM DEBT	3,911.	NONE
	-----	-----
TOTALS	247,714.	174,784.
	=====	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MICHAEL J. O'BRIEN, MD C/O BU MALLORY PATHOLOGY ASSOCIATES 670 ALBANY STREET BOSTON, MA 02118	DIRECTOR 40.00	334,633.	38,780.	NONE
MICHAEL J. O'BRIEN, MD RECEIVES NO COMPENSATION FOR HOLDING THE POSITION OF OFFICER. ALL COMPENSATION RECEIVED RELATES TO HIS POSITION AS PHYSICIAN AND ADMINISTRATOR.				
ADRIANNE E. ROGERS, MD C/O BU MALLORY PATHOLOGY ASSOCIATES 670 ALBANY STREET BOSTON, MA 02118	DIRECTOR 40.00	169,233.	20,528.	NONE
ADRIANNE E. ROGERS, MD RECEIVES NO COMPENSATION FOR HOLDING THE POSITION OF OFFICER. ALL COMPENSATION RECEIVED RELATES TO HER POSITION AS PHYSICIAN AND ADMINISTRATOR.				
DANIEL G. REMICK, MD C/O BU MALLORY PATHOLOGY ASSOCIATES 670 ALBANY STREET BOSTON, MA 02118	PRESIDENT/TREASURER 40.00	478,758.	8,020.	NONE
STEPHANIE LOVELL, ESQ. C/O BU MALLORY PATHOLOGY ASSOCIATES 670 ALBANY STREET BOSTON, MA 02118	ASSISTANT CLERK 0.20	NONE	NONE	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION
=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEPHANIE LOVELL, ESQ. C/O BU MALLORY PATHOLOGY ASSOCIATES BOSTON MEDICAL CENTER	04-3314093	242,784.	41,136.	NONE
GRAND TOTALS		242,784.	41,136.	NONE

Boston Medical Center (year end September 30) reports compensation on a calendar year basis and Boston University (year end June 30) reports compensation on a fiscal year (June 30) basis. In order to reflect compensation consistently with Boston Medical Center's and Boston University's tax returns, this organization is reporting related organization compensation in the same manner.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
CARL J. O'HARA, MD C/O BU MALLORY PATHOLOGY ASSOC 670 ALBANY STREET BOSTON, MA 02118	PHYSICIAN 40.00	277,972.	35,461.	NONE
ANTONIO DE LAS MORENAS, MD C/O BU MALLORY PATHOLOGY ASSOC 670 ALBANY STREET BOSTON, MA 02118	PHYSICIAN 40.00	250,455.	31,120.	NONE
ROBERT W. PISTEY, MD C/O BU MALLORY PATHOLOGY ASSOC 670 ALBANY STREET BOSTON, MA 02118	PHYSICIAN 40.00	166,076.	18,087.	NONE
KAREN QUILLEN, MD C/O BU MALLORY PATHOLOGY ASSOC 670 ALBANY STREET BOSTON, MA 02118	PHYSICIAN 40.00	167,614.	16,366.	NONE
SANDRA R. CERDA, MD C/O BU MALLORY PATHOLOGY ASSOC 670 ALBANY STREET BOSTON, MA 02118	PHYSICIAN 40.00	153,263.	13,028.	NONE
TOTAL COMPENSATION		1,015,380.	114,062.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

PER-SE TECHNOLOGIES, INC
29 MOLLISON WAY
LEWISTON, ME 04240

BILLING SERVICES 361,226.

STEVEN A. BOGEN, MD, PHD
35 CHERYL DRIVE
SHARON, MA 02067

CONSULTING PHYSICIAN 102,138.

TOTAL COMPENSATION

463,364.
=====

Boston University Mallory Pathology Associates, Inc.

EIN: 04-2794543

FYE: 06/30/2007

SCHEDULE A, PART III, LINE 3B:

THE ORGANIZATION ENTERED INTO A COMMON PAYMASTER AGREEMENT WITH BOSTON UNIVERSITY SCHOOL OF MEDICINE. UNDER THE TERMS OF THE AGREEMENT, FACULTY PHYSICIANS AND PRACTITIONERS EMPLOYED BY THE ORGANIZATION ARE CONCURRENTLY EMPLOYED BY THE UNIVERSITY AS FACULTY MEMBERS OF THE SCHOOL OF MEDICINE. THROUGH THIS AGREEMENT, FACULTY PHYSICIANS AND PRACTITIONERS PARTICIPATE IN THE UNIVERSITY'S SECTION 403(B) PLAN.

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(A) NAME(S) OF SUPPORTED ORGANIZATION(S)	(B) EIN	(C) TYPE OF ORGANIZATION	(D) LISTED IN DOC.		(E) AMOUNT OF SUPPORT
			YES	NO	
BOSTON UNIVERSITY SCHOOL OF MEDICINE	04-3314093	06	X		SEE STMT 15
BOSTON MEDICAL CENTER	04-2103547	07	X		SEE STMT 15
TOTAL AMOUNT OF SUPPORT					=====

Schedule A, Part IV - Information About Supported Organizations

Boston University Mallory Pathology Associates, Inc. (the "Organization") was incorporated on January 1, 1983 as a not-for-profit organization operating exclusively for clinical, charitable, scientific and educational purposes. The Organization commenced operations on April 1, 1996 as a not-for-profit faculty practice plan corporation of Faculty Practice Foundation, Inc. ("FPFI"), operating exclusively for the benefit of Boston Medical Center (BMC) and Boston University School of Medicine ("BUSM") (collectively, the "Institutions"), and their affiliated not-for-profit practice plan corporations (the "Plans"). Under the new bylaws, FPFI is granted the power to approve the Organization's annual operating budget, set physician compensation, and control managed care contracts. The Organization's purpose is to provide pathology services to patients at BMC and promote basic and applied research within this field.

The sole director of the Organization is also the chairperson of the Department of Pathology at BMC and BUSM.

The bylaws of the Organization provide that all members shall be clinically active physicians within the Department of Pathology at the Institutions. In addition, each member must have a faculty appointment at BUSM in the Department of Pathology and must be licensed to practice medicine in the Commonwealth of Massachusetts.

The Organization entered into a common paymaster agreement with BUSM. Under the terms of the agreement, faculty physicians and practitioners employed by the Organization are concurrently employed by the University as faculty members of BUSM. The Organization also pays BUSM a percentage of 28.1% of related salary up to a \$230,000 base per physician for reimbursement of fringe benefits and related paymaster fees and pays 8.01% of related salary in excess of this base amount up to the FICA limit and 1.9% thereafter.

The Organization pays for a portion of administrative salaries and fringe benefits for nonphysician employees of BMC. These expenses are included in salaries and wages and fringe benefits in the statement of operations and changes in net assets.

The Institutions pay portions of the salaries of several physicians of the Organization, and the Organization is not responsible for reimbursing the Institutions.

The Organization also received institutional support from the Institutions for compensation of a portion of free care services provided by the Organization, as well as for teaching and other administrative duties. The Organization has received \$1,771,158 for institutional support for the year ended June 30, 2007. The Institutions also provide additional support to the Organization for space, administrative and nursing personnel, equipment, and supplies.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Boston University Mallory Pathology Associates, Inc.	Employer identification number 04-2794543
	Number, street, and room or suite no. If a P.O. box, see instructions 670 Albany Street, Biosquare III, 3rd Floor	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02118	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Amy Guay
Telephone No. (617) 414-6289 FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May 15, 2008
- 5 For calendar year , or other tax year beginning July 1, 2006, and ending June 30, 2007
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Additional time is needed to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	None
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	None
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title CPA Date 02/01/2008**Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

Director By Date **Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name PricewaterhouseCoopers LLP Atten: J. Newson
	Number and street (include suite, room, or apt. no.) or a P.O. box number 125 High Street
	City or town, province or state, and country (including postal or ZIP code) Boston, MA 02110