

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:

SEE SCHEDULE O.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code:) (Expenses \$ 1,436,622,971 including grants of \$ 4,940,365) (Revenue \$ 1,329,375,581)

SEE SCHEDULE O - PATIENT CARE

4b

(Code:) (Expenses \$ 247,050,087 including grants of \$ 31,186,718) (Revenue \$ 220,266,040)

SEE SCHEDULE O - RESEARCH

4c

(Code:) (Expenses \$ 108,184,622 including grants of \$) (Revenue \$ 32,822,334)

SEE SCHEDULE O - TEACHING

4d

Other program services (Describe in Schedule O.)

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

4e

Total program service expenses ▶ 1,791,857,680

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
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	No
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 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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 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	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	373
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	12,941
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b ~~Enter the name of the foreign country: _____~~ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	No
16 If the organization is subject to the section 4968 excise tax on net investment income?		16	No
If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure

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

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

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.	29		
	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.	22		
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed.	AK, CO, DC, FL, IL, KY, MA, MD, MI, MN, MS, NC, NE, NH, NJ, NM, NY, OH, OK, OR, SC, TN, UT, WA, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	STEPHEN DEVEAU 330 BROOKLINE AVENUE BOSTON, MA 02215 (617) 667-1414

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TABB MD KEVIN DIR (EX-OFF), CHIEF EXEC OFF	40.00 25.00	X		X				294,494	2,193,757	789,051
(2) CHAIKOF MD PHD ELLIOT L DIRECTOR (EX-OFF) & SURG CHIEF	30.00 35.00	X						565,240	565,240	122,574
(3) KIMBALL MD MPH ALEXA B DIR (EX-OFF); PRES & CEO, HMFP	1.00 59.00	X						0	1,118,125	85,828
(4) HEALY PETER DIRECTOR (EX-OFF), PRESIDENT	60.00 5.00	X		X				832,771	0	116,472
(5) ZEIDEL MD MARK L DIRECTOR (EX-OFF) & MED CHIEF	30.00 35.00	X						418,330	418,330	71,494
(6) SZABO MD PHD SCD GYONGYI DIRECTOR (EX-OFF), CAO	60.00 1.00	X						300,940	0	61,582
(7) LI MD FACP CHIANG J DIRECTOR; GI RESEARCHER	1.00 14.00	X						0	56,000	0
(8) ANDERSON CAROL F DIRECTOR, CHAIR	10.00 0.00	X		X				0	0	0
(9) DESIMONE THOMAS DIR (EX-OFF); VICE CHAIR	5.00 0.00	X		X				0	0	0
(10) JOHNSTON WILLIAM DIRECTOR & TREASURER	2.00 0.00	X		X				0	0	0
(11) LADD EDWARD DIRECTOR & VICE CHAIR	5.00 0.00	X		X				0	0	0
(12) LEPOFSKY ROBERT J DIRECTOR & SECRETARY/CLERK	2.00 0.00	X		X				0	0	0
(13) AIN ARON DIRECTOR	1.00 0.00	X						0	0	0
(14) BERMAN ANN E DIRECTOR	1.00 0.00	X						0	0	0
(15) CHENG JILL DIRECTOR	1.00 0.00	X						0	0	0
(16) CRONIN MICHAEL DIRECTOR	1.00 0.00	X						0	0	0
(17) CUTLER JOEL DIRECTOR	1.00 0.00	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FULP CAROL	1.00 0.00	X						0	0	0
DIRECTOR										
(19) HACKEL DANIELLE F REMIS	1.00 0.00	X						0	0	0
DIRECTOR										
(20) JICK DANIEL J	1.00 1.00	X						0	0	0
DIRECTOR										
(21) KNEZ DEBRA S	1.00 0.00	X						0	0	0
DIRECTOR										
(22) LAMERE DAVID	1.00 0.00	X						0	0	0
DIRECTOR										
(23) LESSER PAMELA	5.00 0.00	X						0	0	0
DIR (EX-OFF); TTEE ADV CHAIR										
(24) MANDELL MD JAMES	1.00 1.00	X						0	0	0
DIRECTOR										
(25) MCKENNA MARGARET	5.00 1.00	X						0	0	0
DIRECTOR & VICE CHAIR										
(26) REHNERT GEOFF S	1.00 0.00	X						0	0	0
DIRECTOR										
(27) ROTTENBERG ALAN W	1.00 0.00	X						0	0	0
DIRECTOR										
(28) SILVER JENNIFER K	1.00 0.00	X						0	0	0
DIRECTOR										
(29) ULLIAN ELAINE	1.00 0.00	X						0	0	0
DIRECTOR										
(30) FISCHER STEVEN P	5.00 60.00	.....		X				178,731	1,132,405	430,191
TREASURER										
(31) KATZ JAMIE	5.00 60.00	.....		X				128,867	805,783	294,544
CLERK										
(32) CULLEN MICHAEL R	60.00 0.00	.....		X				498,713	0	50,748
CFO										
(33) WEISS MD MBA MSC ANTHONY	60.00 0.00	.....		X				0	591,726	74,175
CHIEF MEDICAL OFFICER										
(34) MAURER RN MSN MARSHA	60.00 0.00	.....			X			577,651	0	71,083
CNO & SVP, PATIENT CARE SVCS										
(35) SHEEHAN RN MSN JAYNE	60.00 0.00	.....			X			204,594	255,902	62,251
SVP, SYS INTEG, CARE COORD										
(36) TANDON MANU	60.00 0.00	.....			X			434,316	0	85,980
SVP, CIO										
(37) BIEBER JUDI	60.00 0.00	.....			X			427,225	0	87,015
CHIEF HUMAN RESOURCES OFFICER										
(38) SKURA SAMUEL	60.00 0.00	.....			X			419,069	0	75,866
SVP, AMBULATORY & CLIN SVCS										
(39) SCHWARTZSTEIN MD RICHARD M	50.00 10.00	.....			X			289,625	144,853	48,966
VICE PRESIDENT OF EDUCATION										
(40) ARMSTRONG WALTER	60.00 0.00	.....			X			388,620	0	46,337
SVP - CAPITAL FACILITIES & ENG										
(41) MARKSON MD MPH LAWRECNE J	60.00 0.00	.....			X			273,040	0	65,541
INTERIM VP										
(42) GEBHARDT MD MARK C	30.00 35.00	.....				X		444,740	444,740	92,660
CHIEF OF ORTHOPAEDIC SURGERY										
(43) KRUSKAL MD PHD JONATHAN B	30.00 35.00	.....				X		412,812	412,812	69,660
CHIEF OF RADIOLOGY										
(44) TALMOR MD MPH DANIEL	30.00 35.00	.....				X		396,852	396,852	85,618
CHIEF OF ANESTHESIA										
(45) STEVENSON MD PHD MARY ANN	30.00 35.00	.....				X		398,540	398,540	74,296
CHIEF OF RADIATION ONCOLOGY										
(46) OLBRICHT MD SUZANNE	30.00 35.00	.....				X		356,823	356,823	79,602
CHIEF OF DERMATOLOGY										
(47) LEWIS MD STANLEY M	5.00 60.00	.....					X	169,662	869,357	317,540
FMR SVP; CHIEF SYS DEV & STRAT OFF										
(48) SAFFITZ MD PHD JEFFREY E	30.00 35.00	.....					X	344,855	344,855	54,990
FORMER INTERIM CAO										
(49) HALAMKA MD JOHN	5.00 60.00	.....					X	105,776	457,514	83,321
FORMER BID SYSTEM CIO										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	8,862,286	10,963,614	3,497,385

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,985

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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
HARVARD MEDICAL FALTY PHYS AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215	PHYSICIAN SERVICES	141,575,670
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE SUITE 200 BOSTON, MA 02210	CONSTRUCTION	65,955,772
BMR-BLACKFAN CIRCLE LLC 17190 BERNARDO CENTRAL DR SAN DIEGO, CA 92128	CONSTRUCTION	41,487,177
MASCO SERVICES 375 LONGWOOD AVE BOSTON, MA 02215	PARKING	10,164,134
BOND BROTHERS 145 SPRING STREET EVERETT, MA 02049	MANAGEMENT SERVICES	8,568,628
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 ▶ 319		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,523				
	d Related organizations	1d					
	e Government grants (contributions)	1e	117,378,170				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,833,376				
	g Noncash contributions included in lines 1a - 1f:\$	1g	7,018,636				
h Total. Add lines 1a-1f			150,213,069				
Program Service Revenue	2a NET PATIENT SERVICE RE		Business Code				
			541700	687,224,258	687,224,258		
	b MEDICARE/MEDICAID REV		900099	635,992,645	635,992,645		
	c NIH FUNDED RESEARCH		541700	159,842,000	159,842,000		
	d SPONSORED RESEARCH		541700	59,596,000	58,767,960	828,040	
	e GRADUATE MED EDUCATION		611710	32,822,334	32,822,334		
	f All other program service revenue.						
	g Total. Add lines 2a-2f.			1,575,477,237			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9,145,036		-3,776,118	12,921,154
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			281,651			281,651
	6a Gross rents	(i) Real	(ii) Personal				
		6a	12,485,978				
		b Less: rental expenses	6b	345,366			
	c Rental income or (loss)	6c	12,140,612				
	d Net rental income or (loss)			12,140,612		25,946	12,114,666
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	268,044,453	1,500,000			
		b Less: cost or other basis and sales expenses	7b	248,943,161	1,059,963		
	c Gain or (loss)	7c	19,101,292	440,037			
	d Net gain or (loss)			19,541,329		274,283	19,267,046
	8a Gross income from fundraising events (not including \$ 1,523 of contributions reported on line 1c). See Part IV, line 18		8a	13,940			
	b Less: direct expenses		8b	2,499			
	c Net income or (loss) from fundraising events			11,441			11,441
	9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses		9b				
c Net income or (loss) from gaming activities							

10a Gross sales of inventory, less returns and allowances . . .	10a				
	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code			
11a 34B REVENUE		446110	276,176,973		276,176,973
b CRICO DISTRIBUTION		900099	14,163,689		14,163,689
c CONTRACTING		900099	3,461,751	3,461,751	
d All other revenue			32,890,485	3,524,967	15,521,182
e Total. Add lines 11a–11d			326,692,898		
12 Total revenue. See instructions			2,093,503,273	1,581,635,915	12,873,333
					348,780,956

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	34,800,688	34,800,688		
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.	1,326,395	1,326,395		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,886,867	7,886,867		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	350,736	350,736		
7 Other salaries and wages	672,290,191	611,791,597	52,779,127	7,719,467
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,663,557	28,575,352	12,732,437	355,768
9 Other employee benefits	51,861,734	47,251,251	4,022,197	588,286
10 Payroll taxes	56,408,434	51,393,751	4,374,822	639,861
11 Fees for services (non-employees):				
a Management	23,533,551		23,533,551	
b Legal	2,128,172	1,440	2,126,732	
c Accounting	3,336,039	62,125	3,273,914	
d Lobbying	108,680		108,680	
e Professional fundraising services. See Part IV, line 17	264,549			264,549
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	237,111,510	228,481,732	8,414,549	215,229
12 Advertising and promotion	1,276,182	539,231	733,838	3,113
13 Office expenses	412,539,839	410,621,112	1,575,049	343,678
14 Information technology	13,115,774	9,969,616	2,949,671	196,487
15 Royalties				
16 Occupancy	88,238,479	79,926,522	8,254,050	57,907
17 Travel	489,574	306,098	148,881	34,595
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	466,632	391,716	70,442	4,474
20 Interest	3,364,634	1,881,739	1,482,895	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,533,425	68,202,706	19,188,693	142,026
23 Insurance	13,312,997	13,170,215	142,771	11
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 RESEARCH - PORTION WILL	119,055,643	119,055,643		
b CONTRACTED SERVICES	32,942,079	32,064,212	837,321	40,546
c ALL OTHER EXPENSES	28,693,948	22,796,710	5,154,349	742,889
d UNCOMPENSATED CARE	21,032,728	21,010,226	22,502	
e All other expenses	8,885,279		8,885,279	
25 Total functional expenses. Add lines 1 through 24e	1,964,018,316	1,791,857,680	160,811,750	11,348,886
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			1		
	2	Savings and temporary cash investments		921,241,927	2	1,154,197,208	
	3	Pledges and grants receivable, net		98,474,632	3	87,911,875	
	4	Accounts receivable, net		195,118,940	4	179,172,985	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		22,264,403	8	25,180,372	
	9	Prepaid expenses and deferred charges		18,103,393	9	18,818,606	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,778,962,612			
	b	Less: accumulated depreciation	10b	2,085,350,222	603,581,816	10c	693,612,390
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		241,207,775	12	239,694,033	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		106,367,232	15	104,312,646	
16	Total assets: Add lines 1 through 15 (must equal line 34)		2,206,360,118	16	2,502,900,115		
Liabilities	17	Accounts payable and accrued expenses		225,906,941	17	266,545,077	
	18	Grants payable			18		
	19	Deferred revenue		49,571,487	19	252,900,436	
	20	Tax-exempt bond liabilities		645,074,845	20	614,624,965	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		215,324,391	25	306,238,895	
	26	Total liabilities. Add lines 17 through 25		1,135,877,664	26	1,440,309,373	
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		741,647,995	27	724,779,598	
	28	Net assets with donor restrictions		328,834,459	28	337,811,144	
	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		1,070,482,454	32	1,062,590,742	
	33	Total liabilities and net assets/fund balances		2,206,360,118	33	2,502,900,115	

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	2,093,503,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,964,018,316
3	Revenue less expenses. Subtract line 2 from line 1	3	129,484,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,070,482,454
5	Net unrealized gains (losses) on investments	5	-1,128,338
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-136,248,331
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	1,062,590,742

Part XII

Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number

04-2103881

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)

12

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

☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		(continued)	
Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Additional Data

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER		Employer identification number 04-2103881

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
04-2103881

Part I

(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 BETH ISRAEL DEACONESS MEDICAL CENTER	Employer identification number 04-2103881
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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 BETH ISRAEL DEACONESS MEDICAL CENTER	Employer identification number 04-2103881
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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	
(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	
(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	
(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	

Additional Data

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

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

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

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

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

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

Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER	Employer identification number 04-2103881
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		108,680
j	Total. Add lines 1c through 1i			108,680
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1: LOBBYING ACTIVITIES	BETH ISRAEL DEACONESS MEDICAL CENTER ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER NETWORK AFFILIATES AND/OR PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS \$108,680 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER	Employer identification number 04-2103881
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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 7/25/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4	Number of states where property subject to conservation easement is located ▶ _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ (ii) Assets included in Form 990, Part X ▶ \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes

☐ No

b

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

	Amount
c Beginning balance	1c
d Additions during the year	1d 2,097,292
e Distributions during the year	1e 2,097,292
f Ending balance	1f 0

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	320,834,479	317,881,417	262,104,525	237,508,948	224,151,643
b Contributions	9,338,360	25,588,786	68,417,018	29,262,761	29,798,856
c Net investment earnings, gains, and losses	11,060,325	22,615,726	6,088,857	16,022,089	7,575,210
d Grants or scholarships					
e Other expenditures for facilities and programs	3,422,020	45,251,450	18,728,983	20,689,273	24,016,761
f Administrative expenses					
g End of year balance	337,811,144	320,834,479	317,881,417	262,104,525	237,508,948

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 31.100 %

c

Temporarily restricted endowment ▶ 68.900 %

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)	Yes	
3a(ii)	Yes	
3b	Yes	

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		24,282,879		24,282,879
b Buildings		435,655,629	288,373,642	147,281,987
c Leasehold improvements		673,746,890	562,246,550	111,500,340
d Equipment		1,645,277,214	1,234,730,030	410,547,184
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				693,612,390

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) OTHER INVESTMENTS THROUGH CIP	239,694,033	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	239,694,033	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X

Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	306,238,895

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,325,856,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,955,187
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,259,485,402
e	Add lines 2a through 2d	2e	4,254,530,215
3	Subtract line 2e from line 1	3	2,071,325,785
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	22,177,488
c	Add lines 4a and 4b	4c	22,177,488
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,093,503,273

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	6,252,825,000
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	4,295,289,604
e	Add lines 2a through 2d	2e	4,295,289,604
3	Subtract line 2e from line 1	3	1,957,535,396
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	6,482,920
c	Add lines 4a and 4b	4c	6,482,920
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,964,018,316

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 IV, LINE 1B:	THE MEDICAL CENTER IS A SISTER HOSPITAL OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM (BID-NEEDHAM) AND BETH ISRAEL DEACONESS HOSPITAL MILTON (BID-MILTON) WHICH ARE BOTH ARE BOTH COMMUNITY HOSPITALS EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. DURING THE FISCAL YEAR COVERED BY THIS FILING, AND AS PART OF THE RELATIONSHIP BETWEEN THE ENTITIES, THE MEDICAL CENTER'S DEVELOPMENT STAFF PROVIDED OPERATIONAL SUPPORT RELATED TO SOLICITING AND PROCESSING CONTRIBUTIONS FOR BID-NEEDHAM AND PROCESSED CONTRIBUTIONS FOR BID-MILTON. UPON RECEIPT, THE CONTRIBUTIONS WERE DEPOSITED INTO A MEDICAL CENTER ACCOUNT. AT THE END OF EACH MONTH, THE TOTAL OF THE DEPOSITS WERE TRANSFERRED FROM THE MEDICAL CENTER TO EITHER BID-NEEDHAM OR BID-MILTON.
PART V, LINE 4:	BETH ISRAEL DEACONESS MEDICAL CENTER'S ENDOWMENT FUNDS ARE INTENDED TO ENSURE THAT BETH ISRAEL DEACONESS MEDICAL CENTER ACCOMPLISHES ITS CHARITABLE MISSIONS OF PROVIDING EXCELLENT CLINICAL CARE, ENGAGING IN CUTTING EDGE RESEARCH AND EDUCATING THE HEALTH CARE PRACTITIONERS OF TOMORROW. THE SPECIFIC USES OF THE ENDOWMENT VARY DEPENDING ON THE NATURE OF RESTRICTIONS, IF ANY, IMPOSED BY DONORS. UNDER THE MEDICAL CENTER'S CURRENT LONG-TERM INVESTMENT SPENDING POLICY, WHICH IS WITHIN THE GUIDELINES SPECIFIED UNDER MASSACHUSETTS STATE LAW, 5-6% OF THE AVERAGE OF THE FAIR VALUE OF QUALIFYING LONG-TERM INVESTMENTS APPLIED TO A THREE-YEAR MOVING AVERAGE WITH A ONE-YEAR LAG IS APPROPRIATED AS STATED BY THE DONOR. IN ESTABLISHING THESE POLICIES, THE MEDICAL CENTER CONSIDERED THE EXPECTED RETURN ON ITS ENDOWMENT AND ITS PROGRAMMING NEEDS. ACCORDINGLY, THE MEDICAL CENTER EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO MAINTAIN ITS PURCHASING POWER AND TO PROVIDE A PREDICTABLE AND STABLE SOURCE OF REVENUE FOR THE ANNUAL OPERATING BUDGET. ADDITIONAL REAL GROWTH WILL BE PROVIDED THROUGH NEW GIFTS OR EXCESS INVESTMENT RETURN.
PART X, LINE 2:	BETH ISRAEL LAHEY HEALTH, INC., WHICH SERVES AS THE PARENT OF THE SYSTEM, HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT THE OTHER ENTITIES IN THE SYSTEM, EXCLUDING ITS FOR-PROFIT SUBSIDIARIES, QUALIFY AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, MEET THE CODE'S REQUIREMENTS UNDER SECTION 509(A), AND THEREFORE ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN 2020 AND 2019, RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET ASSETS RELEASE FROM RESTRICTION 4,458,191. CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATION 4,255,027,211.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENT -345,366. OTHER INVESTMENT INCOME 6,828,286. TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS 9,338,359. TEMPORARILY RESTRICTED REALIZED GAINS 6,356,209.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATES EXPENSE NET OF ELIMINATION 4,295,289,604.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT 6,828,286. RENT -345,366.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

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		120,407,166
(2) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		19,465,527
(3) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	211,428
(4) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	60,019
(5) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	15,080
(6) NORTH AMERICA	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	19,825
(7) SOUTH AMERICA	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	3,988
(8) SOUTH ASIA	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	15,554
(9) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	56,116
(10) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	4,452
(11) SOUTH ASIA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	7,364
(12) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HUMANITARIAN MISSIONS	4,618
(13) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	172,083
(14) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HUMANITARIAN MISSIONS	8,411
(15)					
(16)					
(17)					
3a Sub-total	0	0			140,198,587
3b Total from continuation sheets to Part I	0	0			253,044
3c Totals (add lines 3a and 3b)	0	0			140,451,631

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	39,958	ELECTRONIC FUND/WIRE TRANSFER	0		
(2)			EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	40,000	ELECTRONIC FUND/WIRE TRANSFER	0		
(3)			EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	60,776	ELECTRONIC FUND/WIRE TRANSFER	0		
(4)			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUB-AWARD	111,957	ELECTRONIC FUND/WIRE TRANSFER	0		
(5)			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUB-AWARD	9,391	ELECTRONIC FUND/WIRE TRANSFER	0		
(6)			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUB-AWARD	65,363	ELECTRONIC FUND/WIRE TRANSFER	0		
(7)			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUB-AWARD	369,050	ELECTRONIC FUND/WIRE TRANSFER	0		
(8)			MIDDLE EAST AND NORTH AFRICA	RESEARCH SUB-AWARD	150,000	ELECTRONIC FUND/WIRE TRANSFER	0		
(9)			MIDDLE EAST AND NORTH AFRICA	RESEARCH SUB-AWARD	84,694	ELECTRONIC FUND/WIRE TRANSFER	0		
(10)			MIDDLE EAST AND NORTH AFRICA	RESEARCH SUB-AWARD	5,000	ELECTRONIC FUND/WIRE TRANSFER	0		
(11)			NORTH AMERICA	RESEARCH SUB-AWARD	269,926	ELECTRONIC FUND/WIRE TRANSFER	0		
(12)			SOUTH AMERICA	RESEARCH SUB-AWARD	53,503	ELECTRONIC FUND/WIRE TRANSFER	0		
(13)			SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	10,934	ELECTRONIC FUND/WIRE TRANSFER	0		
(14)			SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	12,500	ELECTRONIC FUND/WIRE TRANSFER	0		
(15)			SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	43,343	ELECTRONIC FUND/WIRE TRANSFER	0		
(16)									

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

.....▶

3 Enter total number of other organizations or entities

.....▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

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

☒ Yes ☐ No

Part V **Supplemental Information**

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

[illegible]

Additional Data

Software ID:

Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

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 ZURI GROUP 328 NW BOND ST BEND, OR 97701	STRATEGY CONSULTING		No	0	264,549	-264,549
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					264,549	-264,549

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.

AK, CO, DC, FL, IL, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NV, NY, OH, OK, OR, SC, TN, UT, WA, WI

.....

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
		REASON TO RIDE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
	1 Gross receipts	15,463			15,463
	2 Less: Contributions	1,523			1,523
	3 Gross income (line 1 minus line 2)	13,940			13,940
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,499			2,499
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,499
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				11,441

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	Yes	
b	If "Yes," was it a written policy?	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 40000.0000000000 %	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
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?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	Yes	
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)			25,646,015	9,708,320	15,937,695	0.810 %
b Medicaid (from Worksheet 3, column a)			216,862,980	196,181,903	20,681,077	1.050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			242,508,995	205,890,223	36,618,772	1.860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			9,265,457	1,945,307	7,320,150	0.370 %
f Health professions education (from Worksheet 5)			112,188,081	33,864,929	78,323,152	3.990 %
g Subsidized health services (from Worksheet 6)			37,739,170	19,530,120	18,209,050	0.930 %
h Research (from Worksheet 7)			263,242,077	193,994,615	69,247,462	3.530 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,589,561		6,589,561	0.340 %
j Total. Other Benefits			429,024,346	249,334,971	179,689,375	9.160 %
k Total. Add lines 7d and 7j			671,533,341	455,225,194	216,308,147	11.020 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing					
2 Economic development					
3 Community support					
4 Environmental improvements					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy					
8 Workforce development			383,166	81,718	301,448
0.020 %					
9 Other					
10 Total			383,166	81,718	301,448
0.020 %					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	25,799,994	
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	513,360,668	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	526,941,195	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-13,580,527	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV

Management Companies and Joint Ventures

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

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

Section A. Hospital Facilities

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

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

Facility reporting group									
1	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215 WWW.BIDMC.ORG VL42	X	X		X		X	X	TERTIARY CARE ACADEMIC MEDICAL CENTER

[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)
BETH ISRAEL DEACONESS 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): 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)	3 Yes	
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a ☒ Hospital facility's website (list url): <u>SEE PART VI</u> b ☐ Other website (list url): _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7 Yes	
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url): <u>SEE PART VI</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10 Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	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)

BETH ISRAEL DEACONESS MEDICAL CENTER				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
	a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400.000000000000 %			
	b ☐ Income level or other limit (describe in Section C)			
	c ☒ Asset level			
	d ☒ Medical indigency			
	e ☐ Insurance status			
	f ☐ Underinsurance discount			
	g ☐ Residency			
	h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
	a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	a ☒ The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
	b ☒ The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
	c ☒ A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
	d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or			
	h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BETH ISRAEL DEACONESS 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:	19		No
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)			
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 ECA and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V

Facility Information (continued)

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

BETH ISRAEL DEACONESS 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			

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.

[illegible]

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? **5**

Name and address	Type of Facility (describe)
1 1 - BETH ISRAEL DEACONESS HEALTHCARE LEXIN 482 BEDFORD STREET LEXINGTON, MA 02420	OUTPATIENT MEDICAL CARE
2 2 - BETH ISRAEL DEACONESS HEALTHCARE CHELS 1000 BROADWAY CHELSEA, MA 02150	OUTPATIENT MEDICAL CARE
3 3 - BOWDOIN STREET HEALTH CENTER 230 BOWDOIN STREET DORCHESTER, MA 02122	OUTPATIENT MEDICAL CARE
4 4 - CHESTNUT HILL AMBULATORY CARE 200 BOYLSTON STREET NEWTON, MA 02467	OUTPATIENT MEDICAL CARE
5 5 - BETH ISRAEL DEACONESS CANCER CENTER 148 CHESTNUT STREET NEEDHAM, MA 02492	OUTPATIENT MEDICAL CARE
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
FORM 990 SCHEDULE H SUPPLEMENTAL INFORMATION	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION BFINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSCOMMUNITY BENEFITS MISSION STATEMENT THE MISSION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS TO PROVIDE EXTRAORDINARY CARE, WHERE THE PATIENT COMES FIRST, SUPPORTED BY WORLD-CLASS EDUCATION AND RESEARCH. BIDMC'S MISSION IS SUPPORTED BY A COMMITMENT TO PERSONALIZED, EXCELLENT PATIENT CARE; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION; AND A COMMITMENT TO MAINTAINING THE INSTITUTION'S FINANCIAL HEALTH. BIDMC IS COMMITTED TO BEING ACTIVE IN THE COMMUNITY AS WELL. SERVICE TO COMMUNITY IS AT THE CORE AND AN IMPORTANT PART OF OUR MISSION. BIDMC HAS A COVENANT TO CARE FOR THE UNDERSERVED AND TO WORK TO CHANGE DISPARITIES IN ACCESS TO CARE. THIS COMMUNITY BENEFITS MISSION IS FULFILLED BY:- INVOLVING BIDMC'S STAFF, INCLUDING ITS LEADERSHIP AND DOZENS OF COMMUNITY PARTNERS, IN THE CHNA PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT OF THE IMPLEMENTATION STRATEGY;- ENGAGING RESIDENTS THROUGHOUT THE HOSPITAL'S SERVICE AREAS IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, INCLUDING ASSESSMENT, PLANNING, IMPLEMENTATION AND EVALUATION. SPECIAL ATTENTION IS FOCUSED ON ENGAGING DIVERSE PERSPECTIVES, FROM THOSE, PATIENTS AND NON-PATIENTS ALIKE, WHO ARE OFTEN LEFT OUT OF SIMILAR ASSESSMENT, PLANNING AND PROGRAM IMPLEMENTATION PROCESSES;- ASSESSING UNMET COMMUNITY NEED BY COLLECTING PRIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) TO IDENTIFY UNMET HEALTH-RELATED NEEDS AND TO CHARACTERIZE THOSE IN THE COMMUNITY WHO ARE MOST VULNERABLE AND FACE DISPARITIES IN ACCESS AND OUTCOMES;- IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES BID MILTON'S SERVICE AREA GEARED TOWARD IMPROVING CURRENT AND FUTURE HEALTH STATUS OF INDIVIDUALS, FAMILIES AND COMMUNITIES BY REMOVING BARRIERS TO CARE, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, STRENGTHENING THE HEALTHCARE SYSTEM AND WORKING TO DECREASE THE BURDEN OF THE LEADING HEALTH ISSUES;- PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUITIES, RACISM AND BIGOTRY AND ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE; AND - FACILITATING COLLABORATION AND PARTNERSHIP WITHIN AND ACROSS SECTORS (E.G., STATE/LOCAL PUBLIC HEALTH AGENCIES, HEALTH CARE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, BUSINESSES, ACADEMIC INSTITUTIONS, COMMUNITY HEALTH COLLABORATIVES, AND OTHER COMMUNITY HEALTH ORGANIZATIONS) TO ADVOCATE FOR, SUPPORT AND IMPLEMENT EFFECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS AND SERVICES.COMMUNITY BENEFITS SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, BIDMC PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$13,909,711 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNITY BENEFITS LEADERSHIP/TEAMTHE BIDMC'S COMMUNITY BENEFITS TEAM IS LED BY THE DIRECTOR OF COMMUNITY BENEFITS. THE DIRECTOR IS ACCOUNTABLE TO THE BILH VICE PRESIDENT OF COMMUNITY BENEFITS AND COMMUNITY RELATIONS AND THE CHIEF STRATEGY OFFICER FOR BILH, ALONG WITH BIDMC'S PRESIDENT. THESE FOUR SENIOR MANAGERS ARE RESPONSIBLE FOR ENSURING THAT COMMUNITY BENEFITS ARE ADDRESSED BY THE ENTIRE ORGANIZATION AND THE NEEDS OF BIDMC'S UNDERSERVED POPULATIONS ARE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES AND PROGRAM DEVELOPMENT. COMMUNITY HEALTH NEEDS ASSESSMENTMOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENTINTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED. BIDMC COMPLETED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER 2019. THAT CHNA WAS APPROVED BY THE BIDMC BOARD OF DIRECTORS ON SEPTEMBER 18, 2019. THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO APPROVED BY THE BOARD ON SEPTEMBER 18, 2019, WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER IRC SECTION 501(R). THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED IMPLEMENTATION STRATEGY (IS) REPRESENT THE CULMINATION OF A YEAR OF WORK AND WERE BORNE LARGELY OUT OF BIDMC'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED. THE PROJECT ALSO FULFILLS COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BIDMC ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY

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	PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW BIDMC, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY2019 COMMUNITY HEALTH NEEDS ASSESSMENT TARGETED GEOGRAPHY AND POPULATIONAS NOTED ABOVE, BIDMC COMPLETED ITS LAST ASSESSMENT IN SEPTEMBER 2019. THE GEOGRAPHICAL FOCUS OF BIDMC'S MOST RECENTLY COMPLETED CHNA ENCOMPASSES THE BOSTON NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL, AND ROXBURY, AND THE CITIES OF CHELSEA, BROOKLINE, LEXINGTON, NEEDHAM, AND NEWTON (CHESTNUT HILL). BIDMC'S FY19 CHNA, ON WHICH THIS REPORT IS BASED, SHOWS THAT LOW-INCOME AND RACIALLY/ETHNICALLY DIVERSE POPULATIONS LIVING IN BOSTON'S NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL, AND ROXBURY, AS WELL AS THE ADJACENT CITY OF CHELSEA, FACE THE GREATEST HEALTH DISPARITIES AND ARE MOST AT RISK. AS A RESULT, THESE BOSTON NEIGHBORHOODS AND THE CITY OF CHELSEA HAVE BEEN IDENTIFIED AND PRIORITIZED AS THE FOCUS FOR BIDMC'S COMMUNITY HEALTH EFFORTS. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY OF APPROACH AND METHODSTHE CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT. RATHER THAN CONDUCTING A SINGLE ASSESSMENT, BIDMC'S COMMUNITY BENEFITS STAFF CONDUCTED THEIR OWN ASSESSMENT AND CO-LED AND/OR PARTICIPATED IN A SERIES OF ADDITIONAL, CONCURRENT AND COMPREHENSIVE ASSESSMENTS THAT WERE THEN AGGREGATED TO CREATE THE 2019 CHNA REPORT. THESE CONCURRENT ASSESSMENTS WERE CONDUCTED BY ORGANIZATIONS OR COLLECTIVES OF ORGANIZATIONS IN BOSTON AND CHELSEA WITH WHICH BIDMC PARTNERS ON A REGULAR BASIS (BOSTON CHNA-CHIP COLLABORATIVE, NORTH SUFFOLK INTEGRATED CHNA, BILH AND OTHER HOSPITAL CHNAS). BIDMC ALSO INTEGRATED ITS EXTENSIVE COMMUNITY ENGAGEMENT AND PLANNING WORK FROM ITS MASSACHUSETTS DETERMINATION OF NEED NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE. INVOLVEMENT IN THESE FOUR EFFORTS ALLOWED BIDMC TO LEVERAGE RESOURCES AND CREATE A ROBUST AND INCLUSIVE CHNA AND IS. THE COLLABORATIVE PROCESS INCLUDED SYNTHESIZING EXISTING REGIONAL DATA ON SOCIAL, ECONOMIC AND HEALTH INDICATORS AS WELL AS INFORMATION FROM 4,219 SURVEYS, 74 KEY INFORMANT INTERVIEWS, 35 FOCUS GROUPS AND 5 COMMUNITY MEETINGS. COMMUNITY DIALOGUES AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE CITIES OF BOSTON, CHELSEA, REVERE AND WINTHROP THAT COMPRISE THE NORTH SUFFOLK REGION AND WITH A RANGE OF PEOPLE REPRESENTING DIFFERENT AUDIENCES, INCLUDING LEADERS IN EMERGENCY RESPONSE, EDUCATION, HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS (E.G., OLDER ADULTS) (SCHEDULE H, PART V, SECTION B, QUESTIONS 3 AND 5). ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED APPROXIMATELY 1,085 PEOPLE.BIDMC CONDUCTS THEIR CHNAS IN THREE PHASES, WHICH ALLOWED BIDMC TO:- COMPILE AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA;- ENGAGE AND INVOLVE KEY STAKEHOLDERS, BIDMC CLINICAL AND ADMINISTRATIVE STAFF AND THE COMMUNITY AT-LARGE;- DEVELOP A REPORT AND DETAILED STRATEGIC PLAN; AND- COMPLY WITH ALL COMMONWEALTH ATTORNEY GENERAL AND FEDERAL IRS COMMUNITY BENEFITS REQUIREMENTS.DATA SOURCES INCLUDED A BROAD ARRAY OF PUBLICLY AVAILABLE SECONDARY DATA, KEY INFORMANT INTERVIEWS, AND FOUR COMMUNITY FORUMS2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS DETAIL OF APPROACH AND METHODS BIDMC RELIED ON NUMEROUS PRIMARY AND SECONDARY DATA SOURCES TO ANALYZE THE HEALTH STATUS AND NEED LEVEL THROUGHOUT THEIR CBSA. BIDMC COLLECTED DATA FROM A NUMBER OF SOURCES INCLUDING PRIMARY QUANTITATIVE AND QUALITATIVE DATA, AS WELL AS SECONDARY DATA.
EXAMPLES OF SECONDARY DATA SOURCES THAT BIDMC LEVERAGED INCLUDED:	- U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2013-2017)- BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2017- MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: SCHOOL AND DISTRICT PROFILES (2017 AND 2018-2019)- FBI UNIFORM CRIME REPORTS (2017)- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2015)- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2017)- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, ANNUAL REPORTS ON BIRTHS (2016)- MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2017)- MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL PROFILES (FY13-FY17)- MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL DISCHARGES (2017)- MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2018)2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5)BIDMC CONDUCTED 74 KEY INFORMANT INTERVIEWS THAT ENGAGED INSTITUTIONAL, ORGANIZATIONAL AND COMMUNITY LEADERS AND FRONT-LINE STAFF ACROSS SECTORS. DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND OPPORTUNITIES FOR FUTURE ALIGNMENT, COORDINATION AND EXPANSION OF SERVICES, INITIATIVES AND POLICIES. A LIST OF KEY INFORMANTS IS INCLUDED IN APPENDIX H OF THE CHNA REPORT THAT IS POSTED ON BIDMC'S WEBSITE. THESE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENCE NECESSARY TO PROVIDE INSIGHT ON THE HEALTH OF COMMUNITIES IN BIDMC'S CBSA. INTERVIEWS WERE CONDUCTED IN PERSON AND ON THE PHONE USING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSUES, INCLUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS, AND TARGET POPULATIONS.2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5)BIDMC CONDUCTED 35 COMMUNITY FOCUS GROUPS IN BIDMC'S SERVICE AREA TO GATHER CRITICAL COMMUNITY INPUT FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. THESE FOCUS GROUPS WERE ORGANIZED IN COLLABORATION WITH THE BOSTON CHNA-CHIP COLLABORATIVE, NORTH SUFFOLK INTEGRATED CHNA AND OTHER BILH HOSPITALS.BIDMC HAS BEEN INTENTIONAL IN ENSURING THAT VARIED EXPERIENCES AND PERSPECTIVES, REFLECTIVE OF BIDMC'S CBSA AND THE COMMUNITY AT LARGE, WERE SHARED THROUGHOUT THE CHNA AND IS PROCESS. TO REACH A BROAD RANGE OF COMMUNITY MEMBERS, ALL COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH A FOCUS ON COMMUNITY REPRESENTATIVENESS. FOR EXAMPLE, THE SURVEY SENT OUT AS PART OF THE BOSTON COLLABORATIVE CHNA WAS ADMINISTERED ONLINE AND VIA HARD COPY IN SEVEN LANGUAGES. FURTHERMORE, EXTENSIVE OUTREACH WAS CONDUCTED VIA SOCIAL MEDIA, INSTITUTIONAL NEWSLETTERS, EMAILS TO LARGE NETWORKS, WAITING ROOMS, BOSTON PUBLIC LIBRARY NEIGHBORHOOD BRANCHES, COMMUNITY EVENTS AND LARGE APARTMENT BUILDINGS TO

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	HELP ENSURE DIVERSE REPRESENTATION IN THE CHNA. AS AN EXAMPLE OF BIDMC'S EXTENSIVE AND SUCCESSFUL COMMUNITY OUTREACH, NEARLY HALF (45%) OF FOCUS GROUP PARTICIPANTS IDENTIFIED AS BLACK OR AFRICAN-AMERICAN AND 34% IDENTIFIED AS HISPANIC/LATINO.THE BIDMC COMMUNITY BENEFITS COMMITTEE WAS ALSO INTEGRALLY INVOLVED IN PROVIDING INPUT ON COMMUNITY NEEDS AND PRIORITIZING THE LEADING HEALTH ISSUES. THE COMMUNITY BENEFITS COMMITTEE MET QUARTERLY DURING THE COURSE OF THE ASSESSMENT. THEY PROVIDED INPUT REGARDING THE CHNA OVERALL AND GUIDED THE PRIORITIZATION AND PLANNING PHASE. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS REVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE CHNA PROCESS WAS DIVIDED INTO THREE PHASES. THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS: - REVIEW OF THE ASSESSMENT'S MAJOR FINDINGS.- IDENTIFY BIDMC'S COMMUNITY BENEFITS PRIORITY POPULATIONS, GEOGRAPHIC FOCUS, AND COMMUNITY HEALTH PRIORITIES.- ANALYZE BIDMC'S EXISTING COMMUNITY BENEFITS ACTIVITIES WHICH WERE INFORMED BY THE 2016 CHNA AND SUBSEQUENT IMPLEMENTATION STRATEGY THAT WERE COMPLETED BY BIDMC DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015).- DETERMINE IF THE RANGE OF COMMUNITY BENEFITS ACTIVITIES ESTABLISHED DURING THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHANGED TO RESPOND TO THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018).2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KEY FINDINGSTHE KEY PRIORITY POPULATIONS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2019, WERE:- YOUTH AND ADOLESCENTS - OLDER ADULTS- LOW-RESOURCE INDIVIDUALS AND FAMILIES- LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER OR QUESTIONING (LGBTQ) INDIVIDUALS- RACIALLY AND ETHNICALLY DIVERSE POPULATIONS AND NON-ENGLISH SPEAKERSBETH ISRAEL DEACONESS MEDICAL CENTER'S CHNA RESULTED IN KEY FINDINGS IN THE FOLLOWING AREAS: - SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A MASSIVE IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS, SURVEY, FOCUS GROUPS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE CBSA'S LOW-INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, HOUSING, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT, AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. - HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY AND STRESS). THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEAD FINDING, BUT A CLOSE SECOND WAS THE PROFOUND IMPACT OF BEHAVIORAL HEALTH ISSUES (I.E., SUBSTANCE USE AND MENTAL HEALTH) ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, ALCOHOL USE, OPIOID AND PRESCRIPTION DRUG USE AND MARIJUANA USE ARE MAJOR HEALTH ISSUES AND ARE HAVING A SIGNIFICANT IMPACT ON THE POPULATION AS WELL AS BURDENING THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID USE AND THE IMPACTS OF TRAUMA. - HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). THE ASSESSMENT'S QUANTITATIVE DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). IN MANY COMMUNITIES, THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN FOR THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH.- LIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, BEHAVIORAL HEALTH, AND ORAL HEALTH CARE SERVICES FOR LOW-INCOME, FOREIGN BORN, THOSE COVERED BY MEDICAID, UNINSURED, AND OTHER VULNERABLE POPULATIONS VACING HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF HIGHEST RATES OF HEALTH INSURANCE AND THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS, THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW-INCOME, MEDICAID COVERED, UNINSURED AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL, BEHAVIORAL AND ORAL HEALTH SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, BEHAVIORAL HEALTH AND ORAL HEALTH SERVICES. THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, WILL INFORM BIDMC'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2020; SEPTEMBER 30, 2021; AND SEPTEMBER 30, 2022.
QUALITATIVE DATA: INTERVIEWS, GROUPS CONVERSATIONS, SURVEYS AND THE COMMUNIT	CARE ALLIANCEJSI CONDUCTED A SERIES OF FIVE COMMUNITY AND PROVIDER FORUMS IN BIDMC'S CBSA TO GATHER CRITICAL COMMUNITY INPUT FROM SERVICE PROVIDERS, COMMUNITY LEADERS AND RESIDENTS FROM BIDMC'S CBSA. THESE FORUMS WERE ORGANIZED IN COLLABORATION WITH BIDMC'S COMMUNITY CARE ALLIANCE (CCA) HEALTH CENTERS TO LEVERAGE THEIR COMMUNITY CONNECTIONS AND ENSURE STRONG COMMUNITY PARTICIPATION. ONE OF THE FORUMS WAS CONDUCTED IN COLLABORATION WITH BID MILTON BECAUSE BIDMC AND BID MILTON BOTH SERVE THE TOWN OF QUINCY. THE COMMUNITY FORUMS WERE ALSO CONDUCTED IN PARTNERSHIP WITH THE CONFERENCE OF BOSTON TEACHING HOSPITALS (COBTH) UNDER THE AUSPICES OF COBTH'S COMMUNITY BENEFITS COMMITTEE. COBTH IS A COALITION OF 14 BOSTON-AREA TEACHING HOSPITALS THAT WORK COLLECTIVELY TO ENSURE QUALITY CARE, ADVOCATE FOR ADVANCES IN MEDICAL EDUCATION AND RESEARCH, AND FOSTER ECONOMIC DEVELOPMENT. QUALITATIVE DATA WERE COLLECTED FROM COMMUNITY MEMBERS THROUGH THE FOLLOWING METHODS:- KEY INFORMANT INTERVIEWS (22)- GROUP CONVERSATIONS/FOCUS GROUPS (13)- COMMUNITY MEETINGS (5)- COMMUNITY CARE ALLIANCE (6)THE COMMUNITY CARE ALLIANCE CONSISTS OF SIX HEALTH CENTERS LOCATED IN BIDMC'S CBSA. THEY INCLUDE:- BOWDOIN STREET HEALTH CENTER- CHARLES RIVER COMMUNITY HEALTH- THE DIMOCK CENTER- FENWAY HEALTH- OUTER CAPE HEALTH SERVICES- SOUTH COVER COMMUNITY HEALTHWRITTEN COMMENTS SOLICITED ON THE 2016 CHNA AND IMPLEMENTATION STRATEGYAS REQUIRED, THE 2016 CHNA AND

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	CORRESPONDING IMPLEMENTATION STRATEGY WERE POSTED ON THE BIDMC WEBSITE AND MADE AVAILABLE IN HARD COPY. COMMUNITY MEMBERS WERE ENCOURAGED TO SHARE THEIR THOUGHTS, CONCERNS OR QUESTIONS2016 COMMUNITY HEALTH NEEDS ASSESSMENTMAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINEDDURING THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY, BIDMC FIRST REVIEWED THE MASSACHUSETTS ATTORNEY GENERAL'S AND THE INTERNAL REVENUE SERVICE'S GUIDELINES. IN MASSACHUSETTS HOSPITALS ARE ENCOURAGED TO ADDRESS THE FOLLOWING STATEWIDE HEALTH PRIORITIES: SUPPORTING HEALTH CARE REFORM, REDUCING HEALTH DISPARITIES, IMPROVING CHRONIC DISEASE MANAGEMENT AND PROMOTING WELLNESS IN VULNERABLE POPULATIONS. THE INTERNAL REVENUE SERVICE GUIDELINES OUTLINE THE FOLLOWING FEDERAL PRIORITIES: IMPROVING ACCESS TO CARE, ADVANCING MEDICAL KNOWLEDGE, ENHANCING COMMUNITY HEALTH AND RELIEVING OR REDUCING GOVERNMENT BURDEN.NEXT, BIDMC CONSIDERED THE SAME PRINCIPLES THAT HAD GUIDED THE ASSESSMENT PROCESS:- COMPILER AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA - ENGAGE AND INVOLVE KEY STAKEHOLDERS, BIDMC CLINICAL AND ADMINISTRATIVE STAFF, AND THE COMMUNITY AT-LARGE AND- DEVELOP A REPORT AND DETAILED STRATEGIC PLANFINALLY, BIDMC REVIEWED AND EVALUATED ALL CURRENT BIDMC COMMUNITY BENEFIT PROGRAMING, INCLUDING ANY RECOMMENDATIONS OF WHETHER OR NOT TO CONTINUE EACH PROGRAM.ONCE ALL OF THE ASSESSMENT'S FINDINGS WERE COMPILED, HOSPITAL AND COMMUNITY STAKEHOLDERS PARTICIPATED IN A STRATEGIC PLANNING PROCESS THAT INTEGRATED DATA FINDINGS FROM PHASES I AND II OF THE PROJECT, INCLUDING INFORMATION GATHERED FROM THE INTERVIEWS AND COMMUNITY FORUMS. PARTICIPANTS ENGAGED IN A DISCUSSION OF THE ASSESSMENT FINDINGS, CURRENT COMMUNITY BENEFITS PROGRAM ACTIVITIES AND EMERGING STRATEGIC IDEAS THAT COULD BE APPLIED TO REFINE THEIR COMMUNITY BENEFITS STRATEGIC RESPONSE. FROM THIS MEETING, COMMUNITY HEALTH PRIORITIES WERE IDENTIFIED, AS WERE TARGET POPULATIONS AND CORE STRATEGIES TO ACHIEVE HEALTH IMPROVEMENTS THE FOLLOWING QUESTIONS HELPED INFORM THE IMPLEMENTATION STRATEGY:- WHAT DO YOU SEE AS THE MOST PRESSING HEALTH AND WELLNESS ISSUES IN YOUR COMMUNITY TODAY? - WOULD YOU SAY THINGS HAVE GOTTEN BETTER, WORSE OR PRETTY MUCH THE SAME FROM A FEW YEARS AGO? - WHAT RESOURCES AND/OR SUPPORTS CURRENTLY EXIST IN YOUR COMMUNITY TO ADDRESS BARRIERS TO HEALTH AND WELLNESS FOR RESIDENTS?- WHAT IS WORKING WELL? - WHAT WOULD BE HELPFUL IN YOUR NEIGHBORHOOD TO ADDRESS THE MOST PRESSING HEALTH AND WELLNESS ISSUES AFFECTING YOUR COMMUNITY? - WHAT IS IMPORTANT FOR HOSPITALS TO KNOW SO WE CAN WORK COLLABORATIVELY WITH RESIDENTS AND LOCAL COMMUNITY ORGANIZATIONS? IN ADDITION TO ANSWERING THESE QUESTIONS COMMUNITY MEMBERS ARTICULATED:- A LACK OF TRUST AMONG SOME RESIDENTS DUE TO HISTORICAL REASONS AND CULTURAL NORMS- A NEED FOR YOUTH TO HAVE ACCESS TO PAID JOBS DURING THE SUMMER- A NEED FOR COMMUNICATION BETWEEN ORGANIZATIONS AND HOSPITALS DOING SIMILAR WORK INCLUDING RESOURCE SHARING- PROBLEMS WITH SUBSTANCE USE IN THE COMMUNITY2016 COMMUNITY HEALTH NEEDS ASSESSMENT KEY FINDINGSBIDMC'S CHNA RESULTED IN THE FOLLOWING KEY FINDINGS: SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A TREMENDOUS IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE CBSA'S LOW-INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT, AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). THE ASSESSMENT'S QUANTITATIVE DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). IN MANY COMMUNITIES THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH. HIGH RATES OF SUBSTANCE ABUSE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY AND STRESS). IF THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEADING FINDING, A CLOSE SECOND WAS THE PROFOUND IMPACT THAT BEHAVIORAL HEALTH ISSUES (I.E., SUBSTANCE ABUSE AND MENTAL HEALTH) ARE HAVING ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, ALCOHOL ABUSE, OPIOID AND PRESCRIPTION DRUG ABUSE, AND MARIJUANA USE, PARTICULARLY IN YOUTH, ARE MAJOR HEALTH ISSUES AND ARE HAVING A TREMENDOUS IMPACT ON THE POPULATION AS WELL AS A BURDEN ON THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID ABUSE. LIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH CARE SERVICES FOR LOW-INCOME, MEDICAID INSURED, UNINSURED, AND OTHER VULNERABLE POPULATIONS FACING HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF HIGHEST RATES OF HEALTH INSURANCE AND THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW-INCOME, MEDICAID INSURED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND ORAL HEALTH SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH SERVICES.COMMUNITY HEALTH NEEDS ASSESSMENT MAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVAILABLEBIDMC STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY.AS NOTED ABOVE, BIDMC COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). THAT CHNA AND APPENDIX WITH DETAILED INFORMATION IS AVAILABLE ON THE BIDMC WEBSITE AT:HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/CHNA-REPORT93019FINAL.PDF IN ADDITION TO THE CHNA, BIDMC COMPLETED ITS MOST RECENT IMPLEMENTATION STRATEGY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX

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	YEAR 2018). THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE BIDMC WEBSITE AT:HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/IMPLEMENTATION-STRATEGY-2020-2022.PDF IN ADDITION, AS NOTED ABOVE, BIDMC COMPLETED ITS PREVIOUS CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015. THAT CHNA IS AVAILABLE ON THE BIDMC WEBSITE AT:HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/BIDMC-2016-CHNA-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF
FINALLY, THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE CHNA COMPLETED	DURING BIDMC'S FISCAL YEAR ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015) IS AVAILABLE ON THE BIDMC WEBSITE AT:HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/COMMUNITY-HEALTH-IMPLEMENTATION-PLAN.PDF EACH OF THESE DOCUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A). COMMUNITY HEALTH NEEDS ASSESSMENT ADDRESSING COMMUNITY HEALTH NEEDS(SCHEDULE H, PART V, SECTION B, LINE 11)AS NOTED ABOVE, BIDMC'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. THAT CHNA AND IMPLEMENTATION STRATEGY WILL INFORM THE COMMUNITY BENEFITS MISSION AND ACTIVITIES OF BIDMC FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2020, SEPTEMBER 30, 2021 AND SEPTEMBER 30, 2022. THIS FORM 990 COVERS BIDMC'S FISCAL YEAR ENDED SEPTEMBER 30, 2019. THE PREVIOUS CHNA AND ACCOMPANYING IMPLEMENTATION STRATEGY WERE APPROVED BY THE BIDMC BOARD BEFORE SEPTEMBER 30, 2016 AND INFORMED THE BIDMC'S COMMUNITY BENEFITS INITIATIVES FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2017; SEPTEMBER 30, 2018; AND SEPTEMBER 30, 2019. AS SUCH, THE ACCOMPLISHMENTS AND ACTIVITIES INCLUDED IN THIS FILING AND REPORTED BELOW RELATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2016. GIVEN THE COMPLEX HEALTH ISSUES IN THE COMMUNITY, BIDMC HAS BEEN STRATEGIC IN IDENTIFYING ITS PRIORITY AREAS IN ORDER TO MAXIMIZE THE IMPACT OF ITS COMMUNITY BENEFITS PROGRAM AND WORK TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF RESIDENTS IN ITS CBSA. GOALS FOR EACH PRIORITY AREA ARE LISTED BELOW.PRIORITY AREA 1: SOCIAL RISK FACTORS AND HEALTH EQUITY GOAL 1: INCREASE PHYSICAL ACTIVITY GOAL 2: PROMOTE HEALTHY EATING (NUTRITION AND FOOD ACCESS) GOAL 3: PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION) GOAL 4: SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITIES GOAL 5: PROMOTE ENVIRONMENTAL SUSTAINABILITY GOAL 6: PROMOTE TRANSPORTATION EQUITYPRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT GOAL 1: IMPROVE CHRONIC DISEASE MANAGEMENT GOAL 2: IMPROVE CARE TRANSITIONS FOR THOSE WITH CHRONIC HEALTH CONDITIONS GOAL 3: INCREASE CANCER SCREENING GOAL 4: SUPPORT CANCER PATIENTS AND CAREGIVERS GOAL 5: SUPPORT OLDER ADULTS TO AGE IN PLACEPRIORITY AREA 3: ACCESS TO CARE GOAL 1: INCREASE ACCESS TO QUALITY MEDICAL SERVICES (INC. PC, OB/GYN, & MEDICAL SPECIALTY CARE) GOAL 2: INCREASE ACCESS TO QUALITY ORAL HEALTH SERVICES GOAL 3: INCREASE QUALITY AND EFFICIENCY OF CLINICAL SERVICES AT CCA CLINICS GOAL 4: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WITH LIMITED ENGLISH PROFICIENCYPRIORITY AREA 4: BEHAVIORAL HEALTH GOAL 1: PROMOTE BEHAVIORAL HEALTH/PRIMARY CARE INTEGRATION GOAL 2: REDUCE BURDEN OF OPIOID USE GOAL 3: INCREASE ACCESS TO QUALITY BEHAVIORAL HEALTH CARE SERVICES GOAL 4: IDENTIFY THOSE AT RISK FOR BEHAVIORAL HEALTH CONDITIONS AND PROVIDE ENHANCED CARE MANAGEMENTBIDMC HAS TAKEN A HOLISTIC AND STRATEGIC APPROACH IN ADDRESSING THE HEALTH PRIORITIES IDENTIFIED IN THE CHNA AND ASSOCIATED IMPLEMENTATION STRATEGY BY CREATING, SUPPORTING AND INVESTING IN HEALTH PROGRAMMING AND INITIATIVES THROUGHOUT THEIR CBSA. BELOW IS A SUMMARY OF SOME OF THE COMMUNITY BENEFITS PROGRAMS AND INITIATIVES BIDMC OPERATES AND SUPPORTS TO IMPROVE HEALTH OUTCOMES OF THEIR TARGET POPULATIONS THROUGHOUT THEIR PRIORITY NEIGHBORHOODS.BIDMC HAS BEEN A LEADER IN CREATING A MYRIAD OF COMMUNITY BENEFITS PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE THE BIDMC CENTER FOR VIOLENCE PREVENTION AND RECOVERY (CVPR), FITNESS IN THE CITY AT THE BOWDOIN STREET HEALTH CENTER (BSHC), JOB CREATION AND CAREER ADVANCEMENT OPPORTUNITIES THROUGH BIDMC'S OFFICE OF WORKFORCE DEVELOPMENT, DEVELOPMENT OF INSTITUTIONAL METRICS TO MEASURE BIDMC'S SHRINKING CARBON FOOTPRINT, AND TRANSPORTATION RESOURCES TO IMPROVE ACCESS TO HEALTHCARE. THROUGH CVPR, BIDMC HAS LED THE WAY IN DEVELOPING A CONTINUUM OF EDUCATION, OUTREACH, AND TREATMENT INTERVENTIONS TO RESPOND TO VICTIMS OF INTERPERSONAL, SEXUAL, COMMUNITY VIOLENCE, AND HOMICIDE BEREAVEMENT. IT IS ALSO ONE OF THE LEADERS IN DEVELOPING PROGRAMMING TO ADDRESS SECONDARY TRAUMATIC STRESS IN SERVICE PROVIDERS IN THE DOMESTIC VIOLENCE AND MEDICAL COMMUNITIES. IN FY19, BIDMC PROVIDED EMERGENCY MEDICAL CARE TO 62 SEXUAL ASSAULT SURVIVORS IN THE EMERGENCY DEPARTMENT. THE MEDICAL CENTER PROVIDED FOLLOW UP CARE TO 35 SURVIVORS IN THE INFECTIOUS DISEASE CLINIC AT A COST TO THE HOSPITAL OF APPROXIMATELY \$25,000. TO FURTHER ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, BIDMC IS COMMITTED TO MAKING EMPLOYMENT OPPORTUNITIES AVAILABLE TO COMMUNITY RESIDENTS AND CREATING CAREER ADVANCEMENT OPPORTUNITIES FOR BIDMC EMPLOYEES WHO ARE SEEKING ADDITIONAL SKILLS AND HIGHER INCOMES. IN FY19 BIDMC'S OFFICE OF WORKFORCE DEVELOPMENT OFFERED FIVE DIFFERENT CAREER PIPELINE PROGRAMS THAT SERVED 41 PEOPLE. ADDITIONALLY, 37 YOUTH WERE EMPLOYED IN PAID SUMMER JOBS AT BIDMC. OTHER EXAMPLES OF SUCCESS ARE LISTED IN THE SUBSEQUENT SCHEDULE H IMPLEMENTATION STRATEGY UPDATE. BIDMC IS ROOTED IN PROVIDING HEALTHCARE TO POPULATIONS WHO HAVE HISTORICALLY NOT HAD PROPER ACCESS TO CARE. BIDMC CONTINUES TO EXPAND ACCESS THROUGHOUT THEIR CBSA BY SUPPORTING AND LEADING THE COMMUNITY CARE ALLIANCE (CCA), ENSURING THAT RESIDENTS HAVE ACCESS TO QUALITY COMMUNITY HEALTH CENTERS (CHCS) SERVING NEEDS OF THE MOST VULNERABLE IN WAYS THAT ARE CULTURALLY RESPONSIVE AND ACCESSIBLE. BIDMC IS COMMITTED TO STRENGTHENING THE CAPACITY OF ITS SIX AFFILIATED CHCS INCLUDING: BOWDOIN STREET HEALTH CENTER (BSHC), THE DIMOCK HEALTH CENTER, FENWAY HEALTH, CHARLES RIVER COMMUNITY HEALTH), SOUTH COVE COMMUNITY HEALTH CENTER, AND OUTER CAPE HEALTH SERVICES. THE PARTNERSHIP TAKES MANY FORMS: RECRUITMENT, RETENTION, FINANCIAL SUPPORT AND CREDENTIALING OF PHYSICIANS AND MID-LEVEL PROVIDERS, BIDMC ADMITTING PRIVILEGES AND ACCESS TO MANAGED CARE CONTRACTS, HARVARD MEDICAL SCHOOL APPOINTMENTS AND TEACHING OPPORTUNITIES, BIDMC-SPONSORED EDUCATIONAL PROGRAMS, AND ACCESS TO UP-TO-DATE (A CLINICAL SUPPORT

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	RESOURCE).BIDMC HAS FOCUSED ITS EFFORTS ON CREATING TARGETED PROGRAMS THAT ADDRESS CHRONIC DISEASES SUCH AS CANCER, DIABETES, AND HIV. THESE PROGRAMS INCLUDE BUT ARE NOT LIMITED TO THE BOWDOIN STREET HEALTH CENTER'S (BSHC) DIABETES PROGRAMS, SUPPORT FOR PATIENTS WITH HIV AND HCV AT THE DIMOCK CENTER, AND CANCER PATIENT NAVIGATORS AT BIDMC. AT BSHC, THE PREVENT T2 PROGRAM, DEVELOPED BY THE CENTERS FOR DISEASE CONTROL (CDC), IS A HEALTH LITERACY AND LIFESTYLE MODIFICATION PROGRAM FOCUSED ON PREVENTING OR DELAYING AN INDIVIDUAL'S RISK OF DEVELOPING TYPE 2 DIABETES THROUGH DIETARY CHANGES, INCREASED PHYSICAL ACTIVITY AND STRESS REDUCTION. THE EVIDENCE-BASED CDC CURRICULUM CONSISTS OF 26 CLASSES OFFERED OVER THE COURSE OF ONE YEAR TO PARTICIPANTS WHO ARE AT RISK FOR DEVELOPING TYPE 2 DIABETES. RISK IS DETERMINED THROUGH BLOOD WORK AND/OR THE COMPLETION OF A RISK ASSESSMENT SURVEY. THE AIM OF THE PROGRAM IS TO HELP PARTICIPANTS LOSE 5-7% OF THEIR WEIGHT THROUGH DIET AND 150 MINUTES OF MODERATE PHYSICAL ACTIVITY PER WEEK. BSHC'S PREVENT T2 PROGRAM ALSO INCLUDES COOKING CLASSES AND GROUP EXERCISE CLASSES. DETAILS OF OTHER BIDMC PROGRAMS THAT ADDRESS CHRONIC DISEASE MANAGEMENT ARE INCLUDED IN THE IMPLEMENTATION STRATEGY UPDATE BELOW.AMONG THE MANY WAYS BIDMC AND THEIR PARTNERS ADDRESS BEHAVIORAL HEALTH NEEDS IS BY EXPANDING BEHAVIORAL HEALTH INTEGRATION AT THEIR AFFILIATED HEALTH CENTERS AS WELL AS SCREENING PATIENTS AT BIDMC AND CONNECTING THEM TO APPROPRIATE SERVICES. ONE EXAMPLE OF BIDMC'S SUCCESS IN EXPANDING BEHAVIORAL SERVICES TO NEIGHBORHOODS AND POPULATIONS THAT HAVE HISTORICALLY BEEN UNDERSERVED IS AT BSHC. BSHC CONTINUES TO INTEGRATE BEHAVIORAL HEALTH SERVICES INTO THEIR PRIMARY CARE CLINIC. A BEHAVIORAL HEALTH CARE MANAGER IS ON-SITE TO PROVIDE MENTAL HEALTH ASSESSMENT, INTERVENTION, AND CONSULTATION TO PATIENTS AND PROVIDERS DURING PRIMARY CARE VISITS. RESULTS OF THE BEHAVIORAL HEALTH INTEGRATION SHOW THAT MORE HIGH-RISK PATIENTS ARE ACCESSING MENTAL HEALTH SERVICES, AN INCREASE IN APPOINTMENTS KEPT BY PATIENTS WHO RECEIVE A "WARM-HAND OFF" BY THEIR PROVIDER TO THERAPISTS, AND REDUCED WAIT TIME FOR MENTAL HEALTH APPOINTMENTS. IN CONTINUATION OF BSHC'S QUALITY IMPROVEMENT AND PROGRAM EVALUATION WORK IN FY17 AND FY18, THE HEALTH CENTER APPLIED FOR AND RECEIVED GRANT FUNDING FROM THE MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS/MASSHEALTH TO PILOT AN EVIDENCE-BASED TREATMENT APPROACH ACROSS THE SOCIAL WORK TEAM. IN FY19 BSHC CONTINUED ITS SOLUTIONS-FOCUSED BRIEF THERAPY (SFBT) PILOT THAT SOUGHT TO FULFILL A NUMBER OF IDENTIFIED NEEDS FOR BSHC PATIENTS AND CLINICIANS ON THE BEHAVIORAL HEALTH TEAM. A FULL UPDATE ON BIDMC'S FOUR HEALTH PRIORITIES AND ASSOCIATED GOALS IS INCLUDED IN THE FINAL YEAR IMPLEMENTATION STRATEGY UPDATE BELOW.
FY19 SCHEDULE H IMPLEMENTATION STRATEGY UPDATE	KEY: BASELINE-2017, YEAR 1-2018, YEAR 2-2019 PRIORITY AREA 1: SOCIAL DETERMINANTS AND HEALTH RISK FACTORS SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A TREMENDOUS IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM BIDMC'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE COMMUNITY BENEFITS SERVICE AREA'S LOW-INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. LARGE PROPORTIONS OF INDIVIDUALS RESIDING WITHIN BOSTON AND BIDMC'S COMMUNITY BENEFITS SERVICE AREA LIVE IN POVERTY, HAVE LIMITED FORMAL EDUCATION, ARE UNEMPLOYED, AND STRUGGLE TO AFFORD FOOD AND OTHER ESSENTIAL HOUSEHOLD ITEMS. IT IS CRITICAL TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. IT IS INSUFFICIENT TO TALK SOLELY ABOUT RACE/ETHNICITY, IMMIGRATION STATUS, OR LANGUAGE; AS THE UNDERLYING AND CORRELATIVE ISSUES RELATED TO HEALTH AND WELL-BEING INVOLVE ECONOMIC OPPORTUNITY, EDUCATION, CRIME AND COMMUNITY COHESION. KEY: BASELINE-2017, YEAR 1-2018, YEAR 2-2019GOAL: INCREASE PHYSICAL ACTIVITY AND HEALTHY EATINGTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES: 1.1 INCREASE THE NUMBER OF CHILDREN, YOUTH, AND ADULTS WHO ARE PHYSICALLY ACTIVE1.2 IMPLEMENT PROGRAMS AT BOWDOIN STREET WELLNESS CENTER (BSHC) TO IMPROVE PHYSICAL HEALTH1.3 INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN THE COMMUNITY1.4 IMPROVE NUTRITIONAL QUALITY OF THE FOOD SUPPLY1.5 DECREASE THE NUMBER OF INDIVIDUALS AND FAMILIES WHO FACE FOOD INSECURITY COMMUNITY ACTIVITIES/STRATEGIES:- SUPPORT AND PROMOTE THE DEVELOPMENT OF WALKING AND OTHER PHYSICAL ACTIVITY GROUPS IN SCHOOLS, COMMUNITY-BASED AND PRIMARY CARE-BASED SETTINGS (E.G., BOWDOIN STREET WELLNESS CENTER)- SUPPORT AND COLLABORATE WITH BPHC AND COMMUNITY-BASED ORGANIZATIONS (E.G., GBFB, CRCH, BSHC, ETC.) TO PROMOTE ACCESSIBLE/AFFORDABLE HEALTHY FOOD INCLUDING HEALTHY INCENTIVES PROGRAM, FARMERS MARKETS, AND COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM- INCREASE ACCESS TO HEALTHY FOOD CHOICES AVAILABLE AT BIDMC FOR PATIENTS AND STAFF- SUPPORT HEALTHY CHAMPIONS, A GROUP OF TEENAGERS IN HEALTHY COOKING AND EDUCATION WORKSHOPS AT BSHCMETRICS AND STATUS UPDATE:- NUMBER OF SCHOOLS, COMMUNITY GROUPS, AND PRIMARY CARE SETTINGS PARTICIPATING IN WALKING PROGRAMS AND OTHER PHYSICAL ACTIVITY GROUPS (FY17: 44 PUBLIC SCHOOLS WITH 7,175 CHILDREN AND 1,000 SCHOOL STAFF; FY18: 46 PUBLIC SCHOOLS AND 17 AFTER SCHOOL PROGRAMS WITH 4,335 CHILDREN AND 1,000 SCHOOL STAFF; FY19: 28 PUBLIC SCHOOLS AND 13 AFTER SCHOOL PROGRAMS WITH 3,545 CHILDREN AND 226 SCHOOL STAFF)- NUMBER OF FAMILIES PARTICIPATING IN CSA (FY17: 30 FAMILIES; FY18: 23 FAMILIES; FY19: 30 FAMILIES)- PERCENTAGE OF BIDMC TOTAL FOOD AND BEVERAGE SPENT ON LOCAL PRODUCTS (FY18: 4.5%; FY19: 11.2%)- PERCENTAGE OF BIDMC TOTAL BEVERAGE SPENT ON HEALTHY BEVERAGES (FY18: 43.6%; FY19: 61.9%)- NUMBER OF HOSTED HEALTHY CHAMPIONS (FY17: 15 HEALTHY CHAMPIONS; FY 18: 15 HEALTHY CHAMPIONS; FY19: 16 HEALTHY CHAMPIONS)- NUMBER OF CHILDREN SEEN AT AFFILIATED HEALTH CENTERS THAT WERE SCREENED FOR BMI (FY17: 7,650 (75%); FY18: 10,245 CHILDREN (65%); FY19: 7,102 (69%))- NUMBER OF CHILDREN ENROLLED IN FITNESS IN THE CITY (FY18: 43 CHILDREN; FY19: 100 CHILDREN)- NUMBER OF UNDUPLICATED INDIVIDUALS WHO ACCESSED THE MOBILE MARKET AT CRCH (FY18: 445; FY19: 488)COMMUNITY PARTNERS: COMMUNITY CARE ALLIANCE, BOSTON PUBLIC HEALTH COMMISSION, BOWDOIN STREET HEALTH CENTER, BOSTON PUBLIC SCHOOLS, DAILY TABLE,

Form and Line Reference	Explanation
	CHARLES RIVER COMMUNITY HEALTH, MAYOR'S OFFICE OF FOOD INITIATIVES, TUFTS UNIVERSITYGOAL: PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION)TARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES: 2.1 INCREASE ACCESS TO MENTAL HEALTH SERVICES AT BSHC FOR AFFECTED VICTIMS2.2 MAINTAIN PARTICIPATION IN ADVOCATE EDUCATION AND SUPPORT PROJECT2.3 PROVIDE COUNSELING AND OTHER MEDICAL SERVICES TO SEXUAL ASSAULT VICTIMS2.4 PROVIDE GRIEVING SUPPORT ACTIVITIES2.5 CONDUCT NEIGHBORHOOD CAMPAIGNS TO ENGAGE COMMUNITY AND CREATE GREATER COMMUNITY COHESIONCOMMUNITY ACTIVITIES/STRATEGIES: - SUPPORT PROGRAMS AT BSHC THAT INTEGRATE SERVICES PROVIDED BY BEHAVIORAL HEALTH SPECIALISTS AND MONITOR, ASSESS, AND TREAT THOSE EXPERIENCING TRAUMA AS A RESULT OF VIOLENCE- HOLD HEALING SERVICES WHEN APPROPRIATE FOR COMMUNITY RESIDENTS- PARTICIPATE IN COMMUNITY INTERVENTIONS THAT RAISE AWARENESS ABOUT VIOLENCE, BY ENGAGING THE COMMUNITY, ADDRESSING FACTORS ASSOCIATED WITH VIOLENCE (E.G., BLOCK CAPTAINS PROGRAM, ETC.) AND PROMOTING A SENSE OF COMMUNITY- SUPPORT AND PROMOTE THE IMPLEMENTATION OF TRAINING PROGRAMS, SUPPORT GROUPS FOR ADVOCATES AND AFFECTED COMMUNITY MEMBERS- PROVIDE OVERNIGHT STAYS FOR DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT VICTIMS WITHOUT SAFE SHELTER- CONDUCT PUBLIC POLICY ADVOCACY FOR SAFE SHELTERS AND LONG-TERM HOUSING SUPPORT- EMPOWER YOUTH TO DEVELOP LEADERSHIP SKILLS, PREVENT VIOLENCE AND CREATE CHANGE IN THEIR COMMUNITY THROUGH THE YOUTH LEADERSHIP PROGRAM AT BSHCMETRICS AND STATUS UPDATE: - NUMBER OF SEXUAL ASSAULT VICTIMS RECEIVING SERVICES (FY17: PROVIDED SERVICES, INCLUDING COUNSELING FOR 75 SEXUAL ASSAULT VICTIMS. PROVIDED POST-HIV EXPOSURE PROPHYLAXIS MEDICATIONS TO 49 SEXUAL ASSAULT VICTIMS; FY18: PROVIDED SERVICES, INCLUDING COUNSELING FOR 64 SEXUAL ASSAULT VICTIMS. PROVIDED POST-HIV EXPOSURE PROPHYLAXIS MEDICATIONS TO 35 SEXUAL ASSAULT VICTIMS; FY19: PROVIDED SERVICES, INCLUDING COUNSELING FOR 62 SEXUAL ASSAULT VICTIMS. PROVIDED POST-HIV EXPOSURE PROPHYLAXIS MEDICATIONS TO 35 SEXUAL ASSAULT VICTIMS)- NUMBER OF SAFE BED OVERNIGHT STAYS (FY17: 59; FY18: 33; FY19: 50)- NUMBER OF HEALING CIRCLES HELD WITH WOMEN, MEN, AND CHILDREN (FY17: 57; FY18: 58; FY19: 73)- NUMBER OF BOWDOIN/GENEVA YOUTH PARTICIPATING IN THE BSHC YOUTH LEADERSHIP PROGRAM (FY17: 25; FY18: 22; FY19: 22)- PERCENTAGE OF YOUTH IN BSHC YOUTH LEADERSHIP PROGRAM WHO HAD A POSITIVE INCREASE ON A KNOWLEDGE AND ATTITUDE TEST BEFORE AND AFTER THE PROGRAM (FY18: DATA NOT AVAILABLE; FY19: 50%) COMMUNITY PARTNERS: BOWDOIN STREET HEALTH CENTER (BSHC), BOSTON AREA RAPE CRISIS CENTER, BOSTON PUBLIC HEALTH COMMISSION, LOUISE D. BROWN PEACE INSTITUTE, OTHER BOWDOIN/GENEVA NEIGHBORHOOD ORGANIZATIONS GOAL: SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITIESTARGET POPULATION: YOUTH, YOUNG ADULTS, ADULTS, BIDMC EMPLOYEESPROGRAMMATIC OBJECTIVES: 3.1 ORGANIZE AND SUPPORT PIPELINE PROGRAMS TO ENHANCE SKILLS AND CAREER ADVANCEMENT 3.2 PROVIDE OPPORTUNITIES THROUGH EMPLOYEE CAREER INITIATIVE (ECI) FOR COLLEGE-LEVEL COURSES AS WELL AS COUNSELING 3.3 OFFER ESOL CLASSES, GED CLASSES, A BASIC COMPUTER SKILLS COURSE, CITIZENSHIP CLASSES, AND A FINANCIAL LITERACY CLASS 3.4 PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR COMMUNITY RESIDENTS3.5 PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR MIDDLE AND HIGH SCHOOL STUDENTS3.6 CONTINUE TRAIN4CHANGE AT BSHC3.7 IMPLEMENT AND EXPAND LEARN AND EARN PROGRAM THROUGH BUNKER HILL COMMUNITY COLLEGE COMMUNITY ACTIVITIES/STRATEGIES: - ORGANIZE AND SUPPORT PIPELINE PROGRAMS TO ENHANCE SKILLS AND CAREER ADVANCEMENT - PROVIDE OPPORTUNITIES THROUGH EMPLOYEE CAREER INITIATIVE (ECI) FOR COLLEGE-LEVEL COURSES AS WELL AS COUNSELING - OFFER ESOL CLASSES, GED CLASSES, A BASIC COMPUTER SKILLS COURSE, CITIZENSHIP CLASSES, AND A FINANCIAL LITERACY CLASS - PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR COMMUNITY RESIDENTS- PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR MIDDLE AND HIGH SCHOOL STUDENTS- CONTINUE TRAIN4CHANGE AT BSHC- IMPLEMENT AND EXPAND LEARN AND EARN PROGRAM THROUGH BUNKER HILL COMMUNITY COLLEGE METRICS AND STATUS UPDATE: - NUMBER OF PIPELINE PROGRAMS OFFERED (FY17: 4; FY18: 6; FY19: 5)- NUMBER OF PARTICIPANTS IN PIPELINE PROGRAM (FY17: 31; FY18: 36; FY19: 41)- NUMBER OF PARTICIPANTS GRADUATED FROM PIPELINE PROGRAMS (FY17: 21; FY18: 25; FY19: 29)- NUMBER OF EMPLOYEES RECEIVING ECI SERVICES (FY17: 707; FY18: 651; FY19: 723)
NUMBER OF EMPLOYEES ENROLLED IN ESOL CLASSES (FY17: 19; FY18: 30; FY19: 31)	- NUMBER OF EMPLOYEES PARTICIPATING IN COMPUTER SKILLS, CITIZENSHIP, AND FINANCIAL LITERACY CLASSES (FY17: 107 EMPLOYEES PARTICIPATED IN A 10-WEEK COMPUTER SKILLS CLASS, 11 ATTENDED CITIZENSHIP CLASSES, AND 123 ATTENDED A FINANCIAL LITERACY CLASS; FY18: 98 EMPLOYEES PARTICIPATED IN COMPUTER SKILLS CLASSES (NOT 10 WEEKS), 12 IN CITIZENSHIP CLASSES, 20 IN FINANCIAL LITERACY PROGRAM; FY19: 136 EMPLOYEES ATTENDED COMPUTER SKILLS CLASS, 20 ATTENDED CITIZENSHIP CLASS, 18 WENT THROUGH OUR FINANCIAL FITNESS PROGRAM THAT INCLUDED 1:1 ADVISING, AND 91 ATTENDED A FINANCIAL FITNESS WORKSHOP)- NUMBER OF ADULT INTERNS PLACED (FY17: 8; FY18: 8; FY19: 13)- NUMBER OF ADULT INTERNS HIRED AFTER INTERNSHIPS (FY17: 3; FY18: 1; FY19: 5)- NUMBER OF REFERRALS/RECOMMENDATIONS BY COMMUNITY PARTNERS FOR BIDMC TO HIRE (FY17: 81; FY18: 38; FY19: 52 REFERRED)- NUMBER OF PARTICIPANTS IN BSHC'S TRAIN4CHANGE (FY17: 4; FY18: 4; FY19: 4)- NUMBER OF INTERNS HIRED FROM BUNKER HILL COMMUNITY COLLEGE'S LEARN AND EARN PROGRAM (FY17: 1; FY18: 2; FY19: 1)- NUMBER OF SUMMER JOB OPPORTUNITIES PROVIDED (FY17: 41; FY18: 43; FY19: 37)- NUMBER OF SCHOOL INTERNS HOSTED (FY17: 3; FY18: 3; FY19: 4) NUMBER OF BOSTON PUBLIC SCHOOL STUDENTS HOSTED FOR BOSTON'S PRIVATE INDUSTRY COUNCIL ANNUAL JOB SHADOW DAY (FY17: 31; FY18: 31; FY19: 23)- NUMBER OF MEDICAL CHAMPIONS MENTORED (FY17: 10; FY18: 12; FY19: 12)- NUMBER OF HIGH SCHOOL STUDENTS HOSTED IN SUMMER HEALTH CORPS PROGRAM (FY17: 41; FY18: 42; FY19: 40)COMMUNITY PARTNERS: BOSTON PUBLIC SCHOOLS, BOSTON PRIVATE INDUSTRY COUNCIL (PIC), BOWDOIN STREET HEALTH CENTER, BUNKER HILL COMMUNITY COLLEGE, JEWISH VOCATIONAL SERVICES (JVS), ONE-STOP CAREER CENTER, ST. MARY'S CENTER FOR WOMEN AND CHILDREN GOAL: PROMOTE ENVIRONMENTAL SUSTAINABILITYTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES: 1.1 REDUCE ENERGY AND WATER CONSUMPTIONCOMMUNITY ACTIVITIES/STRATEGIES: - IMPLEMENT ENVIRONMENTAL STRATEGIC PLAN- PROMOTE RECYCLING, COMPOSTING, AND CONSERVATION OF WATER AND ENERGY THROUGHOUT BIDMC- REDUCE GREENHOUSE GAS EMISSIONS AND INCREASE DIVERSION RATE AT BIDMCMETRICS AND STATUS UPDATE: - GREEN CHEMICAL CLEANING PRODUCT SPEND AT BIDMC (GOAL: 50% SPEND BY 2019; FY19: 34%) - GREENHOUSE GAS

Form and Line Reference	Explanation
	(GOAL: REDUCE EMISSIONS BY 25% BY 2020; FY19: REDUCED EMISSIONS BY 12% SINCE CY14)- DIVERSION RATE (FY18: 44.6%; FY19: 42.4%) COMMUNITY PARTNERS: MASCO, HEALTH CARE WITHOUT HARM, PRACTICE GREEN HEALTH, EPA, BOSTON GREEN RIBBON COMMISSION, BIDMC ENVIRONMENTAL SUSTAINABILITY COMMITTEE GOAL: PROMOTE TRANSPORTATION EQUITY TARGET POPULATION: YOUTH, ADULTS, BIDMC EMPLOYEES PROGRAMMATIC OBJECTIVES: 5.1 PROMOTE TRANSPORTATION EQUITY FOR EMPLOYEES AND PATIENTS AT BIDMC COMMUNITY ACTIVITIES/STRATEGIES: - GREEN COMMUTING AT BIDMC - PARTICIPATE IN REGIONAL TRANSPORTATION PLANNING AND/OR MAINTAIN MEMBERSHIP IN TRANSPORTATION MANAGEMENT ASSOCIATION- PROVIDE BIKE RACKS, BIKE PATHS, WALKWAYS AND SHOWER FACILITIES FOR ALTERNATIVE COMMUTERS- INSTALL ELECTRIC VEHICLE CHARGING STATIONS- PROVIDE OR OUTSOURCE SHUTTLE/VANPOOL, CARPOOL OR RIDE-SHARING SERVICES- OFFER TELEWORK, COMPRESSED WORK SCHEDULES TO REDUCE EMPLOYEE COMMUTING- PROVIDE VOUCHERS OR SUBSIDIES FOR PUBLIC TRANSIT AND RIDE-AND-BIKE-SHARING SERVICES- PROVIDE PREFERRED PARKING FOR CARPOOL PARTICIPANTS AND LOW-EMISSION, FUEL-EFFICIENT VEHICLES- REDUCE TRANSPORTATION BARRIERS RELATED TO ACCESSING CARE - KIT CLARK SENIOR SERVICES- MAYOR'S CANCER RIDE PROGRAM METRICS AND STATUS UPDATE: - NUMBER OF EMPLOYEES COMMUTING TO WORK VIA PUBLIC TRANSPORT, CAR, BIKE, WALKING, OTHER (FY18: DATA NOT AVAILABLE; FY19: 6,238 EMPLOYEES)- NUMBER OF TAXI OR CHAIR CAR VOUCHERS PROVIDED TO PATIENTS BY BIDMC (1,671 TAXI RIDES PROVIDED IN FY18; FY19: 1,951) PRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). THE ASSESSMENT'S QUANTITATIVE DATA SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). IN MANY COMMUNITIES THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN FOR THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH. LIMITED ACCESS TO CANCER SCREENING FOR RACIAL/ETHNIC DIVERSITY AND OTHER AT-RISK POPULATIONS. MANY OF THE COMMUNITIES THAT ARE PART OF BIDMC'S CBSA HAVE HIGH CANCER MORTALITY RATES. THIS IS PARTICULARLY TRUE FOR CERTAIN CANCERS IN SPECIFIC COMMUNITIES IN BOSTON NEIGHBORHOODS SUCH AS ROXBURY, DORCHESTER, AND SOUTH END/CHINATOWN. AT THE ROOT OF ADDRESSING HIGH MORTALITY IS SCREENING, EARLY DETECTION, AND ACCESS TO TIMELY TREATMENT. HIGH RATES OF HIV/AIDS PARTICULARLY ON THE OUTER PORTION OF CAPE COD AND IN A NUMBER OF BOSTON NEIGHBORHOODS THAT ARE PART OF BIDMC'S CBSA. GREAT STRIDES HAVE BEEN MADE IN CONTROLLING AND MANAGING HIV/AIDS, AND FOR MANY IT IS MANAGED AS A CHRONIC CONDITION WITH MEDICATIONS. RATES OF ILLNESS, DEATH, AND HIV TRANSMISSION DECLINED OVERALL IN THE PAST DECADE. HOWEVER, HIV/AIDS STILL HAS A MAJOR IMPACT ON CERTAIN SEGMENTS OF THE POPULATION, INCLUDING MEN WHO HAVE SEX WITH MEN AND INJECTION DRUG USERS. IN BIDMC'S CBSA, RATES OF HIV/AIDS ARE PARTICULARLY HIGH IN THE OUTER PORTION OF CAPE COD AND IN A NUMBER OF BOSTON'S NEIGHBORHOODS. GOAL: IMPROVE CHRONIC DISEASE MANAGEMENT TARGET POPULATION: LOW-INCOME ADULTS PROGRAMMATIC OBJECTIVES: 1.1 INCREASE THE NUMBER OF ADULTS WHO RECEIVE EDUCATION AND COUNSELING REGARDING RISK FACTORS AND HEALTHY BEHAVIORS TO INCREASE CHRONIC DISEASE HEALTH LITERACY 1.2 INCREASE THE NUMBER OF ADULTS SCREENED FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA 1.3 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHO RECEIVE EVIDENCE-BASED COUNSELING/COACHING AND TREATMENT 1.4 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHOSE CONDITIONS ARE MONITORED AND CONTROLLED COMMUNITY ACTIVITIES/STRATEGIES:- SUPPORT PROGRAMS IN CCA HEALTH CENTERS INCLUDING LIVE AND LEARN DIABETES AT CRCH THAT EDUCATE AND SCREEN PATIENTS FOR DIABETES, HYPERTENSION, AND PERSISTENT ASTHMA- PROVIDE EVIDENCED-BASED COUNSELING/COACHING AND TREATMENT, AS WELL AS APPROPRIATE REFERRALS FOR SPECIALTY CARE SERVICES FOR PATIENTS WHO SCREEN POSITIVE FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA- PROVIDE SCREENING, EDUCATION/COUNSELING, AND TREATMENT SERVICES HIV/AIDS AND HIV/HCV CO-INFECTION- OFFER SUPPORT GROUPS FOR MEN AND WOMEN LIVING WITH HIV/AIDS- SUPPORT PRIMARY CARE PROVIDER EDUCATION AT CRCH IN THE AREA OF DIABETES MANAGEMENT METRICS AND STATUS UPDATE:- NUMBER OF HIV/AIDS PATIENTS EDUCATED/COUNSELED, AND TREATED FOR HIV (FY17: 2,577; FY18: 2,705; FY19: 2,811)- PERCENTAGE OF HIV POSITIVE PATIENTS SCREENED FOR HCV (FY17: 99%; FY 18: 98%; FY19: 98%)- NUMBER OF BSHC PATIENTS PARTICIPATING IN DISEASE MANAGEMENT PROGRAMS (FY17: 900; FY18: 1,015; FY19: 1,015)- PERCENTAGE OF CCA FQHC PATIENTS WITH DIABETES WITH HBA1C < 9 (FY17: 79%; FY18: 70%; FY19: 78%)- PERCENTAGE OF CCA FQHC PATIENTS WITH HYPERTENSION WHO HAD A BLOOD PRESSURE < 140/90 (FY17: 62.4%; FY18: 65.5%; FY19: 63%)- PERCENTAGE OF CCA FQHC PERSISTENT ASTHMATIC PATIENTS WITH PHARMACOLOGICAL THERAPY (FY17: 86%; FY18: 94.7%; FY19: 86%)- NUMBER OF GROUPS CONVENED FOR HIV/AIDS SUPPORT GROUPS (FY17 AND FY18: CONTINUED EXPERIENCED AND POSITIVE GROUP FOR GAY MEN WHO HAVE ADVANCED AIDS - 22 SESSIONS; 2 HOURS PER SESSION; 9 (FY17) AND 8 (FY18) PARTICIPANTS AND SUPPORT GROUP FOR HIV+ WOMEN - 22 SESSIONS; 2 HOURS PER SESSION; 8 PARTICIPANTS; FY19: 25 SESSIONS FOR MEN, 2 HOURS PER SESSION, 8 MEN PER GROUP AND 25 SESSIONS FOR WOMEN, 2 HOURS PER SESSION, 9 WOMEN PER GROUP)- IMPROVE CARE MANAGEMENT FOR BSHC PATIENTS WITH CHRONIC DISEASE- BSHC PATIENTS THAT HAD AT LEAST ONE HBA1C TEST (FY17: 87.5%; FY18: 83.9%; FY19: 83.4%)- BSHC PATIENTS THAT HAD AT LEAST ONE LDL TEST (FY17: 56%; FY18: 66%; FY19: 50.2%)- BSHC PATIENTS THAT HAD AT LEAST ONE EYE EXAM (FY17: 38.9%; FY18: 50.2%; FY19: 43.6%) COMMUNITY PARTNERS: CCA HEALTH CENTERS, JOSLIN DIABETES CENTER GOAL: IMPROVE CARE TRANSITIONS FOR THOSE WITH CHRONIC HEALTH CONDITIONS TARGET POPULATION: ELDER ADULTS, LOW-INCOME ADULTS PROGRAMMATIC OBJECTIVES: 2.1 IMPROVE CARE TRANSITIONS FROM THE INPATIENT HOSPITAL SETTING TO OTHER CARE SETTINGS, TO IMPROVE QUALITY OF CARE AND TO REDUCE READMISSIONS FOR HIGH-RISK PATIENTS COMMUNITY ACTIVITIES/STRATEGIES:- SUPPORT PREVENTABLE ADMISSIONS CARE TEAM (PACT) PROGRAM METRICS AND STATUS UPDATE: - NUMBER OF HEALTH CENTER PATIENTS ENROLLED IN PACT PROGRAM (DATA NOT AVAILABLE)- NUMBER OF MEDICAID PATIENTS ENROLLED IN PACT PROGRAM (DATA NOT AVAILABLE)

Form and Line Reference	Explanation
COMMUNITY PARTNERS: CCA HEALTH CENTERS	GOAL: INCREASE CANCER SCREENING AND SUPPORT CANCER PATIENTS/CAREGIVERSTARGET POPULATION: LOW-INCOME AND RACIAL/ETHNIC DIVERSE ADULTS PROGRAMMATIC OBJECTIVES: 3.1 INCREASE THE NUMBER OF LOW-INCOME AND RACIAL/ETHNIC DIVERSE ADULTS EDUCATED AND SCREENED FOR CANCER3.2 INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE REFERRED FOR EDUCATION, COUNSELING AND TREATMENT3.3 INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE LINKED TO A CANCER NAVIGATORCOMMUNITY ACTIVITIES/STRATEGIES:- SUPPORT ACCESS TO BREAST, PROSTATE, COLON, AND LUNG CANCER SCREENING AND TREATMENT FOR LOW-INCOME, UNINSURED ADULTS, INCLUDING MAMMOGRAMS, COLORECTAL SCREENING, AND LUNG CT SCANS - SUPPORT AND PROMOTE THE CITY-WIDE CANCER NAVIGATORS PROGRAM- LINK PATIENTS WHO SCREENED POSITIVE FOR CANCER TO CANCER PATIENT NAVIGATORS- SUPPORT SURVIVOR SELF-PORTRAIT AND TESTIMONIES ACTIVITIES TO REDUCE STIGMA IN COMMUNITIES- PROVIDE EMOTIONAL CANCER PEER SUPPORT PROGRAMS SUCH AS THE PATIENT-TO-PATIENT AND HEART-TO-HEART PROGRAM- COLLABORATE WITH THE HARVARD CATALYST TO TRANSLATE RESEARCH INTO PRACTICEMETRICS AND STATUS UPDATE: - INCREASE ACCESS TO PATIENT NAVIGATORS- NUMBER OF PATIENTS SERVED BY CHINESE PATIENT NAVIGATOR (FY17: 469; FY18: 495; FY19: 492)- NUMBER OF ENCOUNTERS PROVIDED BY CHINESE PATIENT NAVIGATOR (FY17: 2,279; FY18: 2,350; FY19: 2,579)- NUMBER OF PATIENTS SERVED BY LATINA PATIENT NAVIGATOR (FY17: 231; FY18 PROGRAM ENDED; FY19: NEW STAFF HIRED)- NUMBER OF ENCOUNTERS PROVIDED BY LATINA PATIENT NAVIGATOR (FY17: 395; FY18: PROGRAM ENDED; FY19: NEW STAFF HIRED)- NUMBER OF PATIENT NAVIGATORS PARTICIPATING IN QUARTERLY NETWORK MEETINGS (FY17: 21; FY18: 24; FY19: 25)- NUMBER OF MAMMOGRAMS PROVIDED FOR LOW-INCOME PATIENTS IN FENWAY, OUTER CAPE, AND SOUTH COVE (FY17: 6,368; FY18: 5,322; FY19: 5,904)- NUMBER OF COLON CANCER SCREENINGS PROVIDED FOR LOW-INCOME PATIENTS (FY17: 1,492; FY18: 1,896; FY19: 1,784)- NUMBER OF PATIENTS SCREENED FOR LUNG CANCER (FY17: 704; FY18: 972; FY19: 1,695)- NUMBER OF PATIENTS PARTICIPATING IN CANCER PEER SUPPORT PROGRAMS (FY17: 172; FY18: DATA NOT AVAILABLE; FY19: 56)COMMUNITY PARTNERS: CCA HEALTH CENTERS, CANCER NAVIGATOR PROGRAM, DANA FARBER HARVARD CANCER CENTER (DFHCC)GOAL: SUPPORT OLDER ADULTS TO AGE IN PLACE TARGET POPULATION: OLDER ADULTS PROGRAMMATIC OBJECTIVES: 4.1 REDUCE INAPPROPRIATE READMISSIONS FOR OLDER ADULTS4.2 REDUCE ELDERLY FALLS4.3 REDUCE SOCIAL ISOLATIONCOMMUNITY ACTIVITIES/STRATEGIES:- INCREASE STRENGTH AND REDUCE THE RISK OF FALLS- OFFER HEALTH AND WELLNESS PROGRAMMING - OTHER PROGRAMS WITH HSLMETRICS AND STATUS UPDATE: - NUMBER OF ADULTS ENROLLED INTAI CHI CLASSES AT BSHC (FY17: 29 PARTICIPANTS; FY18: 104 TAI CHI CLASSES HELD; FY19: TAI CHI CLASSES HAVE BEEN ROLLED INTO A SUITE OF PROGRAMS AT THE BSHC WELLNESS CENTER)COMMUNITY PARTNERS: BIDMC STAFF AND CLINICIANS, KIT CLARK SENIOR SERVICES, CCA HEALTH CENTERS, OTHER COMMUNITY PROVIDERS, HEBREW SENIOR LIFE PRIORITY AREA 3: ACCESS TO CARELIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH CARE SERVICES FOR LOW-INCOME, MEDICAID INSURED, UNINSURED, AND OTHER VULNERABLE POPULATIONS FACING HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF HIGHEST RATES OF HEALTH INSURANCE AND THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS, THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW-INCOME, MEDICAID INSURED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND ORAL HEALTH SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH SERVICES.BARRIERS TO ACCESS AND DISPARITIES IN HEALTH OUTCOMES CONTINUE TO CHALLENGE THREE SPECIAL POPULATIONS (INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS. BASED ON INFORMATION GATHERED PRIMARILY FROM INTERVIEWS AND COMMUNITY FORUMS, THE ASSESSMENT IDENTIFIED A NUMBER OF SPECIAL POPULATIONS THAT FACE BARRIERS TO CARE AND DISPARITIES IN ACCESS. MORE SPECIFICALLY, INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND THE LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS FACE DISPARITIES IN ACCESS AND OUTCOME AND ARE PARTICULARLY AT-RISK. IF THESE DISPARITIES ARE GOING TO BE ADDRESSED, THEN CARE NEEDS TO BE TAKEN TO TAILOR IDENTIFICATION/SCREENING AND PREVENTIVE SERVICES AS WELL AS ACUTE AND CHRONIC DISEASE MANAGEMENT SERVICES FOR THESE SPECIAL POPULATIONS. GOAL: INCREASE ACCESS TO QUALITY MEDICAL SERVICES, INCLUDING PRIMARY CARE, OB/GYN, AND SPECIALTY CARE IN BOSTON'S NEIGHBORHOODS, QUINCY, AND THE OUTER PORTION OF CAPE CODTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES: 1.1 INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY MEDICAL CARE SERVICES, INCLUDING OB/GYN SERVICE AT CCA HEALTH CENTERS1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING SPECIALTY CARE MEDICAL SERVICES1.3 ENSURE ACCESS TO SERVICES FOR THOSE ON THE OUTER CAPE1.4 ENSURE ACCESS TO APPROPRIATE TRAUMA CARE AND EMERGENCY SERVICES1.5 MAINTAIN OR INCREASE SUPPORT FOR HSN TRUST FUND; AND ADVOCATE FOR LEGISLATION AND POLICIES SUPPORTING PUBLIC HEALTH, MENTAL HEALTH AND SUBSTANCE USE AND ANTI-POVERTY PROGRAMS1.6 SCREEN AND ENROLL THOSE WHO QUALIFY FOR HEALTH INSURANCE THROUGH ACACOMMUNITY ACTIVITIES/STRATEGIES: - SUPPORT INSTITUTIONAL AND COMMUNITY EMERGENCY PREPAREDNESS - ENSURE CONNECTION TO SPECIALTY CARE THROUGH CARE CONNECTION'S INPATIENT DISCHARGE FOLLOW UP PROGRAM- SUPPORT CARE INTEGRATION THROUGH INFORMATION SHARING VIA PARTICIPATION IN MASS HIWAY AND A HEALTH INFORMATION EXCHANGE- SUPPORT MED-FLIGHT AND COORDINATED EMS IN BOSTON- SUPPORT HSN- CONDUCT "MYSTERY SHOPPING" TO ADDRESS QUALITY IMPROVEMENT- ADMINISTER ASK DEVELOPMENT EVALUATION PROGRAM- SUPPORT RESIDENT ROTATIONS INTO CCA HEALTH CENTERS - EXPLORE SPREADING PACT PROGRAM TO MEDICAID COHORTMETRICS AND STATUS UPDATE: - NUMBER OF PATIENTS SERVED AT FQHC CCA HEALTH CENTERS (FY17: 106,463; FY18: 110,268; FY19: 112,689)- NUMBER OF VISITS PROVIDED AT FQHC CCA HEALTH CENTERS (FY17: 543,713; FY18: 551,521; FY19: 557,044)- NUMBER OF PATIENTS WITHOUT INSURANCE SERVED AT FQHC CCA HEALTH CENTERS (FY17: 11,704; FY18: 11,610; FY19: 11,495)- NUMBER OF REFERRALS MADE THROUGH CARE CONNECTION CALL CENTER (FY17: 986; FY18: 923; FY19: 933)- NUMBER OF INDIVIDUALS SCREENED FOR INSURANCE ELIGIBILITY (FY17: 9,776; FY18: 10,265; FY19: 10,784)- NUMBER OF INDIVIDUALS ENROLLED IN ENTITLEMENT PROGRAMS (FY17: 8,716; FY18 9,152; FY19: 9,560)- NUMBER OF PATIENTS SUPPORTED THROUGH HSN (FY17: 2,603; FY18: 3,025; FY 19: 2,385)- NUMBER OF MYSTERY SHOPPING SURVEYS COMPLETED (FY17: 72; FY 18: 72; FY19: 56)- NUMBER OF

Form and Line Reference	Explanation
	PRESCRIPTIONS FILLED FOR INDIGENT PATIENTS (FY18: 5,452; FY19: 4,362)COMMUNITY PARTNERS: CCA HEALTH CENTERS, BIDCOGOAL: INCREASE ACCESS TO QUALITY ORAL HEALTHTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES:2.1 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY DENTAL CARE SERVICES AT CCA HEALTH CENTERS2.2 CONDUCT PUBLIC POLICY ADVOCACYCOMMUNITY ACTIVITIES/STRATEGIES: - SUPPORT CCA HEALTH CENTERS- SUPPORT HSNMETRICS AND STATUS UPDATE: - NUMBER OF DENTAL PATIENTS AT FQHC CCA HEALTH CENTERS (FY17: 25,709; FY18: 26,720; FY19: 26,385)- NUMBER OF UNIQUE DENTAL VISITS AT FQHC CCA HEALTH CENTERS (FY17: 80,622; FY18: 83,450; FY19: 78,088)COMMUNITY PARTNERS: CCA HEALTH CENTERSGOAL: INCREASE QUALITY AND EFFICIENCY OF CLINICAL SERVICES AT CCA CLINICSTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES: 3.1 MAINTAIN AND INCREASE THE NUMBER OF PROVIDERS AT CCA HEALTH CENTERCOMMUNITY ACTIVITIES/STRATEGIES:- SUPPORT MEDICAL RESIDENTS AT CCA HEALTH CENTERS METRICS AND STATUS UPDATE:- NUMBER OF MEDICAL RESIDENTS PLACED AT CCA HEALTH CENTERS: (FY17: 34; FY18: 31; FY19: 24)COMMUNITY PARTNERS: CCA HEALTH CENTERSGOAL: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WITH LIMITED ENGLISH PROFICIENCYTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES:4.1 CONTINUE INTERPRETER SERVICES PROGRAM4.2 EDUCATE STAFF/CLINICIANS IN HEALTH EQUITY PRINCIPLES4.3 PROMOTE HEALTH EQUITY, HEALTH LITERACY, AND CULTURAL COMPETENCE ACROSS CCA HEALTH CENTERS COMMUNITY ACTIVITIES/STRATEGIES:- UNDERSTAND CULTURAL IMPACTS ON HEALTH CARE DELIVERY, HEALTH STATUS AND HEALTH OUTCOMES- EXPLORE AVAILABLE TOOLS AND RESOURCES TO FACILITATE CROSS-CULTURAL COMMUNICATION- EXPLORE OPPORTUNITIES FOR CCA HEALTH CENTERS IN THEIR EFFORTS TO BECOME HEALTH LITERATE ORGANIZATIONS- IMPROVE ACCESSIBILITY OF INTERPRETER SERVICES FOR LIMITED ENGLISH PROFICIENCY (LEP) PATIENTSMETRICS AND STATUS UPDATE: NUMBER OF LEP ENCOUNTERS AND LANGUAGES
METRICS AND STATUS UPDATE:	- NUMBER OF LEP ENCOUNTERS AND LANGUAGES AT BIDMC (FY 17: 127,439 IN PERSON ENCOUNTERS, 101,314 TELEPHONIC ENCOUNTERS, 237,255 TOTAL ENCOUNTERS IN 73 LANGUAGES; FY18: 135,512 IN PERSON ENCOUNTERS, 94,033 TELEPHONIC ENCOUNTERS, 229,545 TOTAL ENCOUNTERS IN 81 LANGUAGES; FY19: 138,297 IN PERSON ENCOUNTERS, 21,169 TELEPHONIC ENCOUNTERS (TELEPHONIC DATA INCOMPLETE DUE DATA AND DATABASE DIFFICULTIES, 159,466 TOTAL ENCOUNTERS IN 81 LANGUAGES)- NUMBER OF PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH AT FQHC CCA HEALTH CENTERS (FY17: 43,900; FY18: 44,988; FY19: 46,058)- NUMBER OF PATIENTS OF DIVERSE RACE/ETHNICITY SERVED AT FQHC CCA HEALTH CENTERS (FY17: 68,682; FY18: 71,045; FY19: 67,622)COMMUNITY PARTNERS: CCA HEALTH CENTERSGOAL: PROMOTE GREATER HEALTH EQUITY AND REDUCE DISPARITIES IN ACCESS FOR LGBT POPULATIONSTARGET POPULATION: LGBT POPULATIONPROGRAMMATIC OBJECTIVES:5.1 REDUCE DISPARITIES5.2 PROMOTE HEALTH EQUITY COMMUNITY ACTIVITIES/STRATEGIES:- EXPLORE HOW TO BEST IMPLEMENT SEXUAL ORIENTATION/GENDER IDENTITY APPROPRIATE POLICIES AND PROCEDURES- CONTINUE JOINT RESIDENCY PROGRAM WITH FENWAY HEALTH - SUPPORT PRIDE CELEBRATION- SUPPORT EFFORTS TO ACHIEVE HEALTHCARE EQUALITY INDEX (HEI) RECOGNITION (E.G., SIGNAGE AND PATIENT SELF-IDENTIFICATION OF SEXUAL ORIENTATION)METRICS AND STATUS UPDATE:- ESTABLISH SOGI TASKFORCE; FY19: SOGI TASKFORCE FILMED, DIRECTED AND RECORDED AND LAUNCHED A REQUIRED TRAINING FOR ALL STAFF. - NUMBER OF LGBT PATIENTS SEEN AT FQHC CCA HEALTH CENTERS (FY17: PATIENTS THAT IDENTIFY AS OTHER THAN STRAIGHT: (FY17: 12,061; FY18: 13,600; FY19: 16,943); PATIENTS THAT IDENTIFY AS TRANSGENDER: (FY17: 1,549; FY18: 1,916; FY19: 1,740)COMMUNITY PARTNERS: CCA HEALTH CENTERS, GLAD LEGAL ADVOCATES & DEFENDERS FOR THE LGBTQ COMMUNITY, HARVARD MEDICAL SCHOOL, HEALTHCARE EQUALITY INDEX, HUMAN RIGHTS CAMPAIGNPRIORITY AREA 4: BEHAVIORAL HEALTH HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY, AND STRESS). IF THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEADING FINDING OF THE CHNA, A CLOSE SECOND WAS THE PROFOUND IMPACT THAT BEHAVIORAL HEALTH ISSUES (I.E., SUBSTANCE USE AND MENTAL HEALTH) ARE HAVING ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, OPIOID AND PRESCRIPTION DRUG DEPENDENCY, AND ALCOHOL AND MARIJUANA USE, PARTICULARLY IN YOUTH, ARE MAJOR HEALTH ISSUES AND ARE HAVING A TREMENDOUS IMPACT ON THE POPULATION AS WELL AS A BURDEN ON THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID ABUSE IN THE COMMONWEALTH.LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES, PARTICULARLY FOR LOW-INCOME, MEDICAID INSURED, UNINSURED, AND THOSE WITH COMPLEX, MULTI-FACETED ISSUES. DESPITE THE BURDEN OF MENTAL HEALTH AND SUBSTANCE USE ON ALL SEGMENTS OF THE POPULATION, THERE IS AN EXTREMELY LIMITED SERVICE SYSTEM AVAILABLE TO MEET THE NEEDS THAT EXIST FOR THOSE WITH ALL MILD TO MODERATE EPISODIC ISSUES OR THOSE WITH MORE SERIOUS AND COMPLEX, CHRONIC CONDITIONS. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE (INCLUDING STIGMA), AND IMPROVE THE QUALITY OF PRIMARY CARE AND SPECIALIZED BEHAVIORAL HEALTH SERVICES.GOAL: PROMOTE BEHAVIORAL HEALTH (BH)/PRIMARY CARE INTEGRATIONTARGET POPULATION: CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES:1.1 INCREASE THE NUMBER OF PATIENTS RECEIVING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THE PRIMARY CARE SETTING IN CCA HEALTH CENTERS1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY BEHAVIORAL HEALTH CARE SERVICES AT CCA HEALTH CENTERS1.3 CONDUCT PUBLIC POLICY ADVOCACYCOMMUNITY ACTIVITIES/STRATEGIES:- SUPPORT PRIMARY CAREBEHAVIORAL HEALTH INTEGRATION AT CCA HEALTH CENTERS- SUPPORT TELEPHONIC AND ONSITE PSYCHIATRIC CONSULTATION FOR PRIMARY CARE PROVIDERS SERVING THOSE WITH BH CONDITIONS- PROVIDE OB/GYN SERVICES FOR PATIENTS WITH CHRONIC SUBSTANCE ABUSE ISSUES- PROVIDE CULTURALLY APPROPRIATE MENTAL HEALTH SERVICES FOR THE LATINO COMMUNITY- SUPPORT EDUCATIONAL OPPORTUNITIES ON CULTURAL PSYCHIATRY FOR SPANISH SPEAKING MENTAL HEALTH PROVIDERS- CONTINUE SBIRT IN BIDMC'S EMERGENCY DEPARTMENTMETRICS AND STATUS UPDATE:- NUMBER OF PATIENTS ACCESSING BH SERVICES IN FQHC CCA HEALTH CENTERS: (FY17: 8,658; FY18: 9,599; FY19: 10,846)- NUMBER OF PCPS PARTICIPATING IN BH CONSULTATION PROGRAM AT CHARLES RIVER COMMUNITY HEALTH (FY17: 11; FY18: 13, COMPLETED))COMMUNITY PARTNERS: CCA HEALTH CENTERSGOAL: REDUCE BURDEN OF OPIOID USETARGET POPULATION: ADULTSPROGRAMMATIC OBJECTIVES: 2.1 INCREASE THE NUMBER OF ADULTS WITH SUBSTANCE ISSUES WHO ARE APPROPRIATELY MONITORED, ASSESSED, AND TREATED

Form and Line Reference	Explanation
	IN CCA HEALTH CENTERS2.2 INCREASE THE NUMBER OF PATIENTS RECEIVING DETOX SERVICESCOMMUNITY ACTIVITIES/STRATEGIES: - SUPPORT THE DEVELOPMENT OF SUBOXONE CLINICS IN HCA AND A "BRIDGING" CLINIC FOR NON-HCA PATIENTS (2 SESSIONS EACH)- SUPPORT THE RECRUITMENT OF AN ADDICTION PSYCHIATRIST, PSYCH-NP, LCSW, AND ADMINISTRATIVE SUPPORT PERSON TO DEVELOP A CORE ADDICTIONS COMPETENCY- SUPPORT THE DEVELOPMENT OF A BIDMC ADDICTIONS ADVISORY GROUP - SUPPORT THE EXPANSION OF THE DIMOCK INPATIENT DETOX FACILITY METRICS AND STATUS UPDATE:- OPEN/BUILD DIMOCK'S INPATIENT DETOX PROGRAM - OPENED ON APRIL 3RD, 2018- NUMBER OF ADDICTION SPECIALISTS HIREDGOAL ACHIEVED- BIDMC'S ADDICTION TREATMENT TEAM, ESTABLISHED IN FY2017, INCLUDES ADDICTION SPECIALIZED PSYCHIATRY, NURSING, AND SOCIAL WORK. THIS TEAM FOCUSES ON THE CARE OF PATIENTS WITH SUBSTANCE USE DISORDERS IN ALL SETTINGS ACROSS BIDMC. THE GOAL OF THE ADDICTION TREATMENT TEAM IS TO HELP BIDMC PHYSICIANS AND STAFF PROVIDE THE RIGHT CARE AT THE RIGHT TIME TO PATIENTS WITH SUBSTANCE USE DISORDERS.- KEVIN HILL, MD, ADDICTION SPECIALIST, PSYCHIATRY- LESLIE BOSWORTH, LICSW, SPECIALIST IN ADDICTIONS- ALLISON BORRELLI, LICSW, INPATIENT/OUTPATIENT PSYCHOTHERAPY- JOANNE DEVINE, APN, SPECIALIST IN ADDICTIONS FORM ADDICTIONS ADVISORY GROUPGOAL ACHIEVED- THE OPIOID CARE COMMITTEE (OCC) LED BY CHAIR STEPHANIE JONES, MD, VICE CHAIR FOR EDUCATION, DEPARTMENT OF ANESTHESIA, CRITICAL CARE AND PAIN MEDICINE, IS A SUBCOMMITTEE OF THE MEDICAL EXECUTIVE COMMITTEE. THIS MULTIDISCIPLINARY TEAM WAS ESTABLISHED IN 2016 AS ONE OF BIDMC'S ANNUAL OPERATING PLAN GOALS TO ENSURE A COMPREHENSIVE APPROACH WHEN CONSIDERING SAFE PRESCRIBING OF OPIOIDS, TREATMENT FOR OPIOID USE DISORDERS, AND ALTERNATIVE THERAPIES FOR PAIN MANAGEMENT. THE COMMITTEE ENSURES BIDMC PROVIDERS FOLLOW ESTABLISHED BEST PRACTICES WHEN ASSESSING, PRESCRIBING, TREATING, EDUCATING, AND PROVIDING URGENT AND CONTINUED CARE FOR THE INDIVIDUAL PATIENT WITHIN THE CONTEXT OF OPIOID USE/MISUSE. REPRESENTATIVES FROM ALL OF BIDMC'S LICENSED SITES FORM THE MEMBERSHIP OF THIS COMMITTEE. COLLABORATION WITH AFFILIATE INSTITUTIONS OCCURS AS APPROPRIATE. ESTABLISH SUBOXONE CLINICGOAL ACHIEVED- HEALTHCARE ASSOCIATES OPENED OFFICE BASED OPIOID TREATMENT (OBOT) CLINIC FOR BUPRENORPHINE IN SUMMER 2017. THIS CLINIC SERVES HCA PATIENTS ONLY. - BOWDOIN STREET HEALTH CENTER ESTABLISHED OFFICE BASED OPIOID TREATMENT (OBOT) IN SUMMER 2017.- SUPPORTED DIMOCK HEALTH CENTER ACUTE TREATMENT SERVICES (ATS) WHICH IS A 35-BED MEDICALLY MONITORED DETOX UNIT FOR ALCOHOL AND OPIOID USE DISORDERS LOCATED ON THE DIMOCK CENTER'S MAIN CAMPUS. ESTABLISH BRIDGING CLINICGOAL ACHIEVED- WITH THE OPENING OF THE NEW ADDICTION PSYCHIATRY CLINIC SPACE AND THE ADDITION OF SEVERAL STAFF MEMBERS, DR. KEVIN HILL AND HIS TEAM ARE ABLE TO OFFER EXPANDED ACCESS TO BRIDGE CLINIC SERVICES FOR PATIENTS BEGINNING TREATMENT FOR OPIOID USE DISORDER WITH MEDICATION ASSISTED THERAPY. AN ADDITIONAL BRIDGE CLINIC IS AVAILABLE WITH PROVIDERS AT HEALTH CARE ASSOCIATES. ESTABLISH DASHBOARD METRICSGOAL ACHIEVED- THE INPATIENT OPIOID PRESCRIBING DASHBOARD IS NOW LIVE. THE METRICS INCLUDED IN THE DASHBOARD WERE DERIVED BASED ON THE RECOMMENDATIONS OF THE MASSACHUSETTS HEALTH AND HOSPITAL ASSOCIATION AND THE CONSENSUS STATEMENT BY THE SOCIETY OF HOSPITAL MEDICINE ON SAFE OPIOID USE FOR ACUTE PAIN IN HOSPITALIZED PATIENTS. INDIVIDUALS WILL BE ABLE TO COMPARE THEIR PRESCRIBING TO THAT OF PEERS IN THEIR DIVISION OR DEPARTMENT, AS WELL AS SET GOALS FOR ADHERENCE TO RECOMMENDED PRACTICES. COMMUNITY PARTNERS: CCA HEALTH CENTERSGOAL: INCREASE ACCESS TO QUALITY BEHAVIORAL HEALTH CARE SERVICES TARGET POPULATION: CHILDREN, YOUTH, ADULTS PROGRAMMATIC OBJECTIVES: 3.1 INCREASE PARTICIPATION IN LGBT SUPPORT GROUPSCOMMUNITY ACTIVITIES/STRATEGIES: SUPPORT TRANSGENDER SUPPORT GROUPS AT BIDMC METRICS AND STATUS UPDATE: NUMBER OF PARTICIPANTS IN TRANSGENDER SUPPORT GROUPS AT BIDMC (FY17: 13, COMPLETED)
COMMUNITY PARTNERS: CCA HEALTH CENTERS	GOAL: IDENTIFY THOSE AT RISK FOR BH CONDITION AND PROVIDE ENHANCED CARE MANAGEMENT TARGET POPULATION: ADULTS PROGRAMMATIC OBJECTIVES: 4.1 SUPPORT ENHANCED CARE MANAGEMENT FOR THOSE AT RISK FOR BH CONDITIONS COMMUNITY ACTIVITIES/STRATEGIES: - CONTINUE TO PROVIDE CASE MANAGEMENT SUPPORT SERVICES FOR BSHC PATIENTS WITH COMPLEX PHYSICAL AND BEHAVIORAL HEALTH ISSUES METRICS AND STATUS UPDATE:- NUMBER OF BSHC PATIENTS PARTICIPATING IN BROOKLINE MENTAL HEALTH PARTNERSHIP PROGRAM (FY17:18; FY18: 11 COMPLETED PROGRAM ROLLED INTO MASSHEALTH ACO)COMMUNITY PARTNERS: CCA HEALTH CENTERS
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW BIDMC CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS. AS DEMONSTRATED IN THIS SCHEDULE H, 11.01% OF BIDMC'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST. COMMUNITY BENEFITS - ANNUAL COMMUNITY BENEFITS REPORTAS PREVIOUSLY NOTED IN THIS FILING, BIDMC'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7). THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT:HTTPS://WWW.BIDMC.ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITSTHERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS. AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT BIDMC FILED WITH THE ATTORNEY GENERAL'S OFFICE. EMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, BIDMC IS A GENERAL MEDICAL AND SURGICAL HOSPITAL, RESEARCH HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. ADDITIONAL INFORMATION IS INCLUDED BELOW. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEBIDMC'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT

Form and Line Reference	Explanation
	SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$15,937,695 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A. AS REPORTED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, ELIGIBILITY FOR FREE CARE TO LOW-INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 400% FOR FULL FREE CARE. ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, INCLUDING MEDICAL HARDSHIP REVIEW.OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, BIDMC ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS WHICH INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC GENERATED \$196,181,903 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BIDMC FOR SUCH SERVICES BY \$20,681,077 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND BIDMC PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC GENERATED \$513,360,668 RELATED TO TREATING MEDICARE PATIENTS. THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY \$13,580,527. OF THESE AMOUNTS, REVENUE OF \$19,530,120 IS RELATED TO THE PROVISION OF PSYCHIATRIC CARE AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVICES BECAUSE THE COST OF THOSE SERVICES EXCEEDED REVENUES BY \$18,209,050. IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH BIDMC CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H. INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, BIDMC HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED. HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE TO 2.18%.BAD DEBTSIN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, BIDMC ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF \$25,799,994 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2. AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7. RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED. THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR THE FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 INCLUDE THE ACCOUNTS OF: BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.THE BETH ISRAEL LAHEY HEALTH INC. CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE REGARDING BAD DEBT EXPENSE.EMERGENCY CARE ACCESSBETH ISRAEL DEACONESS MEDICAL CENTER IS A TERTIARY CARE LICENSED ACADEMIC MEDICAL CENTER, PROVIDING MEDICAL AND SURGICAL CARE, TEACHING AND RESEARCH AND AS NOTED ELSEWHERE IN THIS RETURN, PROVIDES 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. THE EMERGENCY DEPARTMENT (ED) IS ALSO A LEVEL I TRAUMA CENTER AND THE ED'S MISSION, ALIGNED WITH BIDMC'S MISSION, IS TO DISTINGUISH ITSELF FROM OTHER PROVIDERS THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH AND THROUGH IMPROVED HEALTH IN THE COMMUNITIES SERVED. BIDMC'S DEPARTMENT OF EMERGENCY MEDICINE, PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR (SCHEDULE H, PART V, SECTION A AND SECTION B QUESTION 21).
FINANCIAL ASSISTANCE POLICYINTERNAL REVENUE CODE SECTION 501(R)(4)	FINANCIAL ASSISTANCE POLICY PURPOSE BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR HOSPITAL) IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THE BIDMC FINANCIAL ASSISTANCE POLICY (FAP) IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS. PATIENTS ELIGIBLE FOR BIDMC FINANCIAL ASSISTANCE WILL ALSO RECEIVE FREE AND/OR DISCOUNTED CARE FROM PARTICIPATING BIDMC PROVIDERS.THE HOSPITAL DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION

Form and Line Reference	Explanation
	STATUS WHEN DETERMINING ELIGIBILITY.FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICYAS REQUIRED BY IRC SECTION 501(R) (4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) THAT APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY. (SCHEDULE H PART I QUESTIONS 1A AND 1B). DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD). (SCHEDULE H PART V SECTION B QUESTION 21). THE FAP INCLUDES A LIST OF PROVIDERS, OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE. THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS. THE PROVIDER LIST IS UPDATED NOT LESS THAN QUARTERLY AND THE AMOUNTS GENERALLY BILLED (AGB) CALCULATION IS UPDATED NOT LESS THAN ANNUALLY. THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY. (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17). THE MOST RECENT VERSION OF THE HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY WAS REVISED AUGUST 2020 BY AN AUTHORIZED BODY OF THE HOSPITAL, AS DEFINED WITHIN THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R).FINANCIAL ASSISTANCE POLICY APPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP. THIS INFORMATION IS ALSO INCLUDED IN THE PLAIN LANGUAGE SUMMARY (PLS). IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE. (SCHEDULE H PART V SECTION B QUESTION 15)FINANCIAL ASSISTANCE POLICY ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE. (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13). IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3). FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM. OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP. (SCHEDULE H PART I QUESTIONS 3C).FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE.HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP). SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS.THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS. THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN. FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR. INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION.FINANCIAL ASSISTANCE POLICY TRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY, PLAIN LANGUAGE SUMMARY, APPLICATION FOR FINANCIAL ASSISTANCE AND HARDSHIP APPLICATION (SEE DETAIL BELOW) HAVE ALL BEEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE IN THE HOSPITAL'S COMMUNITY WHO MAY COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH. THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS, 5% OF THE POPULATION OR 1000 PERSONS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R). BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES: SPANISH, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE, VIETNAMESE, FRENCH, HAITIAN CREOLE, HINDI, ITALIAN, JAPANESE, CAPE VERDEAN, AND ARABIC. (SCHEDULE H PART V SECTION B QUESTION 16I)FINANCIAL ASSISTANCE POLICY WIDELY PUBLICIZING AND AVAILABILITYCOPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CHARGE

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	AND/OR ON THE HOSPITAL'S WEBSITE: (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) AT HTTPS://WWW.BIDMC.ORG/PATIENT-AND-VISITOR-INFORMATION/PATIENT-INFORMATION/YOUR-HOSPITAL-BILL/FINANCIAL-ASSISTANCE/ IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE. (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3).THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS. SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE. IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED. THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMENTS. INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDES CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED.
FINANCIAL ASSISTANCE POLICYPLAIN LANGUAGE SUMMARY	ADDITIONALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE AND/OR DISCHARGE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G). AS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE. THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION, INCLUDING THE WEBSITE ADDRESS, THE LOCATION AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE. THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY. LINKS TO FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTSTHE FOLLOWING FINANCIAL ASSISTANCE POLICY (FAP) DOCUMENTS:- APPLICATION FOR FINANCIAL ASSISTANCE- MEDICAL HARDSHIP APPLICATION- BIDMC FINANCIAL ASSISTANCE POLICY- FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY AS WELL AS ADDITIONAL INFORMATION ON PATIENT FINANCIAL ASSISTANCE AND BILLING, ARE AVAILABLE IN THE FOLLOWING LANGUAGES: ENGLISH AND SPANISH, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE, VIETNAMESE, FRENCH, HAITIAN CREOLE, HINDI, ITALIAN AND JAPANESE, CAN BE FOUND ON THE BIDMC WEBSITE AT: HTTPS://WWW.BIDMC.ORG/PATIENT-AND-VISITOR-INFORMATION/PATIENT-INFORMATION/YOUR-HOSPITAL-BILL/FINANCIAL-ASSISTANCE LIMITATION ON CHARGES INTERNAL REVENUE CODE SECTION 501(R)(5)LIMITATION ON CHARGESAS REQUIRED BY IRC SECTION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASSISTANCE-ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE AMOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES. AMOUNTS GENERALLY BILLED LOOK BACK METHODTHE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS FISCAL YEAR. CALCULATED AGB IS UPDATED NOT LESS FREQUENTLY THAN ANNUALLY AS REQUIRED PURSUANT TO THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R) AND THE AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE REGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SECTION 501(R)(5). (SCHEDULE H PART V SECTION B QUESTION 22).PATIENT REFUNDS FOR CHARGES IN EXCESS OF AMOUNTS GENERALLY BILLEDTHE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED \$5.00. BILLING AND COLLECTIONS 501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE. IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS. (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19).APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS RESEARCHAS PREVIOUSLY NOTED IN THIS FORM 990, PART III, PART OF THE MEDICAL CENTER'S MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF OUR LOCAL AND EXTENDED COMMUNITIES. THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS AND TREATMENTS THAT IMPROVE THE QUALITY OF LIFE.
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS RESEARCH	THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP TIER OF INDEPENDENT HOSPITALS IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING. THE MEDICAL CENTER SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACT THE LIVES OF OUR PATIENTS AND IMPROVE THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,220 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,500 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 280 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY. THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS, VACCINE DEVELOPMENT AND VIROLOGY, INFECTION CONTROL AND

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	INFECTIOUS DISEASES AND CARDIOLOGY/CARDIAC SURGERY. AS NOTED IN THIS FILING, THE MEDICAL CENTER IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND IS COMMITTED TO MAINTAINING A COLLABORATIVE CULTURE; TO MAINTAINING MODERN, HIGH-QUALITY FACILITIES, AND TO TAKING FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG THE HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS. THE MEDICAL CENTER DESIGNS AND IMPLEMENTS MANY INTERDEPARTMENTAL AND INTERDISCIPLINARY RESEARCH PROGRAMS WITHIN THE INSTITUTION. THE MEDICAL CENTER ALSO COLLABORATES WITH OTHER NATIONALLY RECOGNIZED AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS IN AN EFFORT TO TRANSLATE NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE. THE MEDICAL CENTER PARTICIPATES IN HARVARD CATALYST, THE HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER, WHICH BRINGS TOGETHER THE INTELLECTUAL FORCE, TECHNOLOGIES, AND CLINICAL EXPERTISE AT HARVARD UNIVERSITY AND ITS ACADEMIC, HEALTH CARE, AND COMMUNITY PARTNERS TO CREATE CONNECTIONS, ENABLE RESEARCH AT THE CUTTING EDGE OF DISCOVERY, AND NURTURE CLINICAL AND TRANSLATIONAL RESEARCHERS WITH THE GOAL OF IMPROVING HUMAN HEALTH.STUDIES BY MEDICAL CENTER RESEARCHERS ARE ROUTINELY PUBLISHED IN THE WORLD'S LEADING SCIENTIFIC JOURNALS, INCLUDING NATURE, SCIENCE, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND THE NEW ENGLAND JOURNAL OF MEDICINE, WHICH HELPS TO BRING THE RESEARCH FINDINGS TO CLINICIANS AND PATIENTS BEYOND THE MEDICAL CENTER. THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES:- ANESTHESIA, CRITICAL CARE, AND PAIN MEDICINE - EMERGENCY MEDICINE - MEDICINE - ALLERGY AND INFLAMMATION - CARDIOVASCULAR MEDICINE - CENTER FOR VASCULAR BIOLOGY RESEARCH - CENTER FOR VIROLOGY AND VACCINE RESEARCH - CLINICAL INFORMATICS - CLINICAL NUTRITION - ENDOCRINOLOGY - EXPERIMENTAL MEDICINE - GASTROENTEROLOGY - GENERAL MEDICINE AND PRIMARY CARE - GENETICS - GERONTOLOGY - HEMATOLOGY AND ONCOLOGY - HEMOSTASIS AND THROMBOSIS - IMMUNOLOGY - INFECTIOUS DISEASE - INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGY - MOLECULAR AND VASCULAR MEDICINE - NEPHROLOGY - PULMONOLOGY - RHEUMATOLOGY - SIGNAL TRANSDUCTION - TRANSLATIONAL RESEARCH - TRANSPLANT IMMUNOLOGY- NEONATOLOGY - NEUROLOGY - OBSTETRICS AND GYNECOLOGY - ORTHOPAEDIC SURGERY - PATHOLOGY - PSYCHIATRY - RADIOLOGY - SURGERY - CARDIAC SURGERY - CENTER FOR MINIMALLY INVASIVE SURGERY - NEUROSURGERY - PLASTIC AND RECONSTRUCTIVE SURGERY - VASCULAR SURGERY- TRANSPLANT INSTITUTEDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED \$69,247,463 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 3.53% OF THE MEDICAL CENTER'S TOTAL EXPENSES. ADDITIONALLY, THE MEDICAL CENTER REPORTED \$190,560,437 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS ON SCHEDULE H, PART I LINE 7H COLUMN D, WHICH, IF INCLUDED IN SCHEDULE H, PART I, LINE 7H COLUMN E CALCULATION, WOULD INCREASE THE NET COMMUNITY BENEFIT REPORTED FROM RESEARCH ACTIVITIES ON THIS SCHEDULE H, PART I, LINE 7H TO 15.56%.
RESEARCH ENGAGED IN AT THE MEDICAL CENTER	THE REAL CORNERSTONES OF THE MEDICAL CENTER'S SUCCESS CAN BE DESCRIBED IN THREE KEY WORDS: INNOVATION, CULTIVATION, AND TRANSFORMATION. BEGINNING WITH SUPPORT OF BOLD AND INNOVATIVE IDEAS, EXTENDING TO CULTIVATION AND NURTURING OF PROMISING YOUNG SCIENTISTS, AND CULMINATING IN THE TRANSFORMATION OF NOVEL DISCOVERIES INTO THERAPIES AND DIAGNOSTICS, THE MEDICAL CENTER'S RESEARCH PROGRAM HAS EMERGED AS A UNIQUE AND SUCCESSFUL MODEL FOR TODAY'S RAPIDLY CHANGING HEALTH CARE LANDSCAPE.EXAMPLES OF THE RESEARCH ENGAGED IN AT BIDMCBELOW IS INFORMATION RELATED TO JUST A HANDFUL OF THE CUTTING-EDGE RESEARCH STUDIES AND PRINCIPAL INVESTIGATORS AT THE MEDICAL CENTER. THE DETAIL BELOW IS DESIGNED TO PROVIDE THE READER WITH A TASTE OF THE MANY CONTRIBUTIONS THE MEDICAL CENTER IS MAKING TO PATIENT CARE TODAY AND TOMORROW. EXPENSES FROM THE RESEARCH ACTIVITIES NOTED BELOW ARE INCLUDED IN FORM 990 SCHEDULE H, PART I LINE 7H COLUMN C AND MAY OR MAY NOT BE QUANTIFIED IN FORM 990 SCHEDULE H, PART I, LINE 7H COLUMN E, DEPENDING ON FUNDING SOURCE. COVID-19 VACCINE RESEARCHTHE PERIOD COVERED BY THIS FILING IS THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, DURING WHICH THE COVID-19 PANDEMIC CHANGED LIFE IN THE UNITED STATES AND ACROSS THE GLOBE. RESEARCH CONDUCTED AT BIDMC DURING THIS FISCAL PERIOD SET THE STAGE FOR BIDMC'S NATIONAL LEADERSHIP DURING THIS ONGOING PUBLIC HEALTH CRISIS.AS OF LATE JULY, 2021, ABOUT 48.5 PERCENT OF AMERICANS, OR ABOUT 159 MILLION PEOPLE, ARE FULLY VACCINATED AGAINST SARS-COV-2, THE VIRUS THAT CAUSES COVID-19. BIDMC IMMUNOLOGIST DAN BAROUCH, MD, PHD, PLAYED AN INSTRUMENTAL ROLE IN DESIGNING AND DEVELOPING ONE OF THE THREE COVID-19 VACCINES CURRENTLY AVAILABLE IN THE UNITED STATES. AS DIRECTOR OF BIDMC'S CENTER FOR VIROLOGY AND VACCINE RESEARCH (CVVR), DR. BAROUCH AND HIS COLLEAGUES BEGAN WORKING ON A COVID-19 VACCINE ON JANUARY 10, 2020, THE SAME NIGHT THAT CHINESE SCIENTISTS RELEASED THE SARS-COV-2 VIRUS'S GENOME. DR. BAROUCH'S TEAM QUICKLY DESIGNED A SERIES OF VACCINE CANDIDATES, EVALUATED IN CLINICAL STUDIES LED BY PRIMARY INVESTIGATOR KATHRYN E. STEPHENSON, MD, MPH, DIRECTOR OF THE CLINICAL TRIALS UNIT AT CVVR.DR. BAROUCH'S INNOVATIVE VACCINE DESIGN NOW THE BASIS OF THE JOHNSON & JOHNSON SINGLE SHOT VACCINE USES A COMMON-COLD VIRUS, CALLED THE ADENOVIRUS, TO DELIVER A SMALL BIT OF THE COVID-19 DNA INTO HOST CELLS, WHERE IT STIMULATES THE BODY TO RAISE IMMUNE RESPONSES AGAINST THE VIRUS. SHOWN TO BE SAFE AND EFFECTIVE, THE COVID-19 VACCINE WAS GRANTED EMERGENCY USE APPROVAL BY THE U.S. FDA IN FEBRUARY 2021.OVER THE LAST 20 YEARS, DR. BAROUCH HAS APPLIED THE ADENOVIRUS STRATEGY FOR USE AGAINST PATHOGENS SUCH AS HIV AND ZIKA. ONE SUCH CANDIDATE HIV VACCINE DEVELOPED BY DR. BAROUCH AND HIS COLLEAGUES IS CURRENTLY IN CLINICAL EFFICACY TRIALS AT SITES AROUND THE WORLD, THE ONLY REMAINING HIV VACCINE CURRENTLY IN LARGE-SCALE CLINICAL TRIALS. DETAIL ON ADDITIONAL COVID AND NON-COVID RESEARCH EFFORTS WHICH WERE UNDERTAKEN AT BIDMC DURING THE FISCAL PERIOD COVERED BY THIS FILING ARE BELOW. BIDMC-LED CLINICAL TRIAL IDENTIFIES FOUR NOVEL 3D-PRINTED SWABS FOR USE IN COVID-19 TESTINGIN THE EARLY DAYS OF THE COVID-19 PANDEMIC, RAPID AND WIDESPREAD TESTING FOR THE VIRUS WAS HAMPERED BY A SHORTAGE OF SPECIALIZED NASOPHARYNGEAL (NP) SWABS USED TO COLLECT SAMPLES FROM PATIENTS' NOSES AND THROATS. A MULTI-DISCIPLINARY TEAM FROM BIDMC IDENTIFIED FOUR NOVEL PROTOTYPES OF 3D-PRINTED SWABS THAT COULD BE USED FOR COVID-19 TESTING. THE FOUR PROTOTYPES WERE DEVELOPED THROUGH A HIGHLY COLLABORATIVE EFFORT COORDINATED BY RAMY ARNAOUT, MD, DPHIL, ASSOCIATE DIRECTOR OF THE CLINICAL

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	MICROBIOLOGY LABORATORIES AT BIDMC, AND WERE TESTED AGAINST A STANDARD NP SWAB IN 230 ADULTS WHO UNDERWENT TESTING FOR COVID-19 AT BIDMC AND VOLUNTEERED TO PARTICIPATE IN THE STUDY. SELECTED AFTER THE REVIEW OF MORE THAN 100 DESIGNS, THE FINAL FOUR DESIGNS SHOWED EXCELLENT CONCORDANCE WITH THE CONTROLS IN A CLINICAL TRIAL.THE CLINICAL TRIAL WAS THE THIRD AND FINAL STEP IN AN EFFORT THAT BEGAN MID-MARCH 2020, WHEN DR. ARNAOUT AND HIS FELLOW DIRECTORS OF BIDMC'S CLINICAL MICROBIOLOGY LABS JAMES KIRBY, MD, PHD, AND STEFAN RIEDEL, MD, PHD NOTED IMPENDING SWAB SHORTAGES COULD IMPEDE TESTING FOR COVID-19. DR. ARNAOUT AND COLLEAGUES SOON HAD MORE THAN 150 NOVEL SWAB DESIGNS MADE OF 45 DIFFERENT MATERIALS SUBMITTED BY 23 COMPANIES, LABORATORIES AND INDIVIDUALS ACROSS THE COUNTRY FOR BIDMC'S CONSIDERATION.
BIDMC-LED CLINICAL TRIAL IDENTIFIES FOUR NOVEL 3D-PRINTED SWABS FOR USE IN C	"THROUGH THE WORK OF A LARGE AND SELFLESS TEAM FROM HEALTH CARE, ACADEMIA, AND THE PRIVATE SECTOR, IT TOOK JUST 22 DAYS FROM THE TIME WE IDENTIFIED THE SWAB SHORTAGE TO WHEN OUR TRIAL CLINICALLY VALIDATED THE FIRST NEW SWAB CAPABLE OF HIGH-THROUGHPUT MANUFACTURE," DR. ARNAOUT SAID. "WE HOPE OUR COLLECTIVE EXPERIENCE CAN PROVIDE A USEFUL ROADMAP TO OTHERS WORKING UNDER THE PRESSURE OF A PUBLIC HEALTH EMERGENCY."THE TEAM'S MANUSCRIPT WAS PUBLISHED IN THE JOURNAL OF CLINICAL MICROBIOLOGY.RESEARCHERS REPORT SHARP DECLINE IN PATIENT VISITS FOR HEART ATTACK, STROKE AND CANCER CARE DURING COVID-19 PANDEMICFIVE DAYS AFTER MASSACHUSETTS OFFICIALS DECLARED A STATE OF EMERGENCY IN RESPONSE TO RISING CASES OF COVID-19, THE STATE'S DEPARTMENT OF PUBLIC HEALTH DIRECTED ALL HOSPITALS TO POSTPONE OR CANCEL ALL NONESSENTIAL PROCEDURES. WHILE THE ORDER EXPLICITLY ALLOWED FOR LIFE-SUSTAINING INTERVENTIONS FOR URGENT CONDITIONS, PHYSICIANS NOTICED A PRECIPITOUS DROP IN EMERGENCY VISITS FOR HEART ATTACKS, STROKES AND OTHER AILMENTS.IN A PREPRINT RELEASE OF STUDY FINDINGS PUBLISHED IN MEDRXIV, PHYSICIAN-SCIENTISTS QUANTIFIED THE EFFECT OF THE COVID-19 PANDEMIC ON THE NUMBERS OF PATIENTS SEEKING MEDICAL ATTENTION FOR SELECT POTENTIALLY LIFE-THREATENING DIAGNOSES AT BIDMC. THE TEAM FOUND THAT PATIENT ENCOUNTERS FOR HEART ATTACK AND STROKE DROPPED BY ABOUT A THIRD AND MORE THAN HALF, RESPECTIVELY, DURING THE PANDEMIC COMPARED TO PATIENT VISITS DURING THE SAME PERIOD IN 2019. "OUR DATA SUGGEST THAT PATIENTS ARE DEFERRING LIFE-SAVING CARE DUE TO FEAR OF CONTAGION," SAID CORRESPONDING AUTHOR DHRUV S. KAZI, MD, MSC, MS, ASSISTANT DIRECTOR OF BIDMC'S SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY AND DIRECTOR OF BIDMC'S CARDIAC CRITICAL CARE UNIT. "EARLY ANNOUNCEMENT OF STAY-AT-HOME ORDERS LIKELY FLATTENED THE COVID-19 CURVE IN THE COMMONWEALTH OF MASSACHUSETTS, BUT GIVEN THE TIME-SENSITIVE NATURE OF INITIATING TREATMENT FOR HEART ATTACKS AND STROKES, WE NEED TO IMPROVE PUBLIC HEALTH MESSAGING TO ENSURE THAT PATIENTS CONTINUE TO SEEK CARE FOR ACUTE EMERGENCIES. WE NEED TO REMIND OUR PATIENTS THAT IF THEY EXPERIENCE SYMPTOMS OF A HEART ATTACK OR STROKE, THEY DESERVE THE SAME LIFE-SAVING TREATMENT WE OFFERED BEFORE THIS PANDEMIC SET IN. THEY SHOULD NOT TRY AND SIT IT OUT."HYDROXYCHLOROQUINE FOR TREATMENT OF COVID-19 LINKED TO INCREASED RISK OF CARDIAC ARRHYTHMIASIN THE EARLY MONTHS OF THE PANDEMIC, WITH NO FDA APPROVED TREATMENTS FOR PATIENTS WITH SEVERE COVID-19 AVAILABLE, THE ANTI-MALARIAL DRUG, HYDROXYCHLOROQUINE, EMERGED AS A POTENTIAL THERAPY FOR THE PNEUMONIA ASSOCIATED WITH COVID-19, WITH OR WITHOUT THE ANTIBIOTIC AZITHROMYCIN. IN A BRIEF REPORT PUBLISHED IN JAMA CARDIOLOGY, A TEAM OF PHARMACISTS AND CLINICIANS AT BIDMC FOUND EVIDENCE SUGGESTING THAT PATIENTS WHO RECEIVED HYDROXYCHLOROQUINE FOR COVID-19 WERE AT INCREASED RISK OF ELECTRICAL CHANGES TO THE HEART AND CARDIAC ARRHYTHMIAS. THE COMBINATION OF HYDROXYCHLOROQUINE WITH AZITHROMYCIN WAS LINKED TO EVEN GREATER CHANGES COMPARED TO HYDROXYCHLOROQUINE ALONE.IN THIS SINGLE-CENTER, RETROSPECTIVE, OBSERVATIONAL STUDY, SENIOR AUTHOR HOWARD S. GOLD, MD, AN INFECTIOUS DISEASE SPECIALIST AT BIDMC AND AN ASSISTANT PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL, AND COLLEAGUES, EVALUATED 90 ADULTS WITH COVID-19 WHO WERE HOSPITALIZED AT BIDMC BETWEEN MARCH 1 AND APRIL 7, 2020, AND RECEIVED AT LEAST ONE DAY OF HYDROXYCHLOROQUINE. MORE THAN HALF OF THESE PATIENTS ALSO HAD HIGH BLOOD PRESSURE, AND MORE THAN 30 PERCENT HAD DIABETES."IN OUR STUDY, PATIENTS WHO WERE HOSPITALIZED AND RECEIVING HYDROXYCHLOROQUINE FOR COVID-19 FREQUENTLY EXPERIENCED QTC PROLONGATION AND ADVERSE DRUG EVENTS," SAID CO-FIRST AUTHOR CHRISTINA F. YEN, MD, OF BIDMC'S DEPARTMENT OF MEDICINE. "ONE PARTICIPANT TAKING THE DRUG COMBINATION EXPERIENCED A POTENTIALLY LETHAL TACHYCARDIA CALLED TORSADES DE POINTES, WHICH TO OUR KNOWLEDGE HAS YET TO BE REPORTED ELSEWHERE IN THE PEER-REVIEWED COVID-19 LITERATURE."NATIONAL SURVEY ON COVID-19 PANDEMIC SHOWS SIGNIFICANT MENTAL HEALTH IMPACT A COLLABORATION AMONG RESEARCHERS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND MASSACHUSETTS GENERAL HOSPITAL, LED BY THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (UNC) SCHOOL OF MEDICINE, DEPLOYED A NATIONALLY REPRESENTATIVE INTERNET SURVEY OF 1,500 PEOPLE DURING THE SECOND HALF OF MAY 2020, A POINT IN THE PANDEMIC AT WHICH MORE THAN 20,000 PEOPLE WERE DIAGNOSED WITH COVID-19 IN THE UNITED STATES EACH DAY, AND A THOUSAND OR MORE PEOPLE WERE DYING FROM THE DISEASE. INTENDED TO GAIN INSIGHT INTO HOW INDIVIDUALS ARE RESPONDING TO THE STRESSORS OF ISOLATION AND QUARANTINE, RECORD UNEMPLOYMENT LEVELS, AND THE VIRUS' THREAT TO THEIR HEALTH, THE RESEARCHERS' 16-QUESTION SURVEY CALLED THE PANDEMIC EMOTIONAL IMPACT SCALE (PEIS) ASSESSED A BROAD RANGE OF SPECIFIC EMOTIONAL EFFECTS RELATED TO THE PANDEMIC AND FOUND THAT CERTAIN STRESSORS AFFECTED A LARGE MAJORITY OF THE POPULATION. NEARLY 80 PERCENT OF RESPONDENTS WERE FRUSTRATED ON SOME LEVEL WITH NOT BEING ABLE TO DO WHAT THEY NORMALLY ENJOY DOING. AROUND THE SAME NUMBER WERE WORRIED ABOUT THEIR OWN HEALTH, AND NEARLY 90 PERCENT OF THOSE SURVEYED WERE MORE WORRIED ABOUT THE HEALTH OF LOVED ONES THAN BEFORE THE COVID-19 PANDEMIC. THE RESEARCHERS ALSO OBSERVED THAT RACIAL AND ETHNIC MINORITIES, ESPECIALLY THOSE IDENTIFYING AS HISPANIC/LATINX, REPORTED HIGHER LEVELS OF EMOTIONAL DISTRESS DUE TO COVID-19, AND THAT ADULTS YOUNGER THAN 50 WERE MUCH MORE LIKELY TO REPORT EMOTIONAL IMPACT OF THE PANDEMIC COMPARED TO OLDER ADULTS. "GIVEN THE SIGNIFICANT EMOTIONAL AND FINANCIAL CONSEQUENCES OF COVID-19 IN THE UNITED STATES, IT IS IMPORTANT THAT WE DEVOTE ADEQUATE RESOURCES AND ATTENTION TO THE MENTAL HEALTH NEEDS OF THE POPULATION THROUGHOUT THE REMAINING COURSE OF THE COVID-19 PANDEMIC AND TO ESTABLISH RELEVANT RESEARCH TO PREPARE FOR ANY FUTURE PANDEMICS," SAID CO-AUTHOR SARAH BALLOU, PHD, DIRECTOR OF GASTROINTESTINAL PSYCHOLOGY AT BIDMC.

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QUALITATIVE DATA: INTERVIEWS, GROUPS CONVERSATIONS, SURVEYS AND THE COMMUNIT	THOUSANDS OF APPS FEWER THAN HALF OF THE ESTIMATED 47 MILLION U.S. ADULTS LIVING WITH MENTAL ILLNESS RECEIVE TREATMENT, COUNSELING OR MEDICATION. IN RECENT YEARS, SMARTPHONE APPS HAVE EMERGED AS POTENTIALLY COST-EFFECTIVE MEANS OF EXPANDING ACCESS TO MENTAL HEALTHCARE. BUT WITH SOME 10,000 MENTAL HEALTH APPS WHICH ARE NOT SUBJECT TO FDA OVERSIGHT AVAILABLE IN MOBILE APP STORES TODAY, THE TASK OF DETERMINING WHICH APPS ARE SAFE AND EFFECTIVE CAN SEEM OVERWHELMING TO PATIENTS AND PROVIDERS ALIKE.NOW, RESEARCHER-CLINICIANS FROM BIDMC AND LAHEY HOSPITAL AND MEDICAL CENTER, BOTH PART OF BETH ISRAEL LAHEY HEALTH, HAVE COLLABORATED TO DEVELOP AN ONLINE ASSESSMENT TOOL TO HELP PATIENTS AND PROVIDERS MAKE MORE INFORMED DECISIONS ABOUT CHOOSING AND USING A MENTAL HEALTH APP. THE 105-QUESTION INTERACTIVE TOOL DOES NOT ENDORSE OR RECOMMEND SPECIFIC APPS, BUT RATHER HELPS POTENTIAL USERS WEIGH APPS' SAFETY, EASE OF USE, AND COMMITMENT TO USER PRIVACY, THE SCIENTISTS REPORTED IN NPJ DIGITAL MEDICINE."THE ABSENCE OF REGULATORY OVERSIGHT LEAVES THE APP STORES' USER REVIEWS AND RANKINGS AS THE MAJOR SOURCES OF INFORMATION FOR CONSUMERS INTERESTED IN MENTAL HEALTH APPS," SAID CORRESPONDING AUTHOR JOHN TOROUS, MD, DIRECTOR OF DIGITAL PSYCHIATRY AT BETH ISRAEL DEACONESS MEDICAL CENTER. "TO FILL THAT VOID, WE DEVELOPED A DATABASE OF MENTAL HEALTH APPS THAT IS GROUNDED IN PRINCIPLES OF MEDICAL ETHICS. RATHER THAN FOCUSING ON WHAT IS THE 'BEST' APP WE AIM TO HELP PEOPLE FIND ONE THAT IS THE 'BEST MATCH' THROUGH GUIDING THEM THROUGH INFORMED DECISION MAKING."UNINTENDED CONSEQUENCES: STUDY FINDS 40 PERCENT MORTALITY RATE FOR PATIENTS DENIED BARIATRIC SURGERYMORE THAN 300,000 AMERICANS DIE EACH YEAR FROM CONDITIONS ASSOCIATED WITH BEING OVERWEIGHT OR OBESE, INCLUDING DIABETES, HIGH BLOOD PRESSURE, ARTHRITIS, HEART DISEASE AND SLEEP APNEA. TO DATE, METABOLIC AND BARIATRIC SURGERY (MBS)WITH METABOLIC SURGERY DEFINED AS WEIGHT LOSS SURGERY AS TARGETED TREATMENT FOR DIABETESHAS PROVEN TO BE THE MOST EFFECTIVE MEANS OF LOSING WEIGHT AND KEEPING IT OFF OVER THE LONG TERM. YET MANY PATIENTS SEEKING THE PROCEDURE ARE DENIED IT, EITHER BY INSURANCE PROVIDERS, AND/OR BECAUSE THEY FAIL TO MEET CURRENT MEDICAL CRITERIA.TO LEARN WHAT HAPPENED TO PATIENTS DENIED WEIGHT LOSS SURGERY, PHYSICIAN-SCIENTISTS AT BIDMC FOLLOWED UP WITH 107 PATIENTS WHO WERE DENIED THE PROCEDURE IN 2007. THE TEAM FOUND THAT MOST PATIENTS WHO WERE INITIALLY TURNED AWAY EVENTUALLY OBTAINED BARIATRIC SURGERY, EXPERIENCED IMPROVED OVERALL HEALTH AND WERE STILL LIVING AT 12-YEAR FOLLOW UP. HOWEVER, 40 PERCENT OF THOSE DENIED SURGERY IN 2007 WHO NEVER UNDERWENT THE PROCEDURE WERE DECEASED BY 2019. THE FINDINGS WERE PUBLISHED IN THE JOURNAL SURGERY FOR OBESITY AND RELATED DISEASES."DENYING PATIENTS SEEKING BARIATRIC SURGERY WAS A DEATH SENTENCE FOR NEARLY THE 40 PERCENT OF PATIENTS WHO NEVER OBTAINED A METABOLIC OPERATION AFTER INITIAL DENIAL," SAID SENIOR AUTHOR DANIEL B. JONES, MD, CHIEF OF MINIMALLY INVASIVE SURGICAL SERVICES AND DIRECTOR OF THE BARIATRIC PROGRAM AT BIDMC. "OUR FINDINGS SUGGEST CURRENT INSURANCE CRITERIA FOR ACCEPTING OR DENYING PATIENTS FOR WEIGHT LOSS SURGERY ARE UNNECESSARILY STRINGENT, POTENTIALLY HARMFUL TO PATIENTS AND SHOULD BE REASSESSED."STUDY EXAMINES RACIAL AND ETHNIC DISPARITIES AMONG COVID-19 CASES IN MASSACHUSETTSIN SPRING OF 2020, MASSACHUSETTS HAD ONE OF THE HIGHEST INCIDENCES OF COVID-19 IN THE UNITED STATES. EARLY REPORTS SUGGESTED THAT BLACK AND LATINX RESIDENTS WERE DISPROPORTIONATELY AFFECTED, WITH BLACK AND LATINX PEOPLE TOGETHER COMPROMISING 55 PERCENT OF COVID-19 CASES. HOWEVER, THE SPECIFIC FACTORS UNDERLYING THESE STARK DISPARITIES REMAINED UNCLEAR. IN A STUDY PUBLISHED IN HEALTH AFFAIRS, RESEARCHERS AT BIDMC AND THE HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH EXAMINED THE ASSOCIATION BETWEEN SPECIFIC DEMOGRAPHIC, ECONOMIC, AND OCCUPATIONAL FACTORS AND COVID-19 CASE RATES ACROSS 351 MASSACHUSETTS CITIES AND TOWNS BETWEEN JANUARY 1 AND MAY 6, 2020. THE TEAM THAT FOUND A 10 PERCENT INCREASE IN THE BLACK POPULATION WAS ASSOCIATED WITH AN INCREASE OF 312 COVID-19 CASES PER 100,000 PEOPLE, WHILE A 10 PERCENT INCREASE IN THE LATINX POPULATION WAS LINKED TO AN INCREASE OF 285 CASES PER 100,000 PEOPLE."OUR STUDY DEMONSTRATES THE EXTENT TO WHICH MASSACHUSETTS' BLACK AND LATINX COMMUNITIES HAVE BEEN DISPROPORTIONATELY AFFECTED BY COVID-19," SAID CO-FIRST AUTHOR RISHI WADHERA, MD, MPP, MPHIL, AN INVESTIGATOR IN THE SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY AT BIDMC. "WE ALSO FOUND THAT A HIGHER PROPORTION OF NON-CITIZENS OR FOOD SERVICE WORKERS LIVING WITHIN A COMMUNITY, AS WELL AS LARGER HOUSEHOLD SIZES, WERE EACH INDEPENDENTLY ASSOCIATED WITH HIGHER COVID-19 CASE RATES. ALTHOUGH THESE FACTORS EXPLAINED THE HIGHER BURDEN OF COVID-19 IN LATINX COMMUNITIES, THEY DID NOT FOR BLACK COMMUNITIES, SUGGESTING THAT OTHER STRUCTURAL INEQUITIES MAY BE AT PLAY."THE RESEARCHERS CONCLUDE THAT FURTHER RESEARCH INTO THE SOCIAL AND ECONOMIC FACTORS UNDERLYING COVID-19-RELATED DISPARITIES AND NEW POLICIES TO ADDRESS RISK FACTORS AND INSTITUTIONAL RACISM WILL BE CRITICAL TO CONTROLLING THE PANDEMIC AND IMPROVING HEALTH EQUITY.BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS IN PART III FOR FURTHER DETAILS REGARDING BILH'S COVID-19 RESPONSE IN FY20.WELL-CONTROLLED STUDY OF MORE THAN 400 PARTICIPANTS SUPPORTS REDUCING SALT INTAKE AS AN IMPORTANT PUBLIC HEALTH STRATEGY TO DECREASE INCIDENCE OF HYPERTENSIONA NEW STUDY LED BY STEPHEN JURASCHEK, MD, PHD, ASSISTANT PROFESSOR OF MEDICINE AT BIDMC, FOUND THAT REDUCING SODIUM INTAKE IN ADULTS WITH ELEVATED BLOOD PRESSURE OR HYPERTENSION DECREASED THIRST, URINE VOLUME (A MARKER OF FLUID INTAKE), AND BLOOD PRESSURE, BUT DID NOT AFFECT METABOLIC ENERGY NEEDS. THESE RESULTS, PUBLISHED IN THE JOURNAL HYPERTENSION, SUPPORT THE TRADITIONAL NOTION THAT DECREASING SODIUM INTAKE IS CRITICAL TO MANAGING HYPERTENSION DISPUTING RECENT STUDIES.USING DATA FROM THE COMPLETED DIETARY APPROACHES TO STOP HYPERTENSION (DASH)-SODIUM TRIAL, A RANDOMIZED CONTROLLED-FEEDING STUDY, PUBLISHED IN 2001, THE RESEARCHERS EXAMINED THE EFFECTS OF THREE DIFFERENT LEVELS OF SODIUM INTAKE (LOW, MEDIUM, AND HIGH) ON BLOOD PRESSURE IN PARTICIPANTS FOLLOWING TWO DISTINCT DIETS A TYPICAL AMERICAN DIET (CONTROL DIET) OR A HEALTHY DIET (THE DASH DIET). IN THIS SECONDARY ANALYSIS OF THE DASH-SODIUM TRIAL, THE RESEARCHERS MEASURED THE IMPACT OF SODIUM INTAKE ON PARTICIPANTS' ENERGY INTAKE, WEIGHT, SELF-REPORTED THIRST, AND 24-HOUR URINE VOLUME.THE RESEARCHERS FOUND THAT, WHILE REDUCED SODIUM INTAKE DID NOT

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	AFFECT THE AMOUNT OF ENERGY REQUIRED TO MAINTAIN A STABLE WEIGHT, IT DID DECREASE PARTICIPANTS' THIRST. FURTHERMORE, URINE VOLUME WAS EITHER UNCHANGED OR LOWER WITH REDUCED SODIUM INTAKE. TOGETHER THESE RESULTS SUGGEST THAT IN ADULTS WITH ELEVATED BLOOD PRESSURE OR HYPERTENSION, A LOWER SODIUM INTAKE DECREASES THIRST, URINE VOLUME (AND LIKELY FLUID INTAKE) AND BLOOD PRESSURE. THESE CHANGES OCCURRED WITHOUT ALTERING THE AMOUNT OF ENERGY REQUIRED TO KEEP BODY WEIGHT CONSTANT."OUR STUDY CONTRIBUTES MEANINGFULLY TO THIS SCIENTIFIC DEBATE AND UNDERSCORES THE IMPORTANCE OF SODIUM REDUCTION AS A MEANS TO LOWER BLOOD PRESSURE," SAID JURASCHEK. "PUBLIC HEALTH RECOMMENDATIONS AIMED AT LOWERING POPULATION-WIDE SODIUM INTAKE FOR BLOOD PRESSURE SHOULD CONTINUE WITHOUT FEAR OF CONTRIBUTING TO WEIGHT GAIN."
RESEARCHERS WORK TO BETTER MEASURE DELIRIUM SEVERITY IN OLDER PATIENTS	DELIRIUM IS AN ACUTE CONFUSIONAL STATE THAT CAN PRESENT AS INATTENTION, DISORIENTATION, LETHARGY OR AGITATION, AND PERCEPTUAL DISTURBANCE. MOST COMMON AMONG OLDER HOSPITALIZED PATIENTS, DELIRIUM CAN LEAD TO POOR OUTCOMES, INCLUDING PROLONGED HOSPITAL STAYS, FUNCTIONAL DECLINE, AND DEATH. WITH IN-HOSPITAL MORTALITY RATES FOR OLDER PATIENTS WITH DELIRIUM AT 25 TO 33 PERCENT AND ANNUAL HEALTH CARE COSTS ATTRIBUTABLE TO DELIRIUM IN EXCESS OF \$182 BILLION IN THE UNITED STATES ALONE, DELIRIUM HAS GARNERED INCREASING ATTENTION AS A WORLDWIDE PUBLIC HEALTH AND PATIENT SAFETY PRIORITY.IN A STUDY PUBLISHED IN THE JOURNAL DEMENTIA AND GERIATRIC COGNITIVE DISORDERS, RESEARCHERS AT BIDMC AND HEBREW SENIOR LIFE REPORTED ON THEIR EFFORT TO IMPROVE AND VALIDATE TOOLS USED TO ASSESS THE SEVERITY OF DELIRIUM. THE AIM WAS TO MORE ACCURATELY DEFINE METHODS FOR DETECTING AND MEASURING DELIRIUM SYMPTOM SEVERITY, WHICH COULD IN TURN LEAD TO IMPROVED PREVENTION AND TREATMENT FOR PATIENTS AT RISK.RESEARCHERS DEVELOPED A SET OF 17 CRITERIA THAT THEY AGREED CAPTURES THE SEVERITY OF DELIRIUM, INCLUDING BUT NOT LIMITED TO: LEVEL OF CONSCIOUSNESS, EMOTIONAL DYSREGULATION, DISORGANIZED THINKING, DISORIENTATION AND HALLUCINATION. THE STUDY INDICATES THAT HIGH-QUALITY DELIRIUM SEVERITY INSTRUMENTS SHOULD ULTIMATELY HAVE IMMEDIATE RELEVANT APPLICATION TO CLINICAL CARE AND QUALITY IMPROVEMENT EFFORTS."WHILE A VARIETY OF TOOLS FOR THE ASSESSMENT OF DELIRIUM SEVERITY CURRENTLY EXIST, MOST DELIRIUM SEVERITY INSTRUMENTS HAVE NOT BEEN DEVELOPED WITH ADVANCED MEASUREMENT METHODOLOGY OR EVALUATED WITH RIGOROUS VALIDATION STUDIES," SAID LEAD AUTHOR SARINNAPHA M. VASUNILASHORN, PHD, OF THE DIVISION OF GENERAL MEDICINE AT BIDMC AND ASSISTANT PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL (HMS) AND IN EPIDEMIOLOGY AT THE HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH. "OUR STUDY HAS LAID THE FOUNDATION FOR A NEW, MORE FULLY CONCEPTUALIZED DELIRIUM SEVERITY MEASURE."PLATINUM-BASED AGENTS ARE NOT SUPERIOR TO STANDARD CHEMOTHERAPY FOR PATIENTS WITH BREAST CANCER WHO CARRY BRCA MUTATIONS COMMONLY KNOWN AS THE BREAST CANCER GENES, THE BRCA GENE FAMILY PLAYS A ROLE IN REPAIRING DAMAGED DNA. INHERITED MUTATIONS IN THE GENES BRCA1 OR BRCA2 RAISE THE RISK OF DEVELOPING BREAST, OVARIAN, PROSTATE AND OTHER CANCERS. LED BY CLINICIAN-RESEARCHERS AT BIDMC, A FIRST-OF-ITS-KIND STUDY PROVIDED NEW EVIDENCE ABOUT THE OPTIMAL WAY TO TREAT PATIENTS WHO CARRY BRCA MUTATIONS ALSO KNOWN AS BRCA CARRIERS WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER. THE DATA CAME FROM THE INFORM TRIAL, THE RESULTS OF WHICH APPEARED IN THE JOURNAL OF CLINICAL ONCOLOGY. DESIGNED TO SETTLE A QUESTION RAISED BY PREVIOUS STUDIES, INFORM IS THE LARGEST PROSPECTIVE RANDOMIZED CLINICAL TRIAL TO COMPARE THE EFFICACY OF A PLATINUM AGENT TO A STANDARD TREATMENT REGIMEN. THE INFORM TRIAL WAS LED BY NADINE TUNG, MD, DIRECTOR OF THE CANCER RISK AND PREVENTION PROGRAM AND HEAD OF BREAST MEDICAL ONCOLOGY AT BIDMC. "PREVIOUS STUDIES REPORTED THAT THE PLATINUM-BASED THERAPY CISPLATIN WAS EFFECTIVE IN BRCA CARRIERS WITH BREAST CANCER," SAID TUNG. "THOSE FINDINGS LEFT CLINICIANS UNCERTAIN WHETHER TO USE CISPLATIN AN UNCONVENTIONAL DRUG FOR TREATING EARLY STAGE BREAST CANCER OR WHETHER TO USE THE SAME CHEMOTHERAPY REGIMEN USED FOR OTHER WOMEN WITH BREAST CANCER. PRIOR TO INFORM, NO RANDOMIZED PROSPECTIVE DATA EXISTED COMPARING PLATINUM TO STANDARD CHEMOTHERAPY IN THIS POPULATION OF PATIENTS. OUR STUDY FOUND THAT PLATINUM-BASED THERAPY WAS ACTUALLY NO MORE EFFECTIVE THAN THE STANDARD FIRST-LINE TREATMENT."SURGE PROTECTOR: NOVEL APPROACH TO SUPPRESSING THERAPY-INDUCED TUMOR GROWTHIN A PREVIOUS STUDY, A TEAM OF RESEARCHERS LED BY DIPAK PANIGRAHY, MD, A PATHOLOGIST AT BETH ISRAEL DEACONESS MEDICAL CENTER, DEMONSTRATED THAT DEAD AND DYING CANCER CELLS KILLED BY CONVENTIONAL CANCER TREATMENTS PARADOXICALLY TRIGGER THE INFLAMMATION THAT PROMOTES TUMOR GROWTH AND METASTASIS. NOW, IN A FOLLOW-UP STUDY PUBLISHED IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCE, PANIGRAHY AND COLLEAGUES ILLUMINATE THE MECHANISM BY WHICH DEBRIS GENERATED BY OVARIAN TUMOR CELLS TARGETED BY FIRST-LINE CHEMOTHERAPY ACCELERATES TUMOR PROGRESSION. ADDITIONALLY, THE RESEARCHERS DESCRIBE A NOVEL APPROACH TO SUPPRESSING THE CHEMOTHERAPY-INDUCED TUMOR GROWTH. DR. PANIGRAHY AND COLLEAGUE'S ANALYSIS REVEALED THAT CHEMOTHERAPY-KILLED OVARIAN CANCER CELLS INDUCE SURROUNDING IMMUNE CELLS CALLED MACROPHAGES TO RELEASE A SURGE OF IMMUNE-RELATED CHEMICAL COMPOUNDS CYTOKINES AND LIPID MEDIATORS THAT CREATE OPTIMAL CONDITIONS IN WHICH TUMORS CAN SURVIVE AND GROW. NEXT, THE TEAM SHOWED THAT A COMMON ANTI-INFLAMMATORY DRUG CALLED A DUAL COX-2 INHIBITOR BLOCKED THE SURGE OF TUMOR-FRIENDLY CYTOKINES AND LIPIDS. "THE ROLE OF THESE CHEMOTHERAPY-INDUCED CYTOKINES AND LIPIDS IS UNDERAPPRECIATED AND POORLY CHARACTERIZED, AND OVARIAN CANCER PATIENTS MAY BENEFIT FROM SUPPRESSING THEIR RELEASE," SAID DR. PANIGRAHY. "FURTHER RESEARCH IS NEEDED BUT, DUAL INHIBITION OF THE COX-2 PATHWAYS IS A NOVEL THERAPEUTIC MODALITY THAT MAY COMPLIMENT CONVENTIONAL CANCER THERAPIES BY ACTING AS A SURGE PROTECTOR AGAINST CELL DEBRIS-STIMULATED TUMOR GROWTH."
STUDY: LEVELS OF LIVER FAT BIOMARKER ASSOCIATED WITH METABOLIC HEALTH	BENEFITS OF REGULAR EXERCISEWHILE GENETICS AND OTHER FACTORS LIKE AGE AND GENDER CONTRIBUTE TO EACH INDIVIDUAL'S RESPONSE TO EXERCISE, LITTLE IS KNOWN ABOUT THE BIOLOGICAL MECHANISMS BY WHICH PHYSICAL ACTIVITY BRINGS ABOUT BENEFICIAL CHANGES TO THE BODY. IN A STUDY LED BY CARDIOLOGISTS AT BETH ISRAEL DEACONESS MEDICAL CENTER, SCIENTISTS FOUND THAT INCREASING EXERCISE CAN LOWER LEVELS OF DIMETHYLGUANIDINO VALERIC ACID (DMVG), A MOLECULE IN THE BLOOD LINKED TO POOR HEALTH OUTCOMES. HOWEVER, THE RESEARCHERS WERE SURPRISED TO FIND THAT PEOPLE WITH HIGHER BASELINE LEVELS OF DMVG THOSE WITH

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	"MORE ROOM TO IMPROVE" ACTUALLY SAW LESS BENEFIT FROM EXERCISE THAN PEOPLE WITH LOWER BASELINE LEVELS OF DMVG THOSE IN BETTER HEALTH TO BEGIN WITH.LED BY CORRESPONDING AUTHOR ROBERT GERSZTEN, MD, CHIEF OF CARDIOVASCULAR MEDICINE AT BIDMC, THE SCIENTISTS WERE INTERESTED IN STUDYING DMGV BASED ON THEIR PREVIOUS RESEARCH FINDINGS SHOWING THAT THE MOLECULE WAS A MARKER OF LIVER FAT AND THAT CIRCULATING LEVELS WERE TIED THE DEVELOPMENT OF TYPE 2 DIABETES UP TO 12 YEARS PRIOR TO DISEASE ONSET. THE STUDY WAS PUBLISHED IN JAMA CARDIOLOGY.STRUCTURE OF ENZYME THAT PRODUCES FUEL FOR THE HEART OF MUSCLE CELLS REVEALED AFTER SIXTY YEARS OF INTENSIVE INVESTIGATION BY BIOCHEMISTS AND PHYSIOLOGISTS WORLDWIDE, A TEAM OF SCIENTISTS LED BY GABRIEL BIRRANE, PHD, A STRUCTURAL BIOLOGIST AT BETH ISRAEL DEACONESS MEDICAL CENTER, PROVIDED THE FIRST DETAILED PICTURE OF THE STRUCTURE OF THE LIPOPROTEIN LIPASE (LPL) PROTEIN. THE TEAM'S FINDINGS, PUBLISHED IN THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES, OFFER A BETTER UNDERSTANDING OF CARDIOVASCULAR METABOLISM AND COULD OPEN THE DOOR TO TARGETED TREATMENT FOR SEVERAL RARE CARDIOVASCULAR DISORDERS. "BECAUSE LPL ALONE IS NOT VERY STABLE, PREVIOUS EXPERIMENTERS HAD DIFFICULTY PRODUCING SUFFICIENT AMOUNTS LPL FOR STRUCTURAL ANALYSIS," EXPLAINED DR. BIRRANE. "MY COLLABORATORS PROVIDED THE BREAKTHROUGH DATA, INCLUDING METHODS TO PURIFY ACTIVE LPL AND A COMPANION PROTEIN THAT WAS CRUCIAL TO STABILIZE LPL. WITH THIS KNOWLEDGE, WE CONCENTRATED OUR EFFORTS ON CRYSTALLIZING A COMPLEX OF THE TWO PROTEINS. CRYSTALS OF THE COMPLEX PRODUCED X-RAY DATA OF MUCH HIGHER QUALITY THAN WE WERE ABLE TO OBTAIN WITH LPL ALONE AND THIS ALLOWED US TO ANALYZE THE STRUCTURE AT A MOLECULAR LEVEL." NOW THAT THE TEAM HAS REVEALED THE STRUCTURE OF THE PROTEIN COMPLEX, RESEARCHERS CAN UNDERSTAND HOW MUTATIONS IN LPL OR GPIHBP1 LEAD TO ELEVATED TRIGLYCERIDE LEVELS AND CORONARY ARTERY DISEASE. OTHER MOLECULES BIND TO AND REGULATE THE FUNCTION OF LPL. IN FOLLOW UP STUDIES, DR. BIRRANE AND HIS COLLABORATORS WOULD LIKE TO DETERMINE THESE MOLECULES' MECHANISM OF ACTION, INFORMATION THAT WILL ALLOW SCIENTISTS TO BETTER UNDERSTAND THE ROLE LPL PLAYS IN CARDIOVASCULAR DISEASE AND DIABETES. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS GRADUATE MEDICAL EDUCATION THE MEDICAL CENTER'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 59 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 683 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 52 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 60 TRAINEES PER YEAR. STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES. CORE CLINICAL TRAINING PROGRAMSTHE MEDICAL CENTER SPONSORS CORE CLINICAL TRAINING PROGRAMS IN THE FOLLOWING FIELDS:- ANESTHESIOLOGY- EMERGENCY MEDICINE- INTERNAL MEDICINE- NEUROLOGY- NEUROSURGERY- OBSTETRICS AND GYNECOLOGY- PATHOLOGY- PSYCHIATRY- RADIOLOGY- SURGERY- TRANSITIONAL YEARDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER HAD NET EXPENDITURES OF \$78,323,152 REPORTED ON THIS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 3.99% OF THE MEDICAL CENTER'S TOTAL EXPENSES.
RESIDENCY PROGRAMS	THE MEDICAL CENTER SPONSORS ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED RESIDENCY PROGRAMS IN EACH OF THE CORE CLINICAL TRAINING PROGRAMS LISTED ABOVE. FELLOWSHIP PROGRAMSIN ADDITION TO THE RESIDENT TRAINING PROGRAMS LISTED ABOVE, THE MEDICAL CENTER SPONSORS A WIDE VARIETY OF FELLOWSHIP TRAINING PROGRAMS FOR ELIGIBLE DOCTORS WHO HAVE COMPLETED THEIR RESIDENCY AND WANT TO ENGAGE IN MORE SPECIALIZED STUDY. OVER HALF OF THESE PROGRAMS (59 OF 109) ARE ACGME APPROVED OR APPROVED BY A COMPARABLE BODY RELATED TO THE PARTICULAR SUBSPECIALTY. THE MEDICAL CENTER SPONSORS THE FOLLOWING FELLOWSHIP PROGRAMS:- ANESTHESIA: ADULT CARDIOTHORACIC ANESTHESIOLOGY, ADVANCED CLINICAL ANESTHESIA, ANESTHESIA FOR OUTPATIENT SURGERY, CRITICAL CARE MEDICINE, NEUROANESTHESIA, NEURO CRITICAL CARE, OBSTETRIC ANESTHESIOLOGY, PAIN MEDICINE, REGIONAL ANESTHESIA, VASCULAR ANESTHESIA, PATIENT SAFETY AND QUALITY IMPROVEMENT IN ANESTHESIA- DERMATOLOGY: CUTANEOUS ONCOLOGY, DERMATOLOGY RESEARCH FELLOWSHIP IN CLINICAL TRIALS AND OUTCOMES RESEARCH (CLEARS)- EMERGENCY MEDICINE: EMERGENCY MEDICAL SERVICES, EMERGENCY ULTRASOUND, DISASTER MEDICINE, ACADEMIC EMERGENCY MEDICINE- INTERNAL MEDICINE: ADVANCED CARDIAC NON- INVASIVE IMAGING, ADVANCED ENDOCRINE, DIABETES AND METABOLISM, ADVANCED ENDOSCOPY, ADVANCED INFECTIOUS DISEASE, ADVANCED NEPHROLOGY, CARDIAC MAGNETIC RESONANCE IMAGING, CARDIOVASCULAR DISEASE, CELIAC DISEASE, CLINICAL CARDIAC ELECTROPHYSIOLOGY, CLINICAL INFORMATICS, ENDOCRINOLOGY, DIABETES, AND METABOLISM, GASTROENTEROLOGY, GENERAL MEDICINE, GERIATRIC MEDICINE, GERIATRIC AND DIABETES, GI MOTILITY/FUNCTIONAL BOWEL DISORDERS, GLOBAL HEALTH, HEMATOLOGY AND MEDICAL ONCOLOGY, HEPATOLOGY, HOSPICE AND PALLIATIVE CARE, INFECTIOUS DISEASE, INFLAMMATORY BOWEL DISEASE, INTERVENTIONAL RADIOLOGY, INTERVENTIONAL PULMONOLOGY, NEPHROLOGY, PULMONARY CRITICAL CARE, RHEUMATOLOGY, SLEEP MEDICINE, SLEEP RESPIRATION, STRUCTURAL HEART DISEASE, TRANSPLANT HEPATOLOGY, TRANSPLANT NEPHROLOGY- NEUROLOGY: AUTONOMIC DISORDERS, COGNITIVE BEHAVIORAL NEUROLOGY, CLINICAL NEUROPHYSIOLOGY, EPILEPSY, MOVEMENT DISORDERS, MULTIPLE SCLEROSIS, NEUROLOGY-HIV, NEUROMUSCULAR MEDICINE, NEURO-ONCOLOGY, VASCULAR NEUROLOGY- OBSTETRICS AND GYNECOLOGY: FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY, GYNECOLOGIC ONCOLOGY, MATERNAL FETAL MEDICINE, REPRODUCTIVE ENDOCRINOLOGY- PATHOLOGY: BLOOD BANKING/TRANSFUSION MEDICINE, CYTOPATHOLOGY, DERMATOPATHOLOGY, HEMATOPATHOLOGY, MEDICAL MICROBIOLOGY, MEDICAL MICROBIOLOGY CPEP, NEUROPATHOLOGY, SELECTIVE PATHOLOGY - PSYCHIATRY- RADIOLOGY-DIAGNOSTIC: ABDOMINAL RADIOLOGY, BREAST IMAGING RADIOLOGY, INTERVENTIONAL RADIOLOGY-INDEPENDENT, INTERVENTIONAL RADIOLOGY-INTEGRATED, MRI, MUSCULOSKELETAL IMAGING MSK, NEURORADIOLOGY, THORACIC IMAGING RADIOLOGY, - RADIATION ONCOLOGY: BRACHYTHERAPY, STEREOTATIC- SURGERY:

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	ABDOMINAL TRANSPLANT SURGERY/KIDNEY, ACUTE CARE SURGERY, ANTERIOR SEGMENT OPHTHALMOLOGY, COLON AND RECTAL SURGERY, CORNEA AND REFRACTIVE SURGERY, CEREBROVASCULAR AND ENDOVASCULAR NEUROSURGERY, HEAD & NECK SURGICAL ONCOLOGY & RECONSTRUCTION, INTERDISCIPLINARY BREAST SURGERY, LYMPHATIC SURGERY, MINIMALLY INVASIVE BARIATRIC SURGERY, NEUROSURGERY/ORTHO SPINE, ORTHOPAEDIC HAND SURGERY, ORTHOPAEDIC SPINE SURGERY, OTOLARYNGOLOGY FELLOWSHIP, PLASTIC SURGERY, PLASTIC SURGERY/AESTHETIC RECONSTRUCTION, PLASTIC SURGERY/BREAST RECONSTRUCTION, PODIATRY, SURGICAL CRITICAL CARE, THORACIC SURGERY, UROLOGY, UROLOGY MALE INFERTILITY/SEXUAL DYSFUNCTION, VASCULAR SURGERY, VASCULAR SURGERY-INTEGRATED
ADDITIONAL INFORMATION ON CLINICAL RESIDENCY AND FELLOWSHIPS -- EXAMPLES	BELOW IS MORE DETAIL ON JUST A FEW OF THE SPECIFIC GRADUATE MEDICAL EDUCATION PROGRAMS OFFERED AT THE MEDICAL CENTER:HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY AT BIDMCTHE BETH ISRAEL DEACONESS MEDICAL CENTER HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY IS A THREE-YEAR PROGRAM (PGY-1 TO PGY-3) IS AFFILIATED WITH HARVARD MEDICAL SCHOOL AND IS BASED AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), A 57,000 VISIT PER YEAR LEVEL I TRAUMA CENTER. RESIDENTS ROTATE AT CHILDREN'S HOSPITAL BOSTON, BROCKTON HOSPITAL, CAMBRIDGE HOSPITAL, TUFTS MEDICAL CENTER, ST. VINCENT HOSPITAL, ST. LUKE'S HOSPITAL, MOUNT AUBURN HOSPITAL AND BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM.THE EDUCATIONAL GOALS OF THE RESIDENCY ARE TO PROMOTE EXCELLENCE IN THE CLINICAL, ACADEMIC, AND ADMINISTRATIVE ASPECTS OF EMERGENCY MEDICINE. RESIDENTS ARE TAUGHT HOW TO BE OUTSTANDING CLINICIANS. THIS IS ACCOMPLISHED THROUGH CLINICAL EXPERIENCE IN SEVERAL BUSY EMERGENCY DEPARTMENTS AS WELL AS THROUGH A HIGH QUALITY DIDACTIC PROGRAM. DURING THE CLINICAL EXPERIENCE, THE RESIDENTS ARE CLOSELY SUPERVISED AND GIVEN GRADED RESPONSIBILITY FOR PATIENT CARE AND ULTIMATELY FOR PATIENT FLOW IN THE EMERGENCY DEPARTMENT. ADDITIONALLY, RESIDENTS ARE TAUGHT HOW TO SUPERVISE MEDICAL STUDENTS AND OTHER RESIDENTS AND HOW TO TEACH THE PRACTICE OF EMERGENCY MEDICINE. RESIDENTS TEACH MEDICAL STUDENTS AND PREHOSPITAL PERSONNEL AND CONTRIBUTE TO THE DIDACTIC PROGRAM. SENIOR RESIDENTS TAKE ON THE RESPONSIBILITY OF SUPERVISING JUNIOR RESIDENTS IN THE CLINICAL ARENA. THE FOCUS OF THE RESIDENCY PROGRAM IS ON TEACHING THE LEADERSHIP SKILLS NECESSARY TO DIRECT A BUSY EMERGENCY DEPARTMENT IN ANY SETTING.THE OTHER MAJOR EDUCATIONAL GOAL OF THE RESIDENCY IS TO DEVELOP THE RESEARCH AND ACADEMIC SKILLS REQUIRED FOR A CAREER IN ACADEMIC EMERGENCY MEDICINE. PARTICIPATION IN RESEARCH IS PROMOTED THROUGH A SYSTEM OF MENTORSHIP, JOURNAL CLUB PARTICIPATION, AND A DIDACTIC PROGRAM THAT TEACHES RESEARCH DESIGN AND STATISTICAL METHODS. RESIDENTS ARE REQUIRED TO COMPLETE A RESEARCH OR ACADEMIC PROJECT THAT RESULTS IN A PAPER SUITABLE FOR PUBLICATION. FUNDING IS AVAILABLE WITHIN THE DIVISION OF EMERGENCY MEDICINE AT HARVARD MEDICAL SCHOOL AND THE DEPARTMENT OF EMERGENCY MEDICINE AT BIDMC. PROMOTING THE ADMINISTRATIVE ASPECTS OF EMERGENCY MEDICINE IS ANOTHER GOAL OF THE BIDMC HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY. THROUGH AN EMS/ADMINISTRATIVE ROTATION AND A LONGITUDINAL EXPERIENCE IN PREHOSPITAL ADMINISTRATION, RESIDENTS GAIN EXPERIENCE IN RUNNING A LOCAL PREHOSPITAL SYSTEM.THIS PROGRAM TAKES ADVANTAGE OF THE UNIQUE ACADEMIC OPPORTUNITIES AT HARVARD MEDICAL SCHOOL, THE HARVARD TEACHING HOSPITALS, AND THE HARVARD SCHOOL OF PUBLIC HEALTH. THESE OPPORTUNITIES INCLUDE THE OUTSTANDING EXPERIENCE AVAILABLE THROUGH BOSTON CHILDREN'S HOSPITAL AND THE DEPARTMENTS OF MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY, AND ANESTHESIA AT BETH ISRAEL DEACONESS MEDICAL CENTER. *****INTERNAL MEDICINE EDUCATION AT BIDMCTHE GOAL OF THIS PROGRAM IS TO DEVELOP EACH RESIDENT'S JUDGMENT AND SKILLS TO PROVIDE THE HIGHEST QUALITY MEDICAL CARE. THE MEDICAL CENTER TRAINS RESIDENTS AS ACADEMIC INTERNISTS AND PROVIDES THE FOUNDATION FOR THE PRACTICE OF INTERNAL MEDICINE OR FOR SUBSEQUENT CLINICAL AND RESEARCH TRAINING IN MEDICAL SUBSPECIALTIES. RESIDENTS ARE EXPOSED TO A WIDE ARRAY OF PATIENTS IN VARIOUS INPATIENT AND OUTPATIENT SETTINGS, INCLUDING DIFFERENT UNITS WITHIN BIDMC, DANA FARBER CANCER INSTITUTE, AND WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER. CLINICAL TEACHING IS A FOCUS AT BIDMC AND IS COMPRISED OF FORMAL AND INFORMAL DAILY ROUNDS AND NOONTIME CONFERENCES. THIS TEACHING PROVIDES THE BASIS OF AN ORGANIZED CURRICULUM FOR ALL MEDICAL INTERNS AND RESIDENTS AT BIDMC.INTERNSHIPTHE INTERNSHIP YEAR EMPHASIZES THE CARE OF PATIENTS IN GENERAL INPATIENT MEDICINE, INTENSIVE CARE MEDICINE, ONCOLOGY, CARDIOLOGY, EMERGENCY MEDICINE AND AMBULATORY CARE UTILIZING BOTH CAMPUSES AND SELECTED OUTSIDE SITES. WORKING AS PART OF A 2-4 PHYSICIAN TEAM WHICH INCLUDES AN OVERSEEING RESIDENT, ATTENDING STAFF AND OFTEN MEDICAL STUDENTS, INTERNS GAIN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH A BROAD RANGE OF MEDICAL DISEASES. INTERNS HAVE PRIMARY RESPONSIBILITY FOR THE CARE OF ALL PATIENTS ADMITTED TO THE MEDICAL WARD SERVICE AND ARE CONSIDERED THEIR PATIENT'S PRIMARY INPATIENT DOCTOR FOR THE DURATION OF THE HOSPITALIZATION. THROUGHOUT INTERN YEAR, INTERNS MAINTAIN A LONGITUDINAL CONTINUITY CLINIC EXPERIENCE WHERE THEY DEVELOP A PANEL OF THEIR OWN PRIMARY CARE PATIENTS. DURING MOST OF THE YEAR, WITH THE EXCEPTION OF INTENSIVE CARE ROTATIONS, AN INTERN WILL HAVE CLINIC ONE HALF-DAY PER WEEK. DISTRIBUTED THROUGHOUT THE YEAR ARE FOUR "AMBULATORY BLOCKS" OF TWO WEEKS DURATION. DURING THIS TIME THE INTERN IS IN THEIR CONTINUITY CLINIC EVERY AFTERNOON AND ATTENDS OUTPATIENT SPECIFIC DIDACTIC LECTURES DURING THE MORNING HOURS. AS MEMBERS OF THE HARVARD FACULTY, INTERNS PLAY AN IMPORTANT ROLE IN TEACHING, BOTH OF THEIR PEERS AND OF ROTATING MEDICAL STUDENTS. WHILE ON THE MEDICAL WARDS, INTERNS PROVIDE DAILY CLINICAL GUIDANCE AND TEACHING TO THIRD AND FOURTH YEAR MEDICAL STUDENTS. AS PART OF THE AMBULATORY CARE CURRICULUM, INTERNS WILL ALSO HAVE THE OPPORTUNITY TO LEAD PRE-CLINIC CONFERENCES. DURING THE YEAR, THERE ARE SPECIAL INTERN-ONLY EDUCATIONAL ACTIVITIES INCLUDING THE TWICE-WEEKLY INTERN REPORT, MONTHLY INTERN FORUM SESSIONS AND BI-ANNUAL 24-HOUR INTERN RETREATS.JUNIOR AND SENIOR RESIDENCYRESIDENCY SOLIDIFIES CLINICAL AND TEACHING SKILLS AND ALLOWS TRAINEES TO EXPERIENCE LEADERSHIP OF A MEDICAL TEAM. JUNIOR RESIDENCY PROVIDES THE FIRST OPPORTUNITY FOR RESIDENTS TO SUPERVISE HOUSESTAFF TEAMS ON GENERAL MEDICAL SERVICES AND IN THE MEDICAL AND CARDIAC INTENSIVE CARE UNITS. SENIOR RESIDENCY PROMOTES CONSOLIDATION AND REFINEMENT OF THESE SKILLS, WITH ATTENDINGS ALLOWING INCREASING AUTONOMY. THE RESIDENT ON THE SERVICE IS LOOKED ON AS THE TEAM LEADER AND ASSUMES PRIMARY RESPONSIBILITY FOR TEACHING OF THE TEAM. RESIDENCY ALSO PROVIDES OPPORTUNITIES FOR

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	INCREASED ELECTIVE TIME TO SAMPLE SUBSPECIALTY ROTATIONS. THIS PROVIDES ADDITIONAL SPECIALTY TRAINING IN AREAS OF INTEREST. THE ELECTIVE OPPORTUNITIES ARE DIVERSE, RANGING FROM ELECTROPHYSIOLOGY TO MUSCULOSKELETAL MEDICINE TO HEALTH POLICY. RESIDENTS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN ONE OF SEVERAL "TRACKS" WITHIN THE RESIDENCY PROGRAM IF INTERESTED IN ADDITIONAL SPECIFIC TRAINING RESOURCES AND EXPERIENCES.
TEACHING AS A RESIDENT	AS MENTIONED ABOVE, RESIDENTS ARE VIEWED AS SOME OF THE PRIMARY TEACHERS WITHIN THE DEPARTMENT OF MEDICINE. SOME OF THESE TEACHING OPPORTUNITIES WILL ALSO BE OBSERVED BY DEPARTMENT FACULTY TO HELP THE RESIDENT REFINE THE STYLE AND EFFECTIVENESS OF THEIR TEACHING. TEACHING OPPORTUNITIES WILL INCLUDE:LEADING INPATIENT MEDICINE ROUNDS: - RESIDENTS ARE IN CHARGE OF RUNNING WARD ROUNDS. MEDICAL STUDENTS AND INTERNS PRESENT TO THE RESIDENT DURING ROUNDS. THE ATTENDING HOSPITALIST IS CONSIDERED THE RESIDENT'S CONSULTANT, WITH THE RESIDENT RETAINING THE PRIMARY DECISION-MAKING ROLE FOR THE PATIENTS ON THEIR SERVICE.- DURING THE MONTHS ON MEDICAL WARDS, THE CHIEF RESIDENTS AND FIRM CHIEFS ARE ASSIGNED TO DO WALK ROUND ONCE EACH WEEK WITH ONE OF THE RESIDENTS ON THEIR FIRM. THEY WILL OBSERVE THE RESIDENT RUNNING THE WARD ROUNDS AND PROVIDE FEEDBACK ON THE TEACHING SKILLS OBSERVED DURING ROUNDS.LEADING TEACHING ATTENDING ROUNDS: - DURING EVERY ROTATION ON THE MEDICAL WARDS, EACH RESIDENT WILL LEAD ONE TO THREE ATTENDING ROUNDS SESSIONS. THE TWO TEACHING ATTENDINGS HELP PROVIDE FEEDBACK ON THE RESIDENT'S SMALL GROUP DISCUSSION AND TEACHING SKILLS. SMALL GROUP PRESENTATIONS: - DURING AMBULATORY WEEKS, RESIDENTS WILL LEAD A MAJORITY OF THE PRE-CLINIC CONFERENCES, TYPICALLY PRESENTING EITHER A CHALLENGING AMBULATORY CASE OR AMBULATORY-BASED TOPIC.- ONCE DURING RESIDENCY, EACH JUNIOR RESIDENT WILL ALSO PRESENT A JOURNAL ARTICLE OF AMBULATORY CARE SIGNIFICANCE AT AMBULATORY JOURNAL CLUB TO A SMALL GROUP OF THEIR PEERS. INTERNAL MEDICINE GLOBAL HEALTH PROGRAMOUR MISSION IS TO TRAIN LEADERS IN GLOBAL HEALTH TO BE EFFECTIVE PRACTITIONERS IN UNDERSERVED, RESOURCE-LIMITED SETTINGS AND TO DESIGN, MANAGE, IMPROVE AND EVALUATE GLOBAL PUBLIC HEALTH PROGRAMS THAT ADDRESS THE HEALTH PROBLEMS OF THE WORLD'S NEEDIEST POPULATIONS.PROGRAM OBJECTIVES - INTRODUCE GLOBAL HEALTH ISSUES TO BIDMC MEDICAL RESIDENTS - CONTRIBUTE TO THE HEALTH AND WELL-BEING OF UNDERSERVED POPULATIONS IN BOSTON AND AROUND THE WORLD - ENRICH THE MEDICAL KNOWLEDGE AND ENHANCE THE CLINICAL SKILLS OF RESIDENTS BY PRACTICING IN UNIQUE SETTINGS WITH LIMITED RESOURCES - EXPAND RESEARCH OPPORTUNITIES - ADVANCE THE CAREERS OF BIDMC RESIDENTS IN THE FIELDS OF INTERNATIONAL HEALTH, PUBLIC POLICY AND RESEARCH SITE LOCATIONS - BOTSWANA: THE DEPARTMENT HAS A PERMANENT PRESENCE IN BOTSWANA WITH A MEMBER OF OUR DEPARTMENT FULL-TIME AT SCOTTISH LIVINGSTONE HOSPITAL IN MOLEPOLOLE, BOTSWANA. - VIETNAM: THE MEDICAL CENTER HAS A PERMANENT PRESENCE IN VIETNAM. PHYSICIAN AND NURSE TRAINING ON HIV/AIDS CARE IN VIETNAM TAKES PLACE THROUGH FUNDING FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION. - ADDITIONAL LOCATIONS: THE DEPARTMENT OFFERS ROTATIONS AT THE ALBERT SCHWEITZER HOSPITAL IN GABON AND OTHER INTERNATIONAL SITES. RESIDENTS CAN ALSO DO ROTATIONS THROUGH THE INDIAN HEALTH SERVICE OR AT BIDMC-AFFILIATED COMMUNITY HEALTH CENTERS. GLOBAL HEALTH TRACK LEARNING HOW TO WORK EFFECTIVELY IN RESOURCE-LIMITED SETTINGS REQUIRES BOTH TRAINING AND EXPERIENCE. PARTICIPANTS IN THE GLOBAL HEALTH TRACK WILL PARTICIPATE WITH LEARNERS FROM AROUND THE WORLD IN THE GLOBAL HEALTH EFFECTIVENESS PROGRAM AT THE HARVARD SCHOOL OF PUBLIC HEALTH; THEY WILL ENGAGE IN OUR HOSPITAL-WIDE, YEAR-LONG GLOBAL HEALTH CURRICULUM AND JOURNAL CLUB, AND THEY WILL BE GIVEN THE OPPORTUNITY FOR TWO FIELD EXPERIENCES DURING RESIDENCY. HOSPITAL-WIDE GLOBAL HEALTH PROGRAM THE BIDMC GLOBAL HEALTH PROGRAM IS A HOSPITAL-WIDE PROGRAM AVAILABLE TO ALL BIDMC RESIDENTS. WHILE REQUIREMENTS AND TIMELINES MAY DIFFER BETWEEN DEPARTMENTS AND SPECIALTIES, THE OVERARCHING GOAL IS TO PROVIDE RESIDENTS WITH FURTHER TRAINING AND EDUCATION IN THE DISCIPLINE OF GLOBAL HEALTH.
NEUROLOGY EDUCATION AT BIDMC	THE HARVARD MEDICAL SCHOOL NEUROLOGY PROGRAM AT BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL IN BOSTON, MASSACHUSETTS WAS FOUNDED IN 1996 AS THE SUCCESSOR TO THE HARVARD-LONGWOOD NEUROLOGY PROGRAM. THE PROGRAM CONCENTRATES ON THE TRAINING AND RESEARCH OPPORTUNITIES AVAILABLE ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS, BY COMBINING THE RESOURCES OF TWO MAJOR HARVARD TEACHING HOSPITALS, BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL. THESE COMBINED HOSPITALS, WITH OVER 800 INPATIENT BEDS AND EXTENSIVE OUTPATIENT CLINICS, PROVIDE THE SETTING FOR TRAINING PHYSICIANS IN THE ART AND SCIENCE OF CLINICAL NEUROLOGY.THE COMBINED FACULTY CONSISTS OF MORE THAN 80 NEUROLOGISTS AT THE TWO PARTICIPATING HOSPITALS, AND PROVIDES CORE EXPERIENCES IN INPATIENT AND OUTPATIENT NEUROLOGY, AS WELL AS TRAINING IN ELECTROPHYSIOLOGY (INCLUDING EEG, EMG, AND SLEEP POLYSOMNOGRAPHY) AND NEUROPATHOLOGY. THE KEY DISTINGUISHING FEATURE OF THE PROGRAM IS THE CLOSE RELATIONSHIP BETWEEN THE CLINICAL FACULTY, NEARLY ALL OF WHOM ARE FULL-TIME ACADEMIC NEUROLOGISTS ENGAGED IN SUBSTANTIVE RESEARCH AND TEACHING EFFORTS, AND A SELECT GROUP OF RESIDENTS WHO ARE KEENLY INTERESTED IN FORGING ACADEMIC CAREERS IN NEUROLOGY. VIRTUALLY ALL OF THE CLINICAL TRAINING TAKES PLACE WITHIN A 2 BLOCK RADIUS ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS. A CRITICAL COMPONENT OF THE PROGRAM IS THE OPPORTUNITY FOR RESIDENTS TO HAVE A MENTORED TEACHING EXPERIENCE AS WELL AS THE OPPORTUNITY TO UNDERTAKE A MENTORED PROJECT, WHICH MAY ENTAIL EITHER CLINICAL OR LABORATORY BASED INVESTIGATION OR PREPARATION OF INNOVATIVE TEACHING MATERIALS OR METHODS. *****PATHOLOGY EDUCATION AT BIDMC
	THE DEPARTMENT OF PATHOLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER IS COMMITTED TO PROVIDING STATE-OF-THE-ART TRAINING TO PREPARE PHYSICIANS FOR LEADERSHIP ROLES IN PATHOLOGY AND ACADEMIC MEDICINE. THE PROGRAM OFFERS THREE RESIDENT TRAINING PATHWAYS: FIRST, A COMBINED ANATOMIC PATHOLOGY/CLINICAL PATHOLOGY (AP/CP) PATHWAY PROVIDES COMPREHENSIVE TRAINING IN ALL AREAS OF TISSUE DIAGNOSTICS AND LABORATORY MEDICINE. SECOND, THE AP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS ACADEMIC SURGICAL PATHOLOGISTS. THIRD, THE CP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS FUTURE LEADERS IN LABORATORY MEDICINE. ALL PATHWAYS INCLUDE EXTENSIVE OPPORTUNITIES TO PARTICIPATE IN RESEARCH PROJECTS WITH WORLD-RENOVED EXPERTS IN PATHOLOGY OR RELATED DISCIPLINES. KNOWLEDGE COMES THROUGH

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	EXPERIENCE AND EXTENSIVE INTERACTION WITH FACULTY. IN ANATOMIC PATHOLOGY SIGN OUT, RESIDENTS PREPARE THEIR OWN DIAGNOSES AND ARE THEN IN A POSITION TO TAKE FULL ADVANTAGE OF SIGN OUT WITH STAFF MEMBERS. IN CLINICAL PATHOLOGY, RESIDENTS GAIN EXPERIENCE DURING DAILY ROUNDS WITH ATTENDINGS, SOCRATIC TUTORIALS, AND THROUGH POSITIONING OF RESIDENTS AS AN INTERMEDIARY BETWEEN CLINICIAN AND LABORATORY. THERE ARE DAILY TEACHING AND CASE MANAGEMENT CONFERENCES COVERING THE DIFFERENT PATHOLOGY SPECIALTIES. GIVEN THE IMPORTANT ROLE PATHOLOGISTS PLAY IN TEACHING MEDICAL STUDENTS AND COLLEAGUES IN OTHER SPECIALTIES, THE PROGRAM PROVIDES GUIDANCE FOR RESIDENTS AS THEY HONE THEIR TEACHING SKILLS. SUCH "RESIDENT-AS-TEACHER" PROGRAMS ARE COMMON IN OTHER SPECIALTIES BUT NOT AS WELL-DEVELOPED IN PATHOLOGY. THE CURRICULUM INCLUDES SESSIONS DESIGNED TO IMPROVE SKILLS RELATED TO GIVING FEEDBACK AND SMALL GROUP TEACHING. THERE IS A SESSION ON DEVELOPING PRESENTATION SKILLS WITH CLOSE MENTORING OF FIRST YEAR RESIDENTS, BY SPECIFIC FACULTY WHO HAVE ALSO BEEN THROUGH THE CURRICULUM, AS THEY PREPARE FOR THEIR FIRST PRESENTATION. THERE ARE ALSO OPPORTUNITIES FOR RESIDENTS TO TEACH MEDICAL STUDENTS BOTH WITHIN OUR DEPARTMENT AND AT HARVARD MEDICAL SCHOOL, AS WELL AS TO RECEIVE FEEDBACK ON THEIR TEACHING SKILLS. RECOGNIZING THE NEED TO INTEGRATE TECHNOLOGY INTO RESIDENCY TRAINING, ALL FIRST YEAR RESIDENTS ARE PROVIDED WITH IPADS. THESE TABLETS ALLOW RESIDENTS TO MORE EASILY PREVIEW THE SLIDES THAT ARE ROUTINELY SCANNED FOR OUR SURGICAL SLIDE CONFERENCE. GENOMIC TECHNOLOGY WILL AFFECT THE PRACTICE OF ALL MEDICAL PRACTITIONERS. AS THE PHYSICIANS WHO MANAGE THE HOSPITAL LABORATORIES, PATHOLOGISTS MUST UNDERSTAND NEXT-GENERATION SEQUENCING TECHNOLOGY AND ITS APPLICATION TO PATIENT CARE. IN 2009, THE PROGRAM CREATED, TO OUR KNOWLEDGE, THE FIRST GENOMIC PATHOLOGY CURRICULUM IN THE COUNTRY. THE CURRICULUM HAS BEEN PUBLISHED AND HAS SERVED AS THE BASIS FOR A COLLABORATIVE EFFORT TO DEVELOP A NATIONAL GENOMICS CURRICULUM (WWW.ASCP.ORG/TRIG).TRAINING IN EVIDENCE-BASED MEDICINE IS CRITICAL. A FIRST-YEAR RESIDENT JOURNAL CLUB ALLOWS AN INTRODUCTION TO CRITICAL REVIEW OF THE MEDICAL LITERATURE. IN LATER YEARS, RESIDENTS LEAD SMALL-GROUP DISCUSSIONS IN MONTHLY JOURNAL CLUBS. THERE IS ALSO AN EVIDENCE-BASED TRANSFUSION MEDICINE CURRICULUM TO HONE THESE SKILLS DURING CP TRAINING. *****RADIOLOGY EDUCATION AT BIDMCTHE RADIOLOGY RESIDENCY PROVIDES FOUR YEARS OF TRAINING IN DIAGNOSTIC IMAGING. APPOINTMENTS ARE HELD JOINTLY AS A RESIDENT AT THE MEDICAL CENTER AND AS A CLINICAL FELLOW AT HARVARD MEDICAL SCHOOL. WITH A CENTRAL ROLE IN CLINICAL SERVICE, TEACHING, AND RESEARCH, THE RADIOLOGY DEPARTMENT PERFORMS OVER 400,000 RADIOLOGIC EXAMINATIONS EACH YEAR. THE DEPARTMENT PROVIDES RADIOGRAPHY, CT, ULTRASOUND, MRI, NUCLEAR MEDICINE, MAMMOGRAPHY, ANGIOGRAPHY, AND INTERVENTIONAL RADIOLOGY SERVICES TO BOTH THE MEDICAL CENTER AS WELL AS OUR AFFILIATED HEALTH CARE FACILITIES. A RADIOLOGY RESEARCH AND ANIMAL LABORATORY IS HOUSED ADJACENT TO THE RADIOLOGY DEPARTMENT. ALL RESIDENTS, FELLOWS, AND FACULTY HAVE APPOINTMENTS AT HARVARD MEDICAL SCHOOL. ALL RADIOLOGIC STUDIES ARE INTERPRETED UNDER THE SUPERVISION OF STAFF RADIOLOGISTS. THE NUCLEAR MEDICINE PROGRAM IS A PART OF THE JOINT PROGRAM IN NUCLEAR MEDICINE AT HARVARD MEDICAL SCHOOL. THE DEPARTMENT PLACES STRONG EMPHASIS ON THE QUALITY OF TEACHING-BOTH IN DIDACTIC LECTURES AND IN INDIVIDUAL CASE-BASED TEACHING.WITH THE ADVENT OF RECENT CHANGES IN RESIDENCY TRAINING, THE CURRICULUM HAS RECENTLY BEEN REVISED SO THAT RESIDENTS UNDERTAKE A COURSE OF STUDY WHICH WILL PERMIT THEM TO OBTAIN EXPERTISE NOT JUST IN CLINICAL SUBSPECIALTIES BUT ALSO IN OTHER KEY AREAS SUCH AS RESEARCH, EDUCATION, GLOBAL HEALTH, QUALITY IMPROVEMENT, AND HEALTH POLICY. RADIOLOGIC PHYSICS HAS BEEN INTEGRATED INTO DAILY DIDACTIC SESSIONS. IN ADDITION, MANY DIDACTIC SESSIONS UTILIZE AUDIENCE RESPONSE TECHNOLOGY, VIDEO-RECORDING, AND IPAD2 TECHNOLOGY.THERE ARE NINE FORMAL SECTIONS IN THE DEPARTMENT: ABDOMINAL IMAGING, BREAST IMAGING, CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY (CVIR), MRI, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, AND THORACIC IMAGING. MOST NON-ANGIOGRAPHIC INTERVENTIONAL PROCEDURES ARE PERFORMED BY THE RESPECTIVE SERVICES. RESIDENTS ROTATING THROUGH THESE SECTIONS ARE PROVIDED WITH READING SUGGESTIONS AND MATERIAL. ACADEMIC ROTATIONS ARE MADE UP OF THIRTEEN 4-WEEK BLOCKS ANNUALLY. AT THE END OF EACH ROTATION RESIDENTS RECEIVE WRITTEN EVALUATIONS AND HAVE THE OPPORTUNITY TO EVALUATE THE STAFF.FIRST YEAR ROTATIONS EMPHASIZE FUNDAMENTALS AND COMMON RADIOLOGIC EXAMINATIONS IN PREPARATION FOR INPATIENT AND EMERGENCY DEPARTMENT RESPONSIBILITIES. PRIOR TO TAKING CALL, ALL FIRST YEAR RESIDENTS ROTATE THROUGH ABDOMINAL IMAGING, BREAST IMAGING, EMERGENCY RADIOLOGY, FLUOROSCOPY, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, THORACIC IMAGING, AND ULTRASOUND.DURING THE SECOND YEAR, RESIDENTS CONTINUE TO GAIN EXPERIENCE IN THESE SECTIONS, PERFORMING AND INTERPRETING MORE ADVANCED EXAMINATIONS AND INTERVENTIONS AS THEIR LEVELS OF EXPERTISE INCREASE. ADDITIONAL ROTATIONS IN MORE SPECIALIZED TOPICS OCCUR THROUGHOUT THE SECOND THROUGH FOURTH YEARS, INCLUDING INTERVENTIONAL RADIOLOGY, MRI, HEAD AND NECK IMAGING, AND PEDIATRIC RADIOLOGY. IN ADDITION, ALL RESIDENTS PARTICIPATE IN A TWO-WEEK ROTATION IN QUALITY ASSURANCE WHICH PROVIDES THEM WITH ESSENTIAL SKILLS FOR EVENTUAL BOARD RE-CERTIFICATION.ROTATIONS AT OTHER TRAINING LOCATIONS DURING THE SECOND AND THIRD YEARS OF TRAINING INCLUDE:- THREE MONTHS OF TRAINING IN PEDIATRIC RADIOLOGY AT THE BOSTON CHILDREN'S HOSPITAL DURING THE SECOND YEAR.- FOUR WEEK PROGRAM IN RADIOLOGIC-PATHOLOGIC CORRELATION AT THE ARMED FORCES INSTITUTE OF PATHOLOGY (AIRP) SPONSORED BY THE AMERICAN COLLEGE OF RADIOLOGY IN SILVER SPRINGS, MARYLAND DURING THE THIRD YEAR.- ONE MONTH ROTATION AT THE MASSACHUSETTS EYE AND EAR INFIRMARY IN HEAD-AND-NECK RADIOLOGY DURING THE THIRD YEAR.UPON COMPLETION OF THE SECOND YEAR OF RESIDENCY TRAINING, RESIDENTS SELECT AN AREA OF ACADEMIC FOCUS FOR THEIR FOURTH YEAR WHICH WILL GUIDE CHOICES FOR THE 3-MONTH MINI-FELLOWSHIPS AND THE OTHER TWO MONTHS OF ELECTIVE TIME.
OUR UNIQUE EDUCATIONAL TRACKS	CURRENTLY, SIX TRACKS ARE OFFERED:- CLINICAL- EDUCATION- RESEARCH- GLOBAL HEALTH- QUALITY IMPROVEMENT- HEALTH POLICY/HEALTH ECONOMICSEACH OF THESE TRACKS HAS SPECIFIC CURRICULAR OFFERINGS AND EDUCATIONAL GOALS. MOST OF THE TRACKS ARE LINKED TO SPECIFIC EDUCATIONAL ENDEAVORS. FOR EXAMPLE, A RESIDENT SELECTING THE GLOBAL HEALTH TRACK WILL ENROLL IN THE GLOBAL EFFECTIVENESS CURRICULUM OFFERED BY THE HARVARD SCHOOL OF PUBLIC HEALTH AND WILL SPEND TIME

Form and Line Reference	Explanation
	ABROAD PROVIDING CLINICAL RADIOLOGY SERVICES AND UNDERTAKING A GLOBAL HEALTH PROJECT. A RESIDENT SELECTING THE EDUCATION TRACK WILL PURSUE ADVANCED TRAINING IN EDUCATIONAL THEORY AND ADULT LEARNING BY PARTICIPATING IN THE HARVARD MACY PROGRAM FOR PHYSICIAN EDUCATORS AND UNDERTAKE AN EDUCATIONAL PROJECT BASED AT BIDMC OR HARVARD MEDICAL SCHOOL. A RESIDENT CHOOSING THE RESEARCH TRACK WILL PARTICIPATE IN GRANT WRITING WORKSHOPS AND DELVE DEEPLY INTO A RESEARCH PROJECT OF THEIR CHOICE.NO MATTER WHICH TRAINING TRACK, THE EXPECTATION IS THAT EVERY RESIDENT WILL HAVE THE OPPORTUNITY TO UNDERTAKE A SUBSTANTIAL PROJECT DURING RESIDENCY THAT WILL CULMINATE IN PRESENTATION AT A NATIONAL MEETING AND/OR PUBLICATION.*****SURGERY EDUCATION AT BIDMC THE ROBERTA AND STEPHEN R. WEINER DEPARTMENT OF SURGERY OFFERS EDUCATION OPPORTUNITIES FOR RESIDENTS, FELLOWS AND MEDICAL STUDENTS IN CARDIAC SURGERY, GENERAL SURGERY, NEUROSURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PODIATRY, TRAUMA SURGERY, MINIMALLY INVASIVE SURGERY, UROLOGY, AND VASCULAR SURGERY. STUDENTS LEARN THE MOST ADVANCED TECHNIQUES IN A STATE-OF-THE-FACILITY. STUDENTS ALSO HAVE THE OPPORTUNITY TO LEARN MINIMALLY INVASIVE TECHNIQUES AT THE CARL J. SHAPIRO SIMULATION AND SKILLS CENTER, THE FIRST OF ITS KIND TO BE ACCREDITED IN THE COUNTRY AND LOCATED WITHIN THE MEDICAL CENTER.THE MEDICAL CENTER'S DEPARTMENT OF SURGERY IS ONE OF THREE MAJOR TEACHING AND RESEARCH UNITS OF HARVARD MEDICAL SCHOOL'S DEPARTMENT OF SURGERY. AT ALL LEVELS, THE HOUSESTAFF GAIN TRAINING AND PRACTICAL EXPERIENCE IN THE PREOPERATIVE, OPERATIVE, AND POST-OPERATIVE CARE OF PATIENTS. THE PROGRAM EMPHASIZES RESIDENT-FACULTY INTERACTION FOR EDUCATIONAL PURPOSES. TEACHING CONFERENCES AND SEMINARS FOR THE HOUSESTAFF CAPITALIZE ON WORKING RELATIONSHIPS DEVELOPED WITH THE ATTENDING STAFF. UPON COMPLETION OF FIVE YEARS OF SURGICAL TRAINING, RESIDENTS ARE ELIGIBLE FOR THE AMERICAN BOARD OF SURGERY EXAMINATION. DIDACTIC TEACHINGTHE PROGRAM HAS DEDICATED EDUCATION TIME, INCLUDING A STRONG DIDACTIC CONFERENCE SCHEDULE, TO PROVIDE A BASIC FOUNDATION OF SURGICAL KNOWLEDGE AND SKILLS. REQUIRED WEEKLY CONFERENCES INCLUDE:- RESIDENT CURRICULUM CONFERENCE / MIS SKILLS LAB - SURGICAL SERVICE MORBIDITY/MORTALITY & SURGICAL GRAND ROUNDS - COMBINED GI CONFERENCE THROUGHOUT TRAINING, A PRIMARY RESPONSIBILITY OF SENIOR RESIDENTS IS TEACHING MORE JUNIOR RESIDENTS AND THE STUDENTS ON THEIR SERVICE. THEY ARE ALSO RESPONSIBLE FOR THE ASSIGNMENT OF CASES, CLINICAL SUPERVISION OF MEDICAL STUDENTS AND RESIDENTS, AND PREPARING MATERIAL FOR SERVICE AND TEACHING CONFERENCES.GRADUATE MEDICAL EDUCATION BIDMC ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6)COMMUNITY BOARDAS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. AFFILIATED HEALTH CARE SYSTEMAS NOTED IN VARIOUS NARRATIVE DISCLOSURES THAT SUPPORT THIS FORM 990 AND RELATED SCHEDULES FOR THE PERIOD COVERED BY THIS FILING, BIDMC IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES. BILH IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. BILH OPERATES AS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. BILH SERVES AS SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JACQUES HOSPITAL). LAHEY CLINIC FOUNDATION SERVES AS THE SOLE MEMBER OF LAHEY CLINIC, INC. AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER. EACH OF THESE AFFILIATES IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES SERVED BY BILH. EACH OF THESE AFFILIATES MAY ALSO, IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES.FOR THE FISCAL YEAR 2020 THE BILH HOSPITALS NOTED ABOVE PROVIDED CARE TO MEDICAID PATIENTS AT COSTS WHICH EXCEEDED REVENUES BY OVER \$86 MILLION AND PROVIDED CARE TO MEDICARE PATIENTS AT COSTS WHICH EXCEEDED REVENUES BY \$117 MILLION. IN ADDITION, THE BILH HOSPITALS PROVIDED TOTAL COMMUNITY BENEFITS IN THE NATURE OF DIRECT SERVICES TO THE COMMUNITIES SERVED BY THE BILH NETWORK AS WELL AS FUNDS PROVIDED TO COMMUNITY PARTNERS IN THE AMOUNT OF \$32 MILLION BILH HOSPITALS ALSO INCURRED NET COSTS FOR SUBSIDIZED HEALTH SERVICES TO ENSURE THAT CARE WAS AVAILABLE WITHIN THE COMMUNITIES SERVED ACROSS BILH IN THE AMOUNT OF \$93 MILLION. FINALLY, BILH HOSPITALS ARE COMMITTED TO PROVIDING RESEARCH TO FURTHER ADVANCE CARE TO BILH PATIENTS AND TO THE GENERAL ADVANCEMENT TO HEALTHCARE TREATMENT BEYOND THE COMMUNITIES IMMEDIATELY SERVED BY BILH AND TO PROVIDING CUTTING EDGE TRAINING TO FUTURE HEALTHCARE PROVIDERS. BILH HOSPITALS INVESTED NET COSTS OF \$183 MILLION TOWARD THESE MISSIONS DURING THE FISCAL YEAR COVERED BY THIS FILING.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Employer identification number

04-2103881

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization	(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) A BETTER CITY 33 BROAD ST 300 BOSTON, MA 02109	04-3036987	501(C)(3)	10,000				SUPPORT FOR A BETTER CITY SPONSORSHIP.
(2) ALBANY MEDICAL 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-6023119	501(C)(3)	21,201				RESEARCH- SUBAWARD
(3) AMERICAN COLLEGE OF CARDIOLOGY PO BOX 79406 BALTIMORE, MD 212972095	14-1338310	501(C)(3)	25,982				RESEARCH- SUBAWARD
(4) AMERICAN GOVERNMENT SERVICES LLC (AGS) 3812 W LINEBAUGH AVE TAMPA, FL 33618	74-2953174		18,000				SUPPORT FOR AGS DATABASE.
(5) AMERICAN SOCIETY FOR CLINICAL PATHOLOGY 33 WEST MONROE ST SUITE 1600 CHICAGO, IL 6060335617	36-2406080	501(C)(3)	67,250				RESEARCH- SUBAWARD
(6) BAIM INSTITUTE FOR CLINICAL RESEARCH 930 COMMONWEALTH AVE BOSTON, MA 02215	04-3521077	501(C)(3)	183,902				RESEARCH- SUBAWARD
(7) BAYLOR COLLEGE OF MEDICINE PO BOX 201307 DALLAS, TX 753031207	74-1613878		183,444				RESEARCH- SUBAWARD
(8) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM PO BOX 3881 BOSTON, MA 02241	04-3229679	501(C)(3)	55,080				RESEARCH- SUBAWARD
(9) BOARD OF REGENTS UNIVERSITY OF IOWA 8835 HOLRGE STREET LINCOLN, NE 68583	47-0049123	501(C)(3)	22,346				RESEARCH- SUBAWARD
(10) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	843,776				RESEARCH- SUBAWARD
(11) BOSTON MEDFLIGHT 150 HANSCOM DR BEDFORD, MA 01730	22-2582060		2,087,125				SUPPORT FOR ACCESS TO HEALTH CARE.
(12) BOSTON PRIVATE INDUSTRY COUNCIL 2 OLIVER ST BOSTON, MA 02109	04-2676661		5,000				SUPPORT FOR EDUCATION/LEARNING, INCOME AND POVERTY.
(13) BOSTON UNIVERSITY PO BOX 25057 BOSTON, MA 02205	04-2103547	501(C)(3)	293,734				RESEARCH- SUBAWARD
(14) BOSTON VA RESEARCH INSTITUTE ING 5 POST OFFICE SQUARE SUITE 16 28 BOSTON, MA 02109	04-3081524	501(C)(3)	6,728				RESEARCH- SUBAWARD
(15) BRIGHAM & WOMENS PO BOX 3149 ATTN PS 102450 BOSTON, MA 022413149	04-2312909	501(C)(3)	4,487,550				RESEARCH- SUBAWARD
(16) BROAD INSTITUTE 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	896,667				RESEARCH- SUBAWARD
(17) BROWN UNIVERSITY BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	41,516				RESEARCH- SUBAWARD
(18) CALL9 INC 449 SHERMAN AVENUE PALO ALTO, CA 94306	47-3798388		53,569				RESEARCH- SUBAWARD
(19) CATALENT PHARMA SOLUTIONS 25109 NETWORK PLACE CHICAGO, IL 606731251	13-3523163		104,164				RESEARCH- SUBAWARD
(20) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 900481804	95-1644600	501(C)(3)	5,836				RESEARCH- SUBAWARD
(21) CHARLES RIVER COMMUNITY HEALTH 1340 BOYLSTON STREET BOSTON, MA 02135	23-7221597	501(C)(3)	272,980				SUPPORT FOR ACCESS TO HEALTH CARE, DIABETES, HYPERTENSION, OVERWEIGHT AND OBESITY, VISION, DENTAL.
(22) COMMUNITY CARE ALLIANCE LLC 109 BROOKLINE AVE BOSTON, MA 02215	04-3441711	501(C)(3)	50,000				SUPPORT FOR ACCESS TO CARE.
(23) CONFERENCE OF BOSTON TEACHING HOSPITAL 11 BEACON ST STE 710 BOSTON, MA 02108	26-3583138	501(C)(3)	31,250				COBTH - SUPPORT FOR THE COLLABORATIVE.
(24) DANA FARBER 44 BINNEY ST - M/S BP410 BOSTON, MA 02115	04-2263040	501(C)(3)	1,503,728				RESEARCH- SUBAWARD
(25) EMORY UNIVERSITY SCHOOL OF MEDICINE ATLANTA, GA 303224250	58-0566256	501(C)(3)	600,248				RESEARCH- SUBAWARD
(26) ENGLISH FOR NEW BOSTONIANS 105 CHAUNCEY ST BOSTON, MA 02111	46-3202177	501(C)(3)	5,000				SUPPORT FOR ENGLISH FOR NEW BOSTONIANS SPONSORSHIP.
(27) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 350 COMMUNITY DR MANHASSET, NY 11030	11-2673595	501(C)(3)	89,000				RESEARCH- SUBAWARD
(28) FENWAY COMMUNITY DEVELOPMENT CORPORATION (CDC) 70 BURBANK ST BOSTON, MA 02115	04-2666507	501(C)(3)	5,000				SUPPORT FOR FENWAY COMMUNITY DEVELOPMENT CORPORATION (CDC) SPONSORSHIP.
(29) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 021154302	04-2510564	501(C)(3)	1,990,524				RESEARCH- SUBAWARD
(30) FENWAY HEALTH 1340 BOYLSTON ST BOSTON, MA 02215	04-2510564	501(C)(3)	631,500				SUPPORT FOR ACCESS TO HEALTH CARE.
(31) FLORIDA A&M UNIVERSITY 1601 S MARTIN LUTHER KING JR BLVD TALLAHASSEE, FL 323073200	59-0977035	501(C)(3)	65,770				RESEARCH- SUBAWARD
(32) FOUR CORNERS ACTION COALITION 367 WASHINGTON ST DOORCHESTER, MA 02124	04-3363133		33,000				RESEARCH- SUBAWARD
(33) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FARVIEW AVE N SEATTLE, WA 981091024	23-7156071	501(C)(3)	387,866				RESEARCH- SUBAWARD
(34) GEORGETOWN UNIVERSITY OFFICE OF TECH LIC HARRIS BLDG STE 1500 WASHINGTON, DC 20007	53-0196603	501(C)(3)	37,475				RESEARCH- SUBAWARD
(35) HARVARD MEDICAL SCHOOL 55 SHATTUCK ST BOSTON, MA 02115	04-2103580		50,000				SUPPORT FOR HARVARD MEDICAL SCHOOL SPONSORSHIP.
(36) HEBREW REHABILITATION CENTER ATTENDY GUTTERSON PRACTICE ADMIN ROSLINDALE, MA 02122	04-2104298	501(C)(3)	186,451				RESEARCH- SUBAWARD
(37) HENNEPIN HEALTHCARE RESEARCH INSTITUTE 825 8TH ST S MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	61,479				RESEARCH- SUBAWARD
(38) HENRY FORD HEALTH SYSTEM DEPT OF NEUROLOGY W-1103 DETROIT, MI 48202	38-1357020	501(C)(3)	12,000				RESEARCH- SUBAWARD
(39) HONOR HEALTH 400 TOTTEN POND ROAD SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	103,063				RESEARCH- SUBAWARD
(40) HSL INSTITUTE FOR AGING RESEARCH 1200 CENTRE STREET ROSLINDALE, MA 02131	41-1677920	501(C)(3)	35,737				RESEARCH- SUBAWARD
(41) INDIANA UNIVERSITY PO BOX 66271 INDIANAPOLIS, IN 462666271	35-6018940	501(C)(3)	6,500				RESEARCH- SUBAWARD
(42) JEWISH VOCATIONAL SERVICES 75 FEDERAL ST BOSTON, MA 02110	04-2104357	501(C)(3)	74,635				SUPPORT FOR EDUCATION/LEARNING, INCOME AND POVERTY.
(43) JOHN SNOW INC 44 FARNSWORTH ST 7 BOSTON, MA 02210	04-2679824		31,250				JSI FOR CHNA SUPPORT.
(44) JOHNS HOPKINS UNIVERSITY JHU REFERENCE LABORATORY BALTIMORE, MD 212644478	52-0595110	501(C)(3)	896,923				RESEARCH- SUBAWARD
(45) JOSLIN DIABETES CENTER TECH TRANS CONSULANT RM 503 BOSTON, MA 02215	01-2203836	501(C)(3)	5,628				RESEARCH- SUBAWARD
(46) LAHEY HOSPITAL AND MEDICAL CENTER 41 BURLINGTON MALL ROAD BURLINGTON, MA 01805	04-2704686	501(C)(3)	12,100				RESEARCH- SUBAWARD
(47) LEIDOS BIOMEDICAL RESEARCH INC 8560 PROGRESS DRIVE FREDERICK, MD 21701	33-0653185		769,179				RESEARCH- SUBAWARD
(48) MASSACHUSETTS EHEALTH COLLABORATIVE 400 TOTTEN POND ROAD WALTHAM, MA 02451	20-1913059	501(C)(3)	22,500				MAEHC - SSUPPORT FOR THE COLLABORATIVE.
(49) MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE BOSTON, MA 022414876	04-1564655	501(C)(3)	2,895,191				RESEARCH- SUBAWARD
(50) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594		890,197				RESEARCH- SUBAWARD
(51) MAYO CLINIC 200 1ST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	24,000				RESEARCH- SUBAWARD
(52) MCLEAN HOSPITAL 115 MILL ST BELMONT, MA 02478	04-2697981	501(C)(9)	53,132				RESEARCH- SUBAWARD
(53) MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY THOMAS MSC 509 CHARLESTON, SC 29425	57-6000722	501(C)(3)	371,667				RESEARCH- SUBAWARD
(54) MOUNT AUBURN HOSPITAL 930 MT AUBURN ST CAMBRIDGE, MA 02138	04-2103606	501(C)(3)	94,782				RESEARCH- SUBAWARD
(55) NATIONAL KIDNEY FOUNDATION INC 30 E 33RD ST 8 NEW YORK, NY 10016	36-6009226	501(C)(3)	16,097				RESEARCH- SUBAWARD
(56) NEW ENGLAND DONOR SERVICES INC 50 1ST AVE WALTHAM, MA 02451	81-3650975	501(C)(3)	6,242				RESEARCH- SUBAWARD
(57) NEW MEXICO CONSORTIUM INC 4200 W JEMEZ RD 200 LOS ALAMOS, NM 87544	26-0370262	501(C)(3)	127,623				RESEARCH- SUBAWARD
(58) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	270,253				RESEARCH- SUBAWARD
(59) NORTHERN CAL INST FOR RES & EDUCATION INC 4150 CLEMENT ST SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	8,933				RESEARCH- SUBAWARD
(60) NORTHERN CALIFORNIA INST FOR RES & EDU 4150 CLEMENTS ST 151NC SAN FRANCISCO, CA 941211545	94-3084159	501(C)(3)	15,770				RESEARCH- SUBAWARD
(61) OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CTR M&R COLUMBUS, OH 43210	31-6025986	501(C)(3)	15,880				RESEARCH- SUBAWARD
(62) OREGON HEALTH & SCIENCE UNIVERSITY DEPT OF BIOMEDICAL ENGINEERING PORTLAND, OR 97239	23-7083114	501(C)(3)	2,750,628				RESEARCH- SUBAWARD
(63) OUTER CAPE HEALTH SERVICES PO BOX 598 HARWICH PORT HARWICH, MA 02646	04-2509828	501(C)(3)	122,000				SUPPORT FOR ACCESS TO HEALTH CARE.
(64) PARTNERS HEALTHCARE SYSTEMS INC 939 REVOLUTION DR STE 645 SOMERVILLE, MA 021451465	90-0656139		1,056,352				RESEARCH- SUBAWARD
(65) PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING STATE COLLEGE, PA 168014819	24-6000376	501(C)(3)	60,461				RESEARCH- SUBAWARD
(66) PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 4999 BOSTON, MA 02212	04-2103580	501(C)(3)	1,599,230				RESEARCH- SUBAWARD
(67) REGENTS OF THE UNIVERSITY OF MICHIGAN UMHS /O ALI JONES ANN ARBOR, MI 481095346	38-6006309	501(C)(3)	157,662				RESEARCH- SUBAWARD
(68) RUTGERS NEW JERSEY MEDICAL SCHOOL 145 BEVER RD PISCATAWAY, NJ 08854	22-6001086		17,098				RESEARCH- SUBAWARD
(69) SALK INSTITUTE OF BIOLOGICAL STUDIES PO BOX 95800 SAN DIEGO, CA 921865800	95-2160097	501(C)(3)	229,006				RESEARCH- SUBAWARD
(70) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	367,150				RESEARCH- SUBAWARD
(71) SOUTH COVE COMMUNITY HEALTH CENTER 145 SOUTH STREET BOSTON, MA 02111	04-2501818	501(C)(3)	750,000				SUPPORT FOR ACCESS TO HEALTH CARE.
(72) STANFORD UNIVERSITY OFFICE OF TECHNOLOGY LICENSING SAN FRANCISCO, CA 941444439	94-1156365	501(C)(3)	155,696				RESEARCH- SUBAWARD
(73) TACONIC BIOSCIENCES INC 4213 HOVER AVE CLEVELAND, OH 441935005	14-1381104		58,525				RESEARCH- SUBAWARD
(74) THE BOSTON FOUNDATION 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	50,000				SUPPORT FOR EDUCATION/LEARNING, INCOME AND POVERTY.
(75) THE CLEVELAND CLINIC FOUNDATION PO BOX 93152 CLEVELAND, OH 441935012	34-0714585	501(C)(3)	30,085				RESEARCH- SUBAWARD
(76) THE COLLEGE OF WOOSTER ATTN ACCOUNTING MANAGER WOOSTER, WI 44691	34-0714654	501(C)(3)	11,481				RESEARCH- SUBAWARD
(77) THE DIMOCK CENTER 55 DIMOCK ST BOSTON, MA 02119	04-3487835	501(C)(3)	710,125				SUPPORT FOR ACCESS TO HEALTH CARE.
(78) THE HENRY M JACKSON FOUNDATION FOR ADVANCEMENT OF MILITARY MEDICINE BETHESDA, MD 20817	52-1317896	501(C)(3)	187,700				RESEARCH- SUBAWARD
(79) THE MIRIAM HOSPITAL ONE HOPPIN ST BOX 42 STE 1300 PROVIDENCE, RI 029031411	05-0258905	501(C)(3)	591,829				RESEARCH- SUBAWARD
(80) THE PARTNERSHIP INC 155 SEAPORT BLVD 1500 BOSTON, MA 02210	04-2879910		14,000				SUPPORT FOR EDUCATION/LEARNING, INCOME AND POVERTY.
(81) THE UNIVERSITY OF NEBRASKA MEDICAL CTR OFFICE OF SPONSORED PROG LINCOLN, NE 685830861	44-0771713		10,193				RESEARCH- SUBAWARD
(82) TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIVERSITY BOSTON, MA 02205	04-2103547	501(C)(3)	85,298				RESEARCH- SUBAWARD
(83) TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 037551404	02-0222111	501(C)(3)	32,285				RESEARCH- SUBAWARD
(84) UMMS MEDICAL SCHOOL 55 LAKE AVE NORTH WESTSTER, MA 01655	04-3167352	501(C)(3)	25,675				RESEARCH- SUBAWARD
(85) UNIVERSITY HOSPITALS CLEVELAND MED CTR 3605 WARRENSVILLE CENTER RD CLEVELAND, OH 44122	34-0714775	501(C)(3)	560,277				RESEARCH- SUBAWARD
(86) UNIVERSITY OF ALABAMA AT BIRMINGHAM 801 5TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-6005396		273,468				RESEARCH- SUBAWARD
(87) UNIVERSITY OF CALIFORNIA 9500 SILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	94-3067788		78,026				RESEARCH- SUBAWARD
(88) UNIVERSITY OF CINCINNATI LARRY HEINEN DEPT INFECTIOUS DISEASE CINCINNATI, OH 452670560	31-6000989		190,197				RESEARCH- SUBAWARD
(89) UNIVERSITY OF COLORADO AT DENVER 1201 LARIMER ST COLORADO, CO 80204	84-6000555		72,727				RESEARCH- SUBAWARD
(90) UNIVERSITY OF CONNECTICUT OFFICE OF THE VICE PRESIDENT FOR STORRS, CT 062691133	06-0772160		25,249				RESEARCH- SUBAWARD
(91) UNIVERSITY OF FLORIDA DEPT OF MEDICINE ADMIN GAINESVILLE, FL 326103594	59-6002050		134,442				RESEARCH- SUBAWARD
(92) UNIVERSITY OF FLORIDA BOARD OF TRUSTEES FINANCE ACCOUNTING- CONTRACTS GAINESVILLE, FL 32611	59-6002052	501(C)(3)	20,823				RESEARCH- SUBAWARD
(93) UNIVERSITY OF HOUSTON UNIVERSITY OF HOUSTON HOUSTON, TX 77204	74-6001399		93,416				RESEARCH- SUBAWARD
(94) UNIVERSITY OF IOWA UI DIAGNOSTIC LABORATORIES IOWA CITY, IA 522421009	42-6004813		20,838				RESEARCH- SUBAWARD
(95) UNIVERSITY OF MASSACHUSETTS CENTER FOR SURVEY RESEARCH BOSTON, MA 021253393	04-3167352	501(C)(3)	259,719				RESEARCH- SUBAWARD
(96) UNIVERSITY OF MIAMI DR ECHARD PODACK MIAMI, FL 33136	59-0624458	501(C)(3)	116,824				RESEARCH- SUBAWARD
(97) UNIVERSITY OF MISSISSIPPI UMMC 4 EAST JACKSON, MS 39216	64-6001159		125,064				RESEARCH- SUBAWARD
(98) UNIVERSITY OF PITTSBURGH UPMC HEALTH SYSTEM PITTSBURGH, MA 152380007	25-0965591	501(C)(3)	610,437				RESEARCH- SUBAWARD
(99) UNIVERSITY OF SOUTHERN CALIFORNIA NORRIS MEDICAL LIBRARY LOS ANGELES, CA 900899130	95-1642394		8,750				RESEARCH- SUBAWARD
(100) UNIVERSITY OF TEXAS HEALTH SCIENCE CTR FINANCIAL ADMINISTRATIVE SUPPORT HOUSTON, TX 772163382	74-1761309	501(C)(3)	28,000				RESEARCH- SUBAWARD
(101) UNIVERSITY OF VERMONT AGRICUL COLLEGE FOUNDATION 411 MA BURLINGTON, VT 054010000	45-1556038	501(C)(3)	63,934				RESEARCH- SUBAWARD
(102) UNIVERSITY OF WASHINGTON GOVNT CONTRACT ACCOUNTING CHICAGO, IL 60693	91-6001153	501(C)(3)	264,516				RESEARCH- SUBAWARD
(103) UNIVERSITY OF WISCONSIN DEPT OF PATHOLOGY LABORATORY MEDICINE MADISON, WI 537061532	39-6006492	501(C)(3)	21,169				RESEARCH- SUBAWARD
(104) WANDERBILT UNIVERSITY MEDICAL CENTR DEPT OF FINANCE ATLANTA, GA 311920303	62-0476822		140,990				RESEARCH- SUBAWARD
(105) WAYNE STATE UNIVERSITY 5700 CASW AVE STE 4602 DETROIT, MI 482023692	38-2174757		32,667				RESEARCH- SUBAWARD
(106) WELLS CORNELL MEDICINE 575 LEXINGTON AVE 9TH FLOOR NEW YORK, NY 10022	13-1623978		246,430				RESEARCH- SUBAWARD
(107) WHITEHEAD INSTITUTE 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	114,358				RESEARCH- SUBAWARD
(108) WILLIAM BEAUMONT HOSPITAL 26901 BEAUMONT BLVD SOUTHFIELD, MI 480330000	38-1459362	501(C)(3)	20,640				RESEARCH- SUBAWARD
(109) YALE UNIVERSITY OFFICE OF CORPORATE RESEARCH NEW HAVEN, CT 06511	38-1459362	501(C)(3)	31,825				RESEARCH- SUBAWARD

3

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

108

4

Enter total number of other organizations listed in the line 1 table

1

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

Cat. No. 50855P

Schedule I (Form 990) 2019

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:	AS PREVIOUSLY NOTED IN THE FILING, BETH ISRAEL DEACONESS MEDICAL CENTER MAINTAINS STRONG RELATIONSHIPS WITH MANY PARTNERS AND BETH ISRAEL DEACONESS MEDICAL CENTER WORKS WITH THOSE PARTNERS AS PART OF ITS COMMUNITY BENEFIT MISSION AND ACTIVITIES. PURSUANT TO THOSE RELATIONSHIPS, GRANTS MAY BE DISTRIBUTED TO THESE PARTNERS. BETH ISRAEL DEACONESS MEDICAL CENTER ENSURES THAT FUNDS GRANTED ARE USED FOR THE INTENDED PURPOSES AS PART OF ITS ON-GOING AND CLOSE CONNECTIONS WITH THESE COMMUNITY PARTNERS. AS A RECIPIENT OF FEDERAL SPONSORED AWARDS, THE MEDICAL CENTER MUST COMPLY WITH THE GUIDELINES SPECIFIC TO THE FEDERAL AWARDING AGENCY FOR THE PARTICULAR PROGRAM. THE MEDICAL CENTER'S ADHERENCE TO THESE PROGRAMS REQUIREMENTS ARE AUDITED ANNUALLY AS REQUIRED BY 2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS. THE MEDICAL CENTER IS REQUIRED BY FEDERAL REGULATION TO MONITOR EXPENSES OF FEDERAL FUNDS AWARDED TO THE MEDICAL CENTER THAT ARE SUB-CONTRACTED TO ANOTHER INSTITUTION, ORGANIZATION, OR INDIVIDUAL. FEDERAL SUBCONTRACTED RESEARCH GRANTS AS WELL AS OTHER SUBCONTRACTED RESEARCH GRANTS ARE MONITORED BY THE CLINICAL DEPARTMENT SPONSORING THE ACTIVITY. SIMILAR MONITORING PROGRAMS ARE IN PLACE THAT ASSURE ADHERENCE TO ALL NON-FEDERAL SPONSOR'S GRANT REQUIREMENTS AS WELL THROUGH A GROUP OF DEDICATED RESEARCH ADMINISTRATIVE PROFESSIONAL THAT REPORTS UP THROUGH THE OFFICE OF ACADEMIC AFFAIRS. THIS REPORTING STRUCTURE FURTHER ENHANCES INTERNAL CONTROLS.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

Part I Questions Regarding Compensation

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

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TABB MD KEVIN DIR (EX-OFF), CHIEF EXEC OFF	(i)	242,245	0	52,249	237,278	8,774	540,546	0
	(ii)	1,474,632	719,125	0	501,348	-	-	0
2CHAIKOF MD PHD ELLIOT L DIRECTOR (EX-OFF) & SURG CHIEF	(i)	554,215	0	11,025	40,969	20,318	626,527	0
	(ii)	554,215	0	11,025	40,969	-	-	0
3KIMBALL MD MPH ALEXA B DIR (EX-OFF); PRES & CEO, HMFP	(i)	0	0	0	0	0	0	0
	(ii)	760,688	350,174	7,263	44,800	-	-	0
4HEALY PETER DIRECTOR (EX-OFF), PRESIDENT	(i)	733,536	59,650	39,585	82,058	34,414	949,243	0
	(ii)	0	0	0	0	-	-	0
5ZEIDEL MD MARK L DIRECTOR (EX-OFF) & MED CHIEF	(i)	412,898	600	4,832	23,696	12,051	454,077	0
	(ii)	412,898	600	4,832	23,696	-	-	0
6SZABO MD PHD SCD GYONGYI DIRECTOR (EX-OFF), CAO	(i)	288,620	10,000	2,320	52,500	9,082	362,522	0
	(ii)	0	0	0	0	-	-	0
7FISCHER STEVEN P TREASURER	(i)	110,415	0	68,316	14,844	13,641	207,216	0
	(ii)	702,197	430,208	0	341,751	-	-	0
8KATZ JAMIE CLERK	(i)	81,300	0	47,567	13,217	7,530	149,614	0
	(ii)	543,845	261,938	0	229,911	-	-	0
9CULLEN MICHAEL R CFO	(i)	443,735	26,123	28,855	14,970	35,778	549,461	0
	(ii)	0	0	0	0	-	-	0
10WEISS MD MBA MSC ANTHONY CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	495,199	88,880	7,647	39,200	-	-	0
11MAURER RN MSN MARSHA CNO & SVP, PATIENT CARE SVCS	(i)	489,662	29,027	58,962	23,305	47,778	648,734	0
	(ii)	0	0	0	0	-	-	0
12SHEEHAN RN MSN JAYNE SVP, SYS INTEG, CARE COORD	(i)	165,160	0	39,434	24,208	22,373	251,175	0
	(ii)	166,865	89,037	0	2,650	-	-	0
13TANDON MANU SVP, CIO	(i)	367,841	31,293	35,182	40,180	45,800	520,296	0
	(ii)	0	0	0	0	-	-	0
14BIEBER JUDI CHIEF HUMAN RESOURCES OFFICER	(i)	362,558	22,908	41,759	31,980	55,035	514,240	0
	(ii)	0	0	0	0	-	-	0
15SKURA SAMUEL SVP, AMBULATORY & CLIN SVCS	(i)	367,691	27,253	24,125	30,041	45,825	494,935	0
	(ii)	0	0	0	0	-	-	0
16SCHWARTZSTEIN MD RICHARD M VICE PRESIDENT OF EDUCATION	(i)	273,217	13,595	2,813	21,067	12,425	323,117	0
	(ii)	137,273	6,281	1,299	9,733	-	-	0
17ARMSTRONG WALTER SVP - CAPITAL FACILITIES & ENG	(i)	330,597	21,482	36,541	19,095	27,242	434,957	0
	(ii)	0	0	0	0	-	-	0
18MARKSON MD MPH LAWRECNE J INTERIM VP	(i)	228,611	17,302	27,127	20,775	44,766	338,581	0
	(ii)	0	0	0	0	-	-	0
19GEBHARDT MD MARK C CHIEF OF ORTHOPAEDIC SURGERY	(i)	439,012	0	5,728	33,353	12,977	491,070	0
	(ii)	439,012	0	5,728	33,353	-	-	0
20KRUSKAL MD PHD JONATHAN B CHIEF OF RADIOLOGY	(i)	393,031	15,750	4,031	16,800	18,030	447,642	0
	(ii)	393,031	15,750	4,031	16,800	-	-	0

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21TALMOR MD MPH DANIEL CHIEF OF ANESTHESIA	(i)	394,114	0	2,738	26,250	16,559	439,661	0
	(ii)	394,114	0	2,738	26,250	- 16,559	- 439,661	0
22STEVENSON MD PHD MARY ANN CHIEF OF RADIATION ONCOLOGY	(i)	394,094	750	3,696	26,250	10,898	435,688	0
	(ii)	394,094	750	3,696	26,250	- 10,898	- 435,688	0
23OLBRICHT MD SUZANNE CHIEF OF DERMATOLOGY	(i)	352,353	0	4,470	28,000	11,801	396,624	0
	(ii)	352,353	0	4,470	28,000	- 11,801	- 396,624	0
24LEWIS MD STANLEY M FMR SVP; CHIEF SYS DEV & STRAT OFF	(i)	101,837	0	67,825	16,035	12,132	197,829	0
	(ii)	570,232	299,125	0	229,435	- 59,938	- 1,158,730	0
25SAFFITZ MD PHD JEFFREY E FORMER INTERIM CAO	(i)	339,228	600	5,027	17,592	9,903	372,350	0
	(ii)	339,228	600	5,027	17,592	- 9,903	- 372,350	0
26HALAMKA MD JOHN FORMER BID SYSTEM CIO	(i)	72,668	0	33,108	35,836	11,295	152,907	0
	(ii)	313,035	144,479	0	5,076	- 31,114	- 493,704	0

Part III

Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THE MEDICAL CENTER'S FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 DETAIL. DURING THE 2019 CALENDAR YEAR, THE MEDICAL CENTER WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN AND PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS RECEIVED BY PARTICIPANTS AND RELATED TO THIS PLAN ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.
PART I, LINE 7	THE MEDICAL CENTER'S EXECUTIVE COMPENSATION PACKAGES INCLUDE OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING THE MEDICAL CENTER'S OBJECTIVES FOR QUALITY AND PATIENT SAFETY, THE MEDICAL CENTER'S BUDGETED CONSOLIDATED OPERATING MARGIN, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES. THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE IS REVIEWED AND APPROVED BY THE BETH ISRAEL LAHEY HEALTH (BILH) COMPENSATION COMMITTEE. AS PREVIOUSLY NOTED IN THIS FILING, BILH IS THE MEDICAL CENTER'S SOLE MEMBER AND THE BILH COMPENSATION COMMITTEE IS FULLY STAFFED BY INDEPENDENT MEMBERS.
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:	REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J. OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J. BASE COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN OTHER REPORTABLE COMPENSATION: AMOUNTS QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: TAXABLE EMPLOYER-SUBSIDIZED PARKING; TAXABLE MOVING EXPENSES; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE; AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN; DISTRIBUTIONS FROM A 457(B) PLAN; AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN; INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS; OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN NON-TAXABLE BENEFITS: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS: EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS. COMPENSATION PAID TO OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS BIDMC AND HMFP RESPECTIVELY. IN ADDITION, THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL MAY BE REFERRED TO AS PFHC, HMS OR PFHC/HMS. AIN, ARON DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER ANDERSON, CAROL F. DIRECTOR AND CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER BERMAN, ANN E. DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MS. BERMAN'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN ON OCTOBER 1, 2019. CHAIKOF, M.D., PHD, ELLIOT DIRECTOR (EX-OFFICIO) AND CHIEF (SURGERY) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (SURGERY) -HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE - CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. JOHNSON & JOHNSON PROFESSOR OF SURGERY - HARVARD MEDICAL SCHOOL DR. CHAIKOF PERFORMS SERVICES FOR BOTH BIDMC AND HMFP. ALTHOUGH DR. CHAIKOF IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. CHAIKOF'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 554,215 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 11,025 DEFERRED COMPENSATION: 40,969 NON-TAXABLE BENEFITS: 20,318 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 554,215 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 11,025 DEFERRED COMPENSATION: 40,969 NON-TAXABLE BENEFITS: 20,318 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2018 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. CHAIKOF'S POSITION AS CHIEF OF SURGERY AT BIDMC, CHAIR OF THE HMFP DEPARTMENT OF SURGERY AND JOHNSON & JOHNSON PROFESSOR OF SURGERY, HARVARD MEDICAL SCHOOL: \$237,686 \$ BASE AND OTHER REPORTABLE COMPENSATION, \$29,438 DEFERRED COMPENSATION AND \$4,555 NON-TAXABLE BENEFITS. CHENG, JILL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER CRONIN, MICHAEL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR. CRONIN'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD ENDED ON SEPTEMBER 30, 2020. CUTLER, JOEL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER DESIMONE, THOMAS DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER FULP, CAROL DIRECTOR -BETH ISRAEL DEACONESS MEDICAL CENTER HEALY, PETER MR. HEALY HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO, BIDMC CEO DESIGNATE) AND CO-CHAIR - CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AS REQUIRED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. IN HIS POSITIONS AS PRESIDENT OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) DURING THE 2019 CALENDAR YEAR, MR. HEALY RECEIVED PAYMENTS DIRECTLY FROM BIDMC AND BETH ISRAEL LAHEY HEALTH (BILH). BILH IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, A SUPPORT ORGANIZATION OF BIDMC AND SINCE MARCH 1, 2019, HAS SERVED AS THE SOLE MEMBER OF BIDMC. MR. HEALY'S COMPENSATION FOR THIS PERIOD IS REPORTED BASED ON HIS SERVICES PERFORMED AT BIDMC AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 733,536 INCENTIVE COMPENSATION: 59,650 OTHER REPORTABLE COMPENSATION: 39,585 DEFERRED COMPENSATION: 82,058 NON-TAXABLE BENEFITS: 34,414 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. HEALY INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF 107,626. OF THIS AMOUNT, \$68,462 IS UNVESTED. JICK, DANIEL J. DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO) - CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE - BETH ISRAEL LAHEY HEALTH JOHNSTON, WILLIAM DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR. JOHNSTON'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD ENDED ON SEPTEMBER 30, 2020.
KIMBALL, M.D., MPH, ALEXA B.	DR. KIMBALL HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. PRESIDENT, CHIEF EXECUTIVE OFFICER AND DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT -ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT -LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC. TRUSTEE (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICALCENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - CONTINUING EDUCATION PROGRAM, INC. D/B/A BETH ISRAEL DEACONESS MEDICAL CENTER DEPARTMENT OF PSYCHIATRY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION DIRECTOR (EX OFFICIO) - BETH ISRAEL DEACONESS MEDICAL

	CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (THROUGH MAY 13, 2020) PROFESSOR OF DERMATOLOGY - HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY: HMFP BASE COMPENSATION: 760,688 INCENTIVE COMPENSATION: 350,174 OTHER REPORTABLE COMPENSATION: 7,263 DEFERRED COMPENSATION: 44,800 NON-TAXABLE BENEFITS: 41,028 KNEZ, DEBRA S. DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MS. KNEZ'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN ON OCTOBER 1, 2019 LADD, EDWARD DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER LAMERE, DAVID DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR. LAMERE'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD ENDED ON SEPTEMBER 30, 2020. LEPOFSKY, ROBERT J. DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC MR. LEPOFSKY'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD ENDED ON SEPTEMBER 30, 2020. LESSER, PAMELA DIRECTOR (EX-OFFICIO) AND CHAIR, BIDMC TRUSTEE ADVISORY BOARD - BETH ISRAEL DEACONESS MEDICAL CENTER LI, M.D., CHIANG DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 56,000 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 0 MANDELL, M.D., JAMES DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - BETH ISRAEL LAHEY HEALTH DR. MANDELL'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD ENDED ON SEPTEMBER 30, 2020. MCKENNA, MARGARET DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - BETH ISRAEL LAHEY HEALTH REMIS HACKEL, DANIELLE F. DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER REHNERT, GEOFFREY DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER ROTTENBERG, ALAN DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER SILVER, JENNIFER DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER SZABO, M.D., PHD., HON., SCD., GYONGYI CHIEF ACADEMIC OFFICER - BETH ISRAEL LAHEY HEALTH DIRECTOR (EX-OFFICIO) AND CHIEF ACADEMIC OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 288,620 INCENTIVE COMPENSATION: 10,000 OTHER REPORTABLE COMPENSATION: 2,320 DEFERRED COMPENSATION: 52,500 NON-TAXABLE BENEFITS: 9,082 TABB, M.D., KEVIN FOR THE FILING PERIOD OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020, DR. TABB HELD THE FOLLOWING POSITIONS: PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. (BILH) DIRECTOR (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER -BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER- LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER -- LAHEY CLINIC, INC. TRUSTEE, PRESIDENT, AND CHIEF EXECUTIVE OFFICER - LAHEY HEALTH SHARED SERVICES, INC. DIRECTOR AND PRESIDENT -BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. TRUSTEE (EX-OFFICIO) AND PRESIDENT -ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO), PRESIDENT BOARD CHAIR -NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) -NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO), PRESIDENT AND BOARD CHAIR - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO), PRESIDENT, BOARD CHAIR - SEACOAST NURSING & REHABILITATION CENTER, INC. CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER - WINCHESTER HOSPITAL DIRECTOR (EX-OFFICIO) AND PRESIDENT - WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER -WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER, AND CHIEF OPERATING OFFICER - LAHEY CLINIC FOUNDATION, INC. CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - CAB HEALTH & RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - HEALTH & EDUCATION HOUSING SERVICES, INC. CHIEF EXECUTIVE OFFICER -BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER - BID-MILTON PHYSICIAN ASSOCIATES CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER - MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER - NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER - THE JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER - JORDAN PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER - ANNA JAQUES HOSPITAL CHIEF EXECUTIVE OFFICER - SEACOAST AFFILIATED GROUP PRACTICE CO-CHAIR AND MANAGING DIRECTOR, BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: TRUSTEE (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) -BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, THE JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) - ANNA JAQUES HOSPITAL, INC. ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. TABB SERVED AS THE CHIEF EXECUTIVE OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, DR. TABB COMMENCED HIS POSITION AS TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO DR. TABB BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS PAID AND REPORTED BY BIDMC: BASE COMPENSATION: 242,245 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 52,249 DEFERRED COMPENSATION: 237,278 NON-TAXABLE BENEFITS: 8,774
PAYMENTS PAID AND REPORTED BY BILH:	BASE COMPENSATION: 1,474,632 INCENTIVE COMPENSATION: 719,125 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 501,348 NON-TAXABLE BENEFITS: 41,651 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$274,505. OF THIS AMOUNT, \$223,656 IS UNVESTED. DEFERRED COMPENSATION IN THE AMOUNT OF \$500,000 AND INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. ULLIAN, ELAINE DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MS. ULLIAN'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN ON OCTOBER 1, 2019 ZEIDEL, M.D. MARK L. DR. ZEIDEL HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. DIRECTOR (EX-OFFICIO) AND CHIEF (MEDICINE) - BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) DIRECTOR (EX-OFFICIO) AND CHAIR (MEDICINE) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (THROUGH MAY 13, 2020) DIRECTOR - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION PRESIDENT AND DIRECTOR (EX-OFFICIO)- BETH ISRAEL DEACONESS DEPT. OF MEDICINE FOUNDATION TRUSTEE - CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR. ZEIDEL PERFORMS SERVICES FOR BOTH BIDMC AND HMFP. ALTHOUGH DR. ZEIDEL IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. ZEIDEL'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 412,898 INCENTIVE COMPENSATION: 600 OTHER REPORTABLE COMPENSATION: 4,832 DEFERRED COMPENSATION: 23,696 NON-TAXABLE BENEFITS: 12,051 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 412,898 INCENTIVE COMPENSATION: 600 OTHER REPORTABLE COMPENSATION: 4,832 DEFERRED COMPENSATION: 23,696 NON-TAXABLE BENEFITS: 12,051 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2019 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. ZEIDEL'S POSITION AS CHIEF OF MEDICINE AT BIDMC, CHAIR OF THE HMFP DEPARTMENT OF MEDICINE AND HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL: \$157,337 BASE AND OTHER REPORTABLE COMPENSATION, \$16,593 DEFERRED COMPENSATION AND \$315 NON-TAXABLE BENEFITS. FISCHER, STEVEN MR. FISCHER HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND TREASURER - BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON TREASURER (EX-OFFICIO) -BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) - MOUNT

	AUBURN HOSPITAL TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) - COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) - ANNA JAKUES HOSPITAL TREASURER - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. TREASURER (EX-OFFICIO) -BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TREASURER AND TRUSTEE (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - SEACOAST NURSING & REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER - WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) -LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC, INC. TREASURER (EX-OFFICIO)- LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION LLC TREASURER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER -CAB HEALTH & RECOVERY SERVICES, INC. TRUSTEE AND TREASURER - HEALTH & EDUCATION HOUSING SERVICES, INC. ASSISTANT TREASURER - MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE CLERK - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION ALTHOUGH MR. FISCHER SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. FISCHER SERVED AS THE ASSISTANT TREASURER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. FISCHER COMMENCED HIS POSITION AS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. FISCHER BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 110,415 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 68,316 DEFERRED COMPENSATION: 14,844 NON-TAXABLE BENEFITS: 13,641 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 702,197 INCENTIVE COMPENSATION: 430,208 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 341,751 NON-TAXABLE BENEFITS: 59,955 OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$67,428. DEFERRED COMPENSATION IN THE AMOUNT OF \$337,500 AND INCLUDED IN THIS FILING FOR MR. FISCHER RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.
KATZ, J.D., JAMIE	MR. KATZ HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. GENERAL COUNSEL AND CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND CLERK - BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CLERK (EX-OFFICIO) - MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) -NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON CLERK (EX-OFFICIO) - COMMUNITY PHYSICIANS ASSOCIATION, INC. CLERK (EX-OFFICIO) - BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION CLERK (EX-OFFICIO) -BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CLERK (EX-OFFICIO) -JORDAN PHYSICIANS ASSOCIATES, INC. CLERK (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS CLERK (EX-OFFICIO) - ANNA JAKUES HOSPITAL CLERK (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND CLERK - LAHEY HEALTH SHARED SERVICES, INC. TRUSTEE, CHAIR, PRESIDENT AND CLERK -BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. THROUGH JUNE 5, 2020 TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) -ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK -NORTHEAST HEALTH SYSTEM, INC. CLERK (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK - SEACOAST NURSING & REHABILITATION CENTER, INC. DIRECTOR (EX-OFFICIO) AND CLERK (EX-OFFICIO)- WINCHESTER HOSPITAL FOUNDATION, INC. CLERK -WINCHESTER HEALTHCARE MANAGEMENT, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CLERK (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO)- NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK - CAB HEALTH & RECOVERY SERVICES, INC. TRUSTEE AND CLERK -HEALTH & EDUCATION HOUSING SERVICES, INC. CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL ALTHOUGH MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. KATZ SERVED AS GENERAL COUNSEL FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. KATZ COMMENCED HIS POSITION AS GENERAL COUNSEL AND CLERK (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. KATZ BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 81,300 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 47,567 DEFERRED COMPENSATION: 13,217 NON-TAXABLE BENEFITS: 7,530 PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 543,845 INCENTIVE COMPENSATION: 261,938 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,911 NON-TAXABLE BENEFITS: 43,886 OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$46,793 DEFERRED COMPENSATION IN THE AMOUNT OF \$225,000 AND INCLUDED IN THIS FILING FOR MR. KATZ RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990 ARMSTRONG, WALTER SENIOR VICE PRESIDENT, CAPITAL FACILITIES AND ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS MADE BY BIDMC: BASE COMPENSATION: 330,597 INCENTIVE COMPENSATION: 21,482 OTHER REPORTABLE COMPENSATION: 36,541 DEFERRED COMPENSATION: 19,095 NON-TAXABLE BENEFITS: 27,242 OTHER REPORTABLE COMPENSATION FOR MR. ARMSTRONG INCLUDES COMBINED PAYMENTS FROM, CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$33,980 BIEBER, JUDITH CHIEF HUMAN RESOURCES OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS MADE BY BIDMC: BASE COMPENSATION: 362,558 INCENTIVE COMPENSATION: 22,908 OTHER REPORTABLE COMPENSATION: 41,759 DEFERRED COMPENSATION: 31,980 NON-TAXABLE BENEFITS: 55,035 OTHER REPORTABLE COMPENSATION FOR MS. BIEBER INCLUDES COMBINED PAYMENTS FROM, CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$38,352. CULLEN, MICHAEL R. CHIEF FINANCIAL OFFICER AND ASSISTANT TREASURER - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS MADE BY BIDMC: BASE COMPENSATION: 443,735 INCENTIVE COMPENSATION: 26,123 OTHER REPORTABLE COMPENSATION: 28,855 DEFERRED COMPENSATION: 14,970 NON-TAXABLE BENEFITS: 35,778 OTHER REPORTABLE COMPENSATION FOR MR. CULLEN INCLUDES COMBINED PAYMENTS FROM, CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$25,688. MAUER, R.N., M.S.N., MARSHA CHIEF NURSING OFFICER AND SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS MADE BY BIDMC: BASE COMPENSATION: 489,662 INCENTIVE COMPENSATION: 29,027 OTHER REPORTABLE COMPENSATION: 58,962 DEFERRED COMPENSATION: 23,305 NON-TAXABLE BENEFITS: 47,778 OTHER REPORTABLE COMPENSATION FOR MS. MAURER INCLUDES COMBINED PAYMENTS FROM, CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$55,398. MARKSON, M.D., MPH, LAWRENCE J. VICE PRESIDENT AND CHIEF MEDICAL INFORMATION OFFICER; INTERIM CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER DR. MARKSON ASSUMED THE POSITION OF INTERIM CHIEF INFORMATION OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER ON SEPTEMBER 14, 2020. PAYMENTS REPORTED BY: BIDMC BASE COMPENSATION: 228,611 INCENTIVE COMPENSATION: 17,302 OTHER REPORTABLE COMPENSATION: 27,127 DEFERRED COMPENSATION: 20,775 NON-TAXABLE BENEFITS: 44,766 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. MARKSON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$26,396. OF THIS AMOUNT, \$255 IS UNVESTED. SCHWARTZSTEIN, M.D., RICHARD M. VICE PRESIDENT OF EDUCATION - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO), AND EXECUTIVE DIRECTOR - SHAPIRO INSTITUTE PHYSICIAN, PULMONARY AND CRITICAL CARE MEDICINE - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER ELLEN AND MELVIN GORDON PROFESSOR OF MEDICAL EDUCATION - HARVARD MEDICAL SCHOOL DR. SCHWARTZSTEIN PERFORMS SERVICES FOR BIDMC, HMFP AND THE SHAPIRO INSTITUTE. DR. SCHWARTZSTEIN RECEIVED PAYMENTS FROM BOTH THE SHAPIRO INSTITUTE AND HMFP FOR HIS SERVICES PROVIDED IN THESE ROLES. ALTHOUGH DR. SCHWARTZSTEIN IS PAID DIRECTLY BY SHAPIRO INSTITUTE AND HMFP, THE PORTION OF DR. SCHWARTZSTEIN'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS

	REPORTED BY BIDMC: BASE COMPENSATION: 273,217 INCENTIVE COMPENSATION: 13,595 OTHER REPORTABLE COMPENSATION: 2,813 DEFERRED COMPENSATION: 21,067 NON-TAXABLE BENEFITS: 12,425 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 86,279 INCENTIVE COMPENSATION: 4,293 OTHER REPORTABLE COMPENSATION: 888 DEFERRED COMPENSATION: 6,653 NON-TAXABLE BENEFITS: 3,924 PAYMENTS REPORTED BY SHAPIRO: BASE COMPENSATION: 50,994 INCENTIVE COMPENSATION: 1,988 OTHER REPORTABLE COMPENSATION: 411 DEFERRED COMPENSATION: 3,080 NON-TAXABLE BENEFITS: 1,817 SHEEHAN, RN, MSN, JAYNE SENIOR VICE PRESIDENT MUSCULOSKELETAL NETWORK DEVELOPMENT - BETH ISRAEL LAHEY HEALTH, INC. SENIOR VICE PRESIDENT MUSCULOSKELETAL NETWORK DEVELOPMENT - NEW ENGLAND BAPTIST HOSPITAL SENIOR VICE PRESIDENT , SYSTEM INTEGRATION & CARE COORDINATION - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. SHEEHAN SERVED AS THE SENIOR VICE PRESIDENT SYSTEM INTEGRATION & CARE COORDINATION - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. THROUGH DECEMBER 22, 2019 AT WHICH TIME SHE COMMENCED HER POSITIONS WITH BETH ISRAEL LAHEY HEALTH AND NEW ENGLAND BAPTIST HOSPITAL. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 166,865 INCENTIVE COMPENSATION: 89,037 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 2,650 NON-TAXABLE BENEFITS: 13,020
PAYMENTS REPORTED BY: BIDMC	BASE COMPENSATION: 165,160 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 39,434 DEFERRED COMPENSATION: 24,208 NON-TAXABLE BENEFITS: 22,373 OTHER REPORTABLE COMPENSATION FOR MS. SHEEHAN INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$38,285. SKURA, SAMUEL SENIOR VICE PRESIDENT, AMBULATORY AND CLINICAL SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 367,691 INCENTIVE COMPENSATION: 27,253 OTHER REPORTABLE COMPENSATION: 24,125 DEFERRED COMPENSATION: 30,041 NON-TAXABLE BENEFITS: 45,825 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. SKURA INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$41,353. OF THIS AMOUNT, \$17,821 IS UNVESTED. TANDON, MANU SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER CHIEF INFORMATION OFFICER - BETH ISRAEL LAHEY HEALTH, INC. MR. TANDON AS THE SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. THROUGH SEPTEMBER 14, 2020 WHEN HE BECAME THE CHIEF INFORMATION OFFICER FOR BETH ISRAEL LAHEY HEALTH, INC. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 367,841 INCENTIVE COMPENSATION: 31,293 OTHER REPORTABLE COMPENSATION: 35,182 DEFERRED COMPENSATION: 40,180 NON-TAXABLE BENEFITS: 45,800 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. TANDON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$62,232. OF THIS AMOUNT, \$27,960 IS UNVESTED. WEISS, M.D., M.B.A., MSC., ANTHONY P. CHIEF MEDICAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS MADE HMFP AND REPORTED BY BIDMC: BASE COMPENSATION: 495,199 INCENTIVE COMPENSATION: 88,800 OTHER REPORTABLE COMPENSATION: 7,647 DEFERRED COMPENSATION: 39,200 NON-TAXABLE BENEFITS: 34,975 . GEBHARDT, M.D., MARK C. CHIEF OF ORTHOPEDIC SURGERY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR, DEPARTMENT OF ORTHOPEDIC SURGERY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT - BETH ISRAEL DEACONESS ORTHOPAEDIC SURGERY FOUNDATION FREDERIC W. & JANE M. ILFELD PROFESSOR OF ORTHOPAEDIC SURGERY - HARVARD MEDICAL SCHOOL DR. GEBHARDT SERVED AS THE BIDMC CHIEF OF ORTHOPEDIC SURGERY AND HMFP CHAIR, DEPARTMENT OF ORTHOPEDIC SURGERY THROUGH SEPTEMBER 1, 2020. DR. GEBHARDT PERFORMS SERVICES FOR BOTH BIDMC AND HMFP. ALTHOUGH DR. GEBHARDT IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. GEBHARDT'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 439,012 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 5,728 DEFERRED COMPENSATION: 33,353 NON-TAXABLE BENEFITS: 12,977 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 439,012 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 5,728 DEFERRED COMPENSATION: 33,353 NON-TAXABLE BENEFITS: 12,977 KRUSKAL, M.D., PHD, JONATHAN B. CHIEF OF RADIOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (RADIOLOGY) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - BIH RADIOLOGIC FOUNDATION PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL DR. KRUSKAL PERFORMS SERVICES FOR BOTH BIDMC AND HMFP. ALTHOUGH DR. KRUSKAL IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. KRUSKAL'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 393,031 INCENTIVE COMPENSATION:15,750 OTHER REPORTABLE COMPENSATION: 4,031 DEFERRED COMPENSATION: 16,800 NON-TAXABLE BENEFITS: 18,030 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 393,031 INCENTIVE COMPENSATION: 15,750 OTHER REPORTABLE COMPENSATION: 4,031 DEFERRED COMPENSATION: 16,800 NON-TAXABLE BENEFITS: 18,030 STEVENSON, M.D., PHD, MARY ANN CHIEF, RADIATION ONCOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO), BOARD CHAIR, SECRETARY AND CHAIR, RADIATION ONCOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC TRUSTEE - CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ASSOCIATE PROFESSOR OF RADIATION ONCOLOGY - HARVARD MEDICAL SCHOOL ALTHOUGH DR. STEVENSON IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. STEVENSON'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990 AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 394,094 INCENTIVE COMPENSATION: 750 OTHER REPORTABLE COMPENSATION: 3,696 DEFERRED COMPENSATION: 26,250 NON-TAXABLE BENEFITS: 10,898 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 394,094 INCENTIVE COMPENSATION: 750 OTHER REPORTABLE COMPENSATION: 3,696 DEFERRED COMPENSATION: 26,250 NON-TAXABLE BENEFITS: 10,898 TALMOR, M.D., M.P.H, DANIEL CHIEF OF ANESTHESIA - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (ANESTHESIA) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO)- BETH ISRAEL ANAESTHESIA FOUNDATION PROFESSOR OF ANAESTHESIA - HARVARD MEDICAL SCHOOL DR. TALMOR PERFORMS SERVICES FOR BOTH BIDMC AND HMFP. ALTHOUGH DR. TALMOR IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. TALMOR'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 394,114 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 2,738 DEFERRED COMPENSATION: 26,250 NON-TAXABLE BENEFITS: 16,559 PAYMENTS REPORTED BY HMFP: BASE COMPENSATION: 394,114 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 2,738 DEFERRED COMPENSATION: 26,250 NON-TAXABLE BENEFITS: 16,559 SAFFITZ, M.D., PHD, JEFFREY E. FORMER INTERIM CHIEF ACADEMIC OFFICER- BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHIEF OF PATHOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR OF PATHOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT - BIH PATHOLOGY FOUNDATION MALLINCKRODT PROFESSOR OF PATHOLOGY - HARVARD MEDICAL SCHOOL DR. SAFFITZ'S TERM AS BETH ISRAEL DEACONESS MEDICAL CENTER'S INTERIM CHIEF ACADEMIC OFFICER ENDED JULY 1, 2019. DR. SAFFITZ PERFORMED SERVICES FOR BOTH HMFP AND BIDMC. ALTHOUGH DR. SAFFITZ IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. SAFFITZ'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY: BIDMC BASE COMPENSATION: 339,228 INCENTIVE COMPENSATION: 600 OTHER REPORTABLE COMPENSATION: 5,027 DEFERRED COMPENSATION: 17,592 NON-TAXABLE BENEFITS: 9,903 PAYMENTS REPORTED BY: HMFP BASE COMPENSATION: 339,228 INCENTIVE COMPENSATION: 600 OTHER REPORTABLE COMPENSATION: 5,027 DEFERRED COMPENSATION: 17,592 NON-TAXABLE BENEFITS: 9,903 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2019 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. SAFFITZ'S POSITION AS CHIEF OF PATHOLOGY AT BIDMC, CHAIR OF THE HMFP DEPARTMENT OF PATHOLOGY AND MALLINCKRODT PROFESSOR OF PATHOLOGY, HARVARD MEDICAL SCHOOL: \$15,836 BASE AND OTHER REPORTABLE COMPENSATION, \$1,584 DEFERRED COMPENSATION AND \$141 NON-TAXABLE BENEFITS.
OLBRICHT, M.D., SUZANNE	CHIEF, DERMATOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO), CHAIR OF DERMATOLOGY -HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR AND PRESIDENT - BETH ISRAEL DERMATOLOGY FOUNDATION, INC. AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. STEVENSON IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. STEVENSON'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990 AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY: BIDMC BASE COMPENSATION: 352,353 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 4,470 DEFERRED COMPENSATION: 28,000 NON-TAXABLE BENEFITS: 11,801 PAYMENTS REPORTED BY: HMFP BASE COMPENSATION: 352,353 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 4,470 DEFERRED COMPENSATION: 28,000 NON-TAXABLE BENEFITS: 11,801 LEWIS, M.D., STANLEY DR. LEWIS HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. CHIEF STRATEGY OFFICER- BETH ISRAEL LAHEY HEALTH FORMER SENIOR VICE PRESIDENT AND CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE INC. (EFFECTIVE JUNE 5, 2020) TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - MOUNT AUBURN HOSPITAL ASSOCIATE PROFESSOR OF MEDICINE - HARVARD MEDICAL

SCHOOL ALTHOUGH DR. LEWIS SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. LEWIS SERVED AS THE SENIOR VICE PRESIDENT, CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES AND IN PREPARATION FOR THE CREATION OF BILH. AMOUNTS PAID TO DR. LEWIS BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 101,837 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 67,825 DEFERRED COMPENSATION: 16,035 NON-TAXABLE BENEFITS: 12,132 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 570,232 INCENTIVE COMPENSATION: 299,123 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,435 NON-TAXABLE BENEFITS: 59,938 OTHER REPORTABLE COMPENSATION FOR DR. LEWIS INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$67,013. DEFERRED COMPENSATION IN THE AMOUNT OF \$225,000 AND INCLUDED IN THIS FILING FOR DR. RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. HALAMKA, M.D., JOHN FORMER CHIEF INFORMATION OFFICER - BETH ISRAEL LAHEY HEALTH, INC. EXECUTIVE DIRECTOR, HEALTH TECHNOLOGY EXPLORATION CENTER - BETH ISRAEL LAHEY HEALTH PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 313,035 INCENTIVE COMPENSATION: 144,479 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 5,076 NON-TAXABLE BENEFITS: 31,114 PAYMENTS REPORTED BY: BIDMC BASE COMPENSATION: 72,668 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 33,108 DEFERRED COMPENSATION: 35,836 NON-TAXABLE BENEFITS: 11,295 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. HALAMKA INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$54,616. OF THIS AMOUNT, \$21,816 IS UNVESTED.

Additional Data

Return to Form

Software ID:
Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

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 - SERIES 2019K	04-3431814	57584YTK5	07-31-2019	211,922,775	SEE PART VI		X		X		X
B MDFA - SERIES 2018J-1 J-2	04-3431814	57584YJW0	06-13-2018	479,594,374	SEE PART VI		X		X		X
C MDFA - SERIES 2016I	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
D MDFA - LAHEY SERIES F	04-2323457	NONEXXXXX	10-21-2015	262,828,878	RETIRE BONDS & CAP ACQUISITION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	6,810,000		2,641,000		15,035,000		28,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	211,922,775		501,349,942		257,618,370		262,952,782	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							4,857,465	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,931,137		4,594,374		2,515,889		3,129,474	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			178,003,455		19,006,493		89,917,238	
11	Other spent proceeds	208,991,638				236,095,988		160,202,232	
12	Other unspent proceeds			318,752,113				4,846,373	
13	Year of substantial completion					2016			
		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 2018, 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 2018, 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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		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 ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		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
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?					X			

Part IV

Arbitrage (Continued)

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

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

Part VI

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

Return Reference	Explanation
BOND A, ENTITY 1:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998.
BOND B, ENTITY 1:	PART I, ROW B, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES. PART II, COLUMN B, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$21,755,568 OF INVESTMENT EARNINGS.
BOND C, ENTITY 1:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW C, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008; 7/13/2004; 2/11/1998. PART II, COLUMN C, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$6,493 OF INVESTMENT EARNINGS. PART II, COLUMN C, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW.
BOND D, ENTITY 1:	PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW D, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 08/17/2007 AND 07/14/2005. PART II, COLUMN D, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$123,904 OF INVESTMENT EARNINGS. PART III, COLUMN D, LINE 9: THE MEMBERS OF THE LAHEY HEALTH SYSTEM OBLIGATED GROUP WERE LAHEY CLINIC FOUNDATION (LCF), INC., LAHEY CLINIC HOSPITAL, INC. (LCH) AND LAHEY CLINIC, INC. (LCI). ON MARCH 1, 2019, LAHEY HEALTH SYSTEM MERGED INTO LCF, AND PURSUANT TO A PLAN OF MERGER BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LCF. LCF, IN TURN, SERVES AS THE SOLE MEMBER OF LCH AND LCI. IN JUNE 2020, THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP WAS CREATED AND THE MEMBERS OF THE LAHEY OBLIGATED GROUP ARE CURRENTLY MEMBERS OF THE BILH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH LCF, LCH AND LCI HAVE NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, THESE THREE ENTITIES FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS.
BOND A, ENTITY 2:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES (DATED 06/09/2008; 11/30/2005; 07/16/2003; AND 06/03/1998), FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS. PART IV, COLUMN A, LINE 2(C): ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019.
BOND B, ENTITY 2:	PART I, ROW B, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE CONSTRUCTION & EQUIPPING OF A POWER PLANT AND ACQUISITION OF CAPITAL ASSETS. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE REFUND ISSUE DATED 02/11/1998. PART III, COLUMN B, LINE 9: THE MEMBERS OF THE LAHEY HEALTH SYSTEM OBLIGATED GROUP WERE LAHEY CLINIC FOUNDATION (LCF), INC., LAHEY CLINIC HOSPITAL, INC. (LCH) AND LAHEY CLINIC, INC. (LCI). ON MARCH 1, 2019, LAHEY HEALTH SYSTEM MERGED INTO LCF, AND PURSUANT TO A PLAN OF MERGER BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LCF. LCF, IN TURN, SERVES AS THE SOLE MEMBER OF LCH AND LCI. IN JUNE 2020, THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP WAS CREATED AND THE MEMBERS OF THE LAHEY OBLIGATED GROUP ARE CURRENTLY MEMBERS OF THE BILH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH LCF, LCH AND LCI HAVE NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, THESE THREE ENTITIES FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART V, COLUMN B: AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDIATION ISN'T AVAILABLE. THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19.
BOND C, ENTITY 2:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART II, COLUMN C, LINE 11: 8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW. PART III, COLUMN D: BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART ILL AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002.
BOND D, ENTITY 2:	PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART II, COLUMN D, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. PART III, COLUMN D: BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART ILL AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002.
BOND A, ENTITY 3:	PART I, ROW A, COLUMN A: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW A, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART III, COLUMN A, LINE 9: WINCHESTER HOSPITAL (WINCHESTER) IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH WINCHESTER HAS NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, WINCHESTER FOLLOWS THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART IV, ROW 2C, COLUMN A: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 10, 2009.

Additional Data

Return to Form

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

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 - SERIES 2015 H-1	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B MDFA - LAHEY SERIES E	04-3431814	NONEXXXXX	03-07-2013	130,000,000	POWER PLANT & CAPITAL ACQUISITION		X		X		X
C MDFA - SERIES 2012G	04-3431814	NONEXXXXX	07-11-2012	49,910,000	REFUND ISSUE DATED 02/11/1998		X		X		X
D MDFA - SERIES 2011F-1 F-2 F-3	04-3431814	NONEXXXXX	09-15-2011	120,280,000	REFUND ISSUE DATED 02/11/1998		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	63,880,000		90,470,000				102,480,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	203,702,204		130,050,301		49,910,000		120,280,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,348,479		500,000		368,094		290,672	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			129,550,301					
11	Other spent proceeds	201,353,725				49,541,906		119,989,328	
12	Other unspent proceeds								
13	Year of substantial completion	2015		2015		2012		2011	
		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 2018, a current refunding issue)?	X				X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X				X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X	X			

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶	0.400 %		0 %					
6	Total of lines 4 and 5	0.900 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X			X		X		

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . .								
a	Rebate not due yet?		X		X		X		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
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

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

[Return to Form](#)

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHEFA - WINCHESTER SERIES F	04-2456011	57586CDD4	07-08-2004	30,340,000	SERIAL BOND SERIES F - ADV REFUND		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,900,000							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	30,340,000							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	412,448							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	29,927,552							
12 Other unspent proceeds								
13 Year of substantial completion	2004							
	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 2018, 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 2018, an advance refunding issue)?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
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?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	MORGAN STANLEY							
c	Term of hedge	2000.0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

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) DONOR #15	SUBSTANTIAL CONTRIBUTOR	217,390	ELECTRONIC DEVICES		No
(2) DONOR #75	SUBSTANTIAL CONTRIBUTOR	6,753,267	CONSTRUCTION		No
(3) DONOR #174	SUBSTANTIAL CONTRIBUTOR	170,436	HEALTH ADMIN FEES		No
(4) DONOR #298	SUBSTANTIAL CONTRIBUTOR	428,781	SUB-AWARDS AND MISC. PAYMENTS		No
(5) DONOR #381	SUBSTANTIAL CONTRIBUTOR	409,676	MEDICAL SUPPLIES/PROTECTIVE WEAR		No
(6) DONOR #394	SUBSTANTIAL CONTRIBUTOR	225,744	CONSULTING		No
(7) GEOFF S REHNERT	BUSINESS RELATIONSHIP	225,744	HEALTHCARE		No
(8) RICHARD M SCHWARTZSTEIN	FAMILY RELATIONSHIP	44,245	COMPENSATION		No
(9) RICHARD M SCHWARTZSTEIN	FAMILY RELATIONSHIP	86,473	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN D	GEOFF S. REHNERT SERVED ON THE BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) BOARD OF DIRECTORS FOR THE PERIOD COVERED BY THIS FILING. MR. REHNERT IS AN OWNER AND CO-CHIEF EXECUTIVE OFFICER OF THE CHARTIS GROUP (TCG). DURING THE PERIOD COVERED BY THIS FILING, BIDMC PAID TCG IN THE AMOUNT OF \$225,744 FOR THE PROVISION OF HEALTHCARE CONSULTING SERVICES TO BIDMC. EXPENSES PAID FOR THE PROVISION OF SERVICES REFLECT FAIR MARKET VALUE.DR. RICHARD M. SCHWARTZSTEIN, THE VICE PRESIDENT OF EDUCATION AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), IS THE SPOUSE OF SARAH M. SCHWARTZSTEIN WHO IS A PER DIEM NURSE IN THE EMERGENCY DEPARTMENT AT BIDMC. HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2019 INCLUDE:BASE COMPENSATION: \$44,245INCENTIVE COMPENSATION: \$0OTHER REPORTABLE COMPENSATION: \$0DEFERRED COMPENSATION: \$0NON-TAXABLE BENEFITS: \$0DR. SCHWARTZSTEIN IS ALSO THE FATHER OF HANNAH E. SCHWARTZSTEIN, WHO IS A TRAUMA SICU NURSE AT BIDMC. HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2019 INCLUDE: BASE COMPENSATION: \$78,028INCENTIVE COMPENSATION: \$0OTHER REPORTABLE COMPENSATION: \$22DEFERRED COMPENSATION: \$0NON-TAXABLE BENEFITS: \$8,423VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF BIDMC MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO BIDMC. SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE. BIDMC MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN. FROM TIME TO TIME, BIDMC MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY. THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED \$10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING. ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE BIDMC CONFLICT OF INTEREST POLICIES.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	42	5,297,212	STOCK MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (COVID RELATED ► PPE)	X	170	1,237,560	REPLACEMENT COST
Other (COVID- RELATED FOOD FOR FRONTLINE ► STAFF)	X	31	395,237	REPLACEMENT COST
Other (COVID TESTING ► SUPPLIES)	X	1	73,524	REPLACEMENT COST
Other (COVID RELATED HYGIENE ► SUPPLIES)	X	3	9,139	REPLACEMENT COST
Other (TELECOMMUNICATIONS EQUIPMENT ►)	X	5	5,964	REPLACEMENT COST

29

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

29

0

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II.

33

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

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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
PART I, COLUMN (B):	BIDMC REPORTS THE NUMBER OF EACH SEPARATE GIFT AS AN ITEM FOR PURPOSES OF REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number

04-2103881

Return Reference	Explanation
FORM 990, PART III, LINE 1	TO PROVIDE EXTRAORDINARY CARE, WHERE THE PATIENT COMES FIRST, SUPPORTED BY WORLD-CLASS EDUCATION AND RESEARCH. THE MISSION OF THE BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) IS TO SERVE PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. THE MEDICAL CENTER'S MISSION IS SUPPORTED BY ITS COMMITMENT TO PERSONALIZED, EXCELLENT CARE FOR ITS PATIENTS; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION; AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL – MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL – NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL – PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKUES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES.
FORM 990, PART III, LINE 4A	PATIENT CARE THE MEDICAL CENTER IS PASSIONATE ABOUT LEADING-EDGE PATIENT CARE. THE MEDICAL CENTER'S PATIENTS RECEIVE TREATMENTS THAT ARE TODAY'S GOLD STANDARD OF CARE OR INNOVATIVE THERAPIES THAT WILL BECOME THE GOLD STANDARD OF TOMORROW. THE MEDICAL CENTER HAS DEVELOPED FIVE MAJOR COMPREHENSIVE CARE CENTERS THAT ALLOW PHYSICIANS AND CLINICAL STAFF FROM MULTIPLE DISCIPLINES SUCH AS MEDICINE, SURGERY, PATHOLOGY, RADIOLOGY, ONCOLOGY, AND SOCIAL WORK TO WORK TOGETHER SO THAT OUR PATIENTS ARE RECEIVING THE MOST COORDINATED, COMPREHENSIVE CARE POSSIBLE. THESE CENTERS INCLUDE A CANCER CENTER, A CARDIOVASCULAR INSTITUTE, A DIGESTIVE DISEASE CENTER, A SPINE CENTER, AND A TRANSPLANT INSTITUTE. OTHER NOTABLE AREAS WHERE THE MEDICAL CENTER LEADS THE WAY IN PATIENT CARE SPAN A WIDE ARRAY OF SERVICES INCLUDING AREAS SUCH AS VASCULAR SERVICES FOR PATIENTS WITH DIABETES COMPLICATIONS, AND OBSTETRIC CARE FOR ROUTINE PREGNANCIES AS WELL AS THE MOST COMPLEX PATIENT CIRCUMSTANCES. THE MEDICAL CENTER ALSO OFFERS A CENTER FOR MINIMALLY INVASIVE SURGERY, A STATE-OF-THE-ART EMERGENCY ROOM, A LEVEL ONE TRAUMA CENTER, AHEAD OF THE CURVE IMAGING SYSTEMS. THE MEDICAL CENTER WAS THE FIRST IN NEW ENGLAND TO OFFER A DYNAMIC NEW NONINVASIVE RADIATION THERAPY. SOME OF THE MEDICAL CENTER'S KEY STATISTICS FOR FY 2020 REGARDING PATIENT VOLUME ARE IDENTIFIED IN THE FOLLOWING TABLE: INPATIENT DISCHARGES 36,402 OUTPATIENT STATISTICS CLINIC ENCOUNTERS 692,542 EMERGENCY DEPARTMENT VISITS 44,667 RADIOLOGY EXAMS 207,427 AMBULATORY SURGERY CASES 12,231 RADIATION THERAPY TREATMENTS 21,721 ENDOSCOPY TREATMENTS 19,174 CHARITY CARE THE MEDICAL CENTER PROVIDES CARE WITHOUT CHARGE OR AT DISCOUNTED RATES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY. BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE SERVICES ARE NOT REPORTED AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE MASSACHUSETTS HEALTH SAFETY NET TRUST (HEALTH SAFETY NET TRUST). THE MEDICAL CENTER ALSO MAKES PAYMENTS TO THE HEALTH SAFETY NET TRUST TO SUPPORT THE DELIVERY OF CHARITY CARE TO PATIENTS THROUGHOUT MASSACHUSETTS. THESE PAYMENTS ARE REPORTED AS A COMPONENT OF UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS. THE MEDICAL CENTER'S NET COST OF CHARITY CARE REPORTED ON SCHEDULE H, PART I, LINE 7A, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO FREE AND DISCOUNTED CARE ELIGIBLE PATIENTS AND INCLUDING PAYMENTS TO AND RECEIPTS FROM THE HEALTH SAFETY NET TRUST, WAS \$15,937,695 FOR THE PERIOD COVERED BY THIS FILING: CHARITY CARE, AT COST 4,659,193 PAYMENTS TO HEALTH SAFETY NET TRUST (HSNT) 20,986,822 PAYMENTS FROM HEALTH SAFETY NET TRUST (9,708,320) NET CHARITY CARE 15,937,695 OTHER UNCOMPENSATED CARE THE MEDICAL CENTER ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS, WHICH INSURE LOW INCOME POPULATIONS, DO NOT COVER THE COST OF SERVICES PROVIDED. IN AGGREGATE, THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES EXCEEDED REIMBURSEMENT BY \$20,681,077 IN 2020 AS REPORTED ON PART I, LINE 7B OF SCHEDULE H, HOSPITALS. THE MEDICAL CENTER ALSO TREATS PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM, THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS. BECAUSE PAYMENTS TO HOSPITALS HAVE NOT KEPT PACE WITH INFLATION IN RECENT YEARS, PAYMENTS TO THE MEDICAL CENTER FOR THOSE SERVICES ALSO DO NOT COVER THE COSTS OF SERVICES PROVIDED. IN AGGREGATE, THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES EXCEEDED REIMBURSEMENT BY \$61,277,841 IN THE FISCAL PERIOD COVERED BY THIS FILING, \$19,598,221 OF WHICH IS INCLUDED IN FORM 990 SCHEDULE H PART I, LINE 7G AND RELATED TO THE PROVISION OF SUBSIDIZED HEALTH SERVICES FOR INPATIENT PSYCHIATRIC PATIENTS, THE MEDICAL CENTER'S BOWDOIN STREET COMMUNITY FACILITY, THE MEDICAL CENTER'S PROVISION OF OUTPATIENT AMBULATORY CARE AND URGENT CARE CENTERS AND CERTAIN PRIMARY CARE VISITS THROUGH BIDMC'S ONSITE PRIMARY CARE OFFICES AND \$53,440,197 OF WHICH IS REPORTED IN FORM 990

Return Reference	Explanation
	SCHEDULE H PART III LINE 7.
FORM 990, PART III, LINE 4B:	RESEARCH THE MISSION OF THE MEDICAL CENTER IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF THE LOCAL AND EXTENDED COMMUNITIES. THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS THAT IMPROVE THE QUALITY OF LIFE. THE MEDICAL CENTER COMMITS TO MAINTAIN A COLLABORATIVE CULTURE AND MODERN, HIGH-QUALITY FACILITIES AND TO TAKE FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS AS WELL AS REACHING OUT AND COLLABORATING WITH NATIONALLY RECOGNIZED AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS. THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP FOUR IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING AMONG INDEPENDENT HOSPITALS. THE MEDICAL CENTER'S SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACTS THE LIVES OF PATIENTS AND IMPROVES THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,220 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,500 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 280 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY. THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS AND CARDIOLOGY/CARDIAC SURGERY. THE MEDICAL CENTER'S EXTRAORDINARY FACULTY HAS ESTABLISHED A CULTURE THAT IS COLLABORATIVE AND ORIENTED TOWARD TRANSLATING NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE. ADDITIONAL DETAIL IS INCLUDED IN FORM 990, SCHEDULE H.
FORM 990, PART III, LINE 4C	TEACHING THE MEDICAL CENTER'S DEVOTION TO TEACHING, TO RESPECTING STUDENTS, AND TO EMBRACING TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS AND RESIDENTS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 59 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 683 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 52 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 60 TRAINEES PER YEAR. STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW BY SUPERVISING OF THEIR DAILY PATIENT CARE AND BY CONDUCTING A RANGE OF INTERACTIVE LEARNING EXPERIENCES THE CARL J. SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL AND BIDMC, A SUPPORT ORGANIZATION OF THE MEDICAL CENTER AND AN INTEGRAL COMPONENT OF THE CENTER FOR EDUCATION AT THE MEDICAL CENTER, IS BOTH A "THINK TANK" FOR ADVANCING MEDICAL EDUCATION AND A UNIQUE TRAINING RESOURCE. WITHIN THE CENTER, THE CARL J. SHAPIRO SIMULATION AND SKILLS CENTER PROVIDES HIGH-TECH LEARNING EXPERIENCES ON TOPICS RANGING FROM MINIMALLY INVASIVE SURGERY TO INTENSIVE CARE AND OFFERS UNIQUE OPPORTUNITIES FOR FACULTY MEMBERS TO SHARE YEARS OF COLLECTIVE EXPERIENCE IN MASTERING THE ART OF SCIENCE AND MEDICINE WITH THEIR STUDENTS. IT ALSO OFFERS AN EXCEPTIONAL OPPORTUNITY AND EXTENSION OF MORE TRADITIONAL METHODS FOR MEDICAL STUDENTS AND RESIDENTS TO PRACTICE AND HONE THEIR MEDICAL AND SURGICAL SKILLS. ADDITIONAL DETAIL IS INCLUDED IN THE NARRATIVE SUPPORT TO THIS FORM 990, SCHEDULE H.
BILH'S COVID-19 RESPONSE IN FY 2020	BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. SINCE THE START OF THE PANDEMIC (THROUGH JUNE OF 2021), BILH HAS TREATED OVER 8,500 HOSPITALIZED PATIENTS WITH COVID-19 AND PERFORMED MORE THAN 700,000 COVID-19 DIAGNOSTIC TESTS. HIGHLIGHTS OF THE SYSTEM'S PANDEMIC RESPONSE IN FY 2020 INCLUDE: BILH QUICKLY ESTABLISHED AN EMERGENCY OPERATIONS CENTER ("EOC") TO ALIGN SYSTEM EFFORTS ACROSS ITS HOSPITALS AND OTHER BUSINESS UNITS AND WITH EXTERNAL ENTITIES, INCLUDING THE STATE GOVERNMENT. THE EOC HELD REGULAR MEETINGS WITH INCIDENT COMMANDERS, EMERGENCY MANAGERS, AND SENIOR LEADERS FROM BILH HOSPITALS, PRIMARY CARE, AND OTHER SYSTEM ENTITIES TO COORDINATE PLANS, POLICIES, AND COMMUNICATIONS. IT PARTICIPATED IN WEEKLY CONFERENCE OF BOSTON TEACHING HOSPITALS ("COBTH") CALLS AND MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COMMAND CENTER CALLS. A KEY ROLE OF THE EOC INVOLVED MANAGING THE FLOW OF INTERNAL AND EXTERNAL INFORMATION TO ENSURE SITUATIONAL AWARENESS AND ALIGNMENT OF RESPONSES TO THE PANDEMIC. FINALLY, THE EOC WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO CENTRALIZE COVID-19 RELATED DATA COLLECTION AND REPORTING FOR THE SYSTEM, COMMONWEALTH, AND FEDERAL GOVERNMENT. IN MARCH 2020, BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") BECAME ONE OF THE FIRST HOSPITAL LABORATORIES IN THE STATE TO BEGIN IN-HOUSE HIGH-THROUGHPUT POLYMERASE CHAIN REACTION ("PCR") COVID-19 TESTING FOR PATIENTS AND HEALTHCARE WORKERS. BIDMC'S LABORATORY PROVIDED THIS TEST TO BILH HOSPITALS AND OTHER COMMUNITY PARTNERS, SUCH AS HEALTH CENTERS AND CORRECTIONS FACILITIES, AT A TIME OF CRITICAL SUPPLY SHORTAGE. THROUGHOUT THE PANDEMIC, BILH WORKED TOWARD ADDITIONAL IN-HOUSE TESTING CAPABILITIES, INCLUDING HIGH-THROUGHPUT THERMO FISHER INSTRUMENTS AT LAHEY HOSPITAL & MEDICAL CENTER ("LHMC"). THE SYSTEM OPERATIONALIZED MULTIPLE DRIVE-THROUGH COVID-19 TESTING SITES TO ENABLE EASY ACCESS FOR PATIENTS AND STAFF. IN THE SUMMER OF 2020, TO EXPAND HOSPITAL AND CLINIC-BASED COVID-19 TESTING SITES, BILH OPENED AN ADDITIONAL HIGH-CAPACITY DRIVE-THROUGH TESTING SITE IN WOBRUN. TO ENSURE CONTINUED ACCESS TO CARE FOR ITS PATIENTS, BILH PRIMARY CARE RAPIDLY DEPLOYED A TELEHEALTH STRATEGY, QUICKLY TRANSITIONED TO COHORT CLINICS TO CARE FOR SICK PATIENTS, AND SUCCESSFULLY MANAGED A PHASED REOPENING BY JULY 2020. BILH ESTABLISHED A TEMPORARY COMMUNITY CRISIS STABILIZATION UNIT AT NEW ENGLAND BAPTIST HOSPITAL TO MANAGE BEHAVIORAL HEALTH PATIENT VOLUME DURING THE PANDEMIC. BILH ESTABLISHED A DAILY HUDDLE CONSISTING OF BILH ED AND BEHAVIORAL HEALTH LEADERS TO DETERMINE APPROPRIATE PATIENT TRANSFERS TO THE UNIT. BILH'S VIRTUAL TRANSFER CENTER WAS FORMED IN SEPTEMBER 2019 TO OPTIMIZE SYSTEM-WIDE BED CAPACITY USING REAL-TIME INFORMATION EXCHANGE AMONG THE THREE EXISTING TRANSFER CENTERS AT BIDMC, LHMC AND MOUNT AUBURN HOSPITAL ("MAH"). THE TRANSFER TEAM PERSONNEL AT THESE CENTERS WORK TOGETHER AS A SINGLE "VIRTUAL" CENTER TO ACCOMMODATE INCOMING TRANSFER REQUESTS BY MAKING ALL BEDS AVAILABLE IN THE SYSTEM BASED ON FACILITY CAPACITY AND LEVEL OF CARE REQUIRED. THE TRANSFER CENTER ENHANCED PATIENT QUALITY, SAFETY, AND ACCESS BY LOAD BALANCING COVID PATIENTS ACROSS ALL OF ITS HOSPITALS SO THAT THESE PATIENTS RECEIVED TIMELY ACCESS TO THE TYPE OF BED AND LEVEL OF CARE NEEDED. BILH COLLABORATED WITH EXTERNAL ENTITIES TO STAND UP A 1,000-BED FIELD HOSPITAL, THE BOSTON HOPE HOSPITAL, AND OPEN AND STAFF A COVID HOTEL FOR

Return Reference	Explanation
	UNDERSERVED COMMUNITIES. BILH LAUNCHED A WEBSITE TITLED THE CORONAVIRUS RESOURCE CENTER TO PROVIDE ITS PATIENT COMMUNITY WITH UP-TO-DATE INFORMATION REGARDING THE SYSTEM'S RESPONSE TO THE PANDEMIC, AVAILABLE RESOURCES SUCH AS TESTING SITES, AND INNOVATION EFFORTS UNDERWAY THROUGHOUT BILH (E.G., VAPORIZED HYDROGEN PEROXIDE STERILIZATION FOR N95 RESPIRATORS). BILH LAUNCHED AN INTERNAL WEBSITE WITH RESOURCES FOR ITS STAFF AS WELL. BILH CREATED SYSTEM-WIDE GUIDELINES FOR INFECTION PREVENTION ACROSS MANY DOMAINS, INCLUDING PATIENT AND VISITOR SCREENING AND THE RECONFIGURATION OF AMBULATORY CLINIC SPACES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING. BILH'S HUMAN RESOURCES TEAM DEVELOPED AND PROVIDED SYSTEM-WIDE PROGRAMS, POLICIES, AND TOOLS TO ENSURE ITS HOSPITALS WERE ABLE TO SUPPORT THE PHYSICAL AND EMOTIONAL WELL-BEING OF ITS STAFF WHILE DELIVERING SAFE, EFFECTIVE CARE TO ITS PATIENTS. EXAMPLES OF THESE RESOURCES INCLUDE AN ENHANCED SUPPLEMENTAL LEAVE POLICY; AN EASY-TO-USE, AUTOMATED EMPLOYEE COVID-19 SYMPTOM ATTESTATION TOOL; AN ONLINE, COGNITIVE BEHAVIORAL TREATMENT PROGRAM FOR MANAGING ANXIETY; AND TELECOMMUTING GUIDELINES. IN LATE MARCH 2020 BILH CREATED HOUSING FOR QUARANTINE OF STAFF EXPOSED TO COVID-19. HOUSING WAS SET UP AT A LOCAL UNIVERSITY AND HOTELS COVERING THE NETWORK'S SERVICE AREA. APPROXIMATELY 300 STAFF MEMBERS TOOK ADVANTAGE OF THE HOUSING FROM MARCH TO JULY 2020. IN ADDITION TO HOUSING, FOOD AND SUPPLY DELIVERY SERVICES WERE CREATED TO MINIMIZE PUBLIC CONTACT. BILH COLLABORATED REGULARLY WITH COMMUNITY HEALTH CENTER ("CHC") AFFILIATES ON COVID-RELATED CARE, TESTING, PERSONAL PROTECTIVE EQUIPMENT ("PPE"), AND PATIENT OUTREACH. BILH SHARED REAL-TIME ACCESS TO BILH COVID-19-RELATED OPERATIONAL POLICIES, PROCESSES, AND GUIDELINES IN ADDITION TO TRANSLATED PATIENT HANDOUTS, FLYERS, AND SOCIAL MEDIA GRAPHICS AROUND THE "STOP THE SPREAD" CAMPAIGN. AS HEALTH CENTERS WORKED TO ESTABLISH STABLE SUPPLY CHAINS OF PPE, BILH DONATED GLOVES, N95S, ISOLATION GOWNS, DISINFECTANT WIPES, EYE PROTECTION, HAND SANITIZER, AND SURGICAL MASKS. BILH DEPLOYED STAFF AT COMMUNITY TESTING SITES SUCH AS AT THE DIMOCK CENTER. CHC STAFF WERE INCLUDED IN THE AFOREMENTIONED BILH-FUNDED TEMPORARY HOUSING PROGRAM FOR STAFF. BILH ALSO SUPPORTED SAFETY NET AFFILIATE HOSPITALS WITH REAL-TIME BILH COVID-19 PROTOCOLS AND POLICIES, MED/SURG AND ICU BED LOAD-BALANCING EFFORTS, ICU STAFFING, AND PPE NEEDS. IN FY 2021, BILH CONTINUED TO PLAY A SIGNIFICANT ROLE IN THE COMMONWEALTH'S RESPONSE TO THIS UNPRECEDENTED PUBLIC HEALTH CRISIS, MOST NOTABLY THROUGH ITS PATIENT VACCINATION EFFORTS. BILH WILL PROVIDE DETAIL ON THESE EFFORTS IN ITS FY 2021 TAX RETURN FILING.
FORM 990, PART IV, LINE 12 AND 12A:	THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.
FORM 990, PART IV, LINE 24A:	AS DESCRIBED IN THIS FORM 990, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF AND SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER . DURING THIS SAME PERIOD, BETH ISRAEL DEACONESS MEDICAL CENTER WAS A MEMBER OF THE BILH OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS ISSUED THROUGH BILH OR THROUGH A PREVIOUS OBLIGATED GROUP WHICH IS NOW A PART OF THE BILH OBLIGATED GROUP. THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BILH OBLIGATED GROUP OUTSTANDING TAX EXEMPT DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002, ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON BETH ISRAEL DEACONESS MEDICAL CENTER 'S BALANCE SHEET.
FORM 990, PART IV, LINE 24B:	AS REPORTED ON THE FORM 990 SCHEDULE K, THE LAHEY HEALTH SYSTEM INC. (LHSI) SERIES F BONDS WHICH WERE ISSUED IN 2015 ARE NOW PART OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP DEBT. THE BONDS WERE ISSUED IN 2015 AND AS OF SEPTEMBER 30, 2020 THERE WAS A BALANCE REMAINING IN THE CONSTRUCTION FUND. PROCEEDS IN THE CONSTRUCTION FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, AND WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS. ALTHOUGH THESE BONDS ARE NOT ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BALANCE SHEET, BIDMC IS INCLUDING THIS DISCLOSURE IN ITS FORM 990 BECAUSE BIDMC IS A MEMBER OF THE BILH OBLIGATED GROUP.
FORM 990, PART V, LINE 2A	FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) SERVED AS THE COMMON PAY AGENT FOR THE FOLLOWING ENTITIES MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (MCB), AND BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (BID-NEEDHAM). IN ACCORDANCE WITH INSTRUCTIONS TO THIS FORM 990, BIDMC IS REPORTING ONLY THOSE FORMS W-2 ISSUED TO ITS OWN EMPLOYEES. FORMS W-2 ISSUED BY BETH ISRAEL DEACONESS MEDICAL CENTER AS AGENT FOR MCB AND BID-NEEDHAM ARE REPORTED BY THOSE ENTITIES AS IF ISSUED DIRECTLY.
FORM 990, PART V, QUESTION 7G:	BETH ISRAEL DEACONESS MEDICAL CENTER DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899.
FORM 990, PART V, QUESTION 7H:	BETH ISRAEL DEACONESS MEDICAL CENTER DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 1098-C.
FORM 990,	THE FOLLOWING BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC) OFFICERS, DIRECTOR/TRUSTEES, AND KEY

Return Reference	Explanation
PART VI, SECTION A, LINE 2	EMPLOYEES HAVE BUSINESS AND/OR FAMILY RELATIONSHIPS: CAROL ANDERSON AND KEVIN TABB HAVE A BUSINESS RELATIONSHIP CAROL ANDERSON AND STEVEN FISCHER HAVE A BUSINESS RELATIONSHIP GEOFF S. REHNERT AND JOEL CUTLER HAVE A BUSINESS RELATIONSHIP GEOFF S. REHNERT AND DANIEL J. JICK HAVE A BUSINESS RELATIONSHIP MICHAEL F. CRONIN AND DANIEL J. JICK HAVE A BUSINESS RELATIONSHIP THOMAS DESIMONE AND ALAN ROTTENBERG HAVE A BUSINESS RELATIONSHIP FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. CAREGROUP, WHICH MERGED INTO BIDMC, EFFECTIVE MARCH 1, 2019, PREVIOUSLY SERVED AS SOLE MEMBER.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE.
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN BETH ISRAEL DEACONESS MEDICAL CENTER'S BY-LAWS: SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSITIVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M.G.L.") CHAPTER 180, AS AMENDED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. IN ADDITION, EXCEPT AS ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRED BY M.G.L. CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. NOTWITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF THE BOARD: (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANTHROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENTS OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSOLIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER; (B) APPROVE OR REQUIRE ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES; OR (C) AMEND OR RESTATE THESE BYLAWS TO CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS. FOR THE PERIOD ENDING ON THE THIRD ANNIVERSARY OF THE DATE THE MEMBER BECOMES THE SOLE CORPORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFILIATION OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNANIMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE MEMBER) AND THE APPROVAL OF THE MEMBER'S BOARD OF TRUSTEES (THE "MEMBER'S BOARD"). THE MEMBER MAY NOT CAUSE THE CORPORATION TO CEASE OPERATING A SEPARATELY LICENSED HOSPITAL FACILITY, OR CLOSE ANY ESSENTIAL SERVICE OF SUCH HOSPITAL FACILITY, WITHOUT CONSULTING WITH THE BOARD PRIOR TO TAKING SUCH ACTION. THE POWERS AND RESPONSIBILITIES OF THE BOARD INCLUDE THE FOLLOWING: (A) PROVIDING RECOMMENDATIONS TO THE MEMBER REGARDING (I) APPOINTMENT, REAPPOINTMENT AND REMOVAL OF TRUSTEES, (II) THE ESTABLISHMENT OF THE CORPORATION'S POLICIES, (III) THE MAINTENANCE OF PATIENT CARE QUALITY, AND (IV) THE PROVISION OF CLINICAL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS; (B) ENSURING COMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING CREDENTIALING AND OTHER MEDICAL STAFF MATTERS; (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PLANNING, MAKING RECOMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL REVIEW OF THE CORPORATION'S STRATEGIC AND FINANCIAL PLAN AND GOALS; (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AND CAPITAL BUDGETS AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES; (E) MAKING RECOMMENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS; (F) PROVIDING OVERSIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY; (G) REVIEWING DISASTER PLANS THAT DEAL WITH BOTH INTERNAL (E.G., FIRE) AND EXTERNAL DISASTERS; AND (H) EVALUATING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONTINUE TO MEET COMMUNITY NEEDS. EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHALL ACT IN AN ADVISORY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWERS: (A) POWERS EXPRESSLY GRANTED BY THE MEMBER FROM TIME TO TIME; (B) POWER TO EXERCISE ITS AUTHORITY AS A MEMBER OF OTHER CORPORATIONS; (C) POWER TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) OR UNDER THESE BYLAWS WITH RESPECT TO THE MEMBER; AND (D) POWERS TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH SYSTEM, INC., BETH ISRAEL DEACONESS MEDICAL CENTER, INC., NEW ENGLAND BAPTIST HOSPITAL, INC., MOUNT AUBURN HOSPITAL, CAREGROUP, INC., AND SEACOAST REGIONAL HEALTH SYSTEMS, INC. THE POWERS OF THE BOARD IN CLAUSES (A) AND (B) OF THE PRECEDING SENTENCE SHALL BE SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE. THE POWERS OF THE BOARD IN CLAUSE (C) AND (D) OF THE FIRST SENTENCE OF THIS PARAGRAPH SHALL BE INDEPENDENT OF THE MEMBER AND NOT SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE. NOTWITHSTANDING CLAUSE (B)

Return Reference	Explanation
	ABOVE, THE POWER OF THE CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJECT TO THE FOLLOWING LIMITATIONS: (X) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE CORPORATION ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF, THE MEMBER; (Y) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CONSULTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPORATION; AND (Z) OTHER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPRESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. THIS FORM 990 IS PREPARED IN CONJUNCTION WITH THE BETH ISRAEL DEACONESS MEDICAL CENTER FINANCE STAFF. IN ADDITION, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND DEPARTMENTS WITHIN BILH, ENTITY AND OTHER AFFILIATES TO ENSURE THAT OTHER FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS MAY INCLUDE: FINANCIAL ASSISTANCE AND REIMBURSEMENT, COMPLIANCE, GRADUATE MEDICAL EDUCATION, LEGAL, COMMUNITY BENEFITS, GOVERNANCE, DEVELOPMENT, HUMAN RESOURCES AND PAYROLL, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. THE TAX RETURNS REVIEWED BY THE BILH EXECUTIVE DIRECTOR, TAXATION, BETH ISRAEL DEACONESS MEDICAL CENTER'S CHIEF FINANCIAL OFFICER AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	BETH ISRAEL DEACONESS MEDICAL CENTER IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) SYSTEM OF AFFILIATES. ALL ENTITIES IN THE BILH NETWORK ADHERE TO THE BILH CONFLICT OF INTEREST POLICY AND MAINTAIN A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY AT THE ENTITY LEVEL. PURSUANT TO THESE POLICIES, ALL OF BETH ISRAEL DEACONESS MEDICAL CENTER'S OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST AND TAX QUESTIONNAIRE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS AND AFFILIATIONS MAINTAINED BY OFFICERS, TRUSTEES, OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A REAL OR PERCEIVED CONFLICT OF INTEREST. THE BILH OFFICE OF INTEGRITY AND COMPLIANCE, IN CONJUNCTION WITH THE BILH TAX DEPARTMENT, ADMINISTERS THE CONFLICT OF INTEREST AND TAX QUESTIONNAIRE PROCESS ANNUALLY. BILH INTEGRITY AND COMPLIANCE COLLECTS AND REVIEWS ALL DISCLOSURES. DISCLOSURES FOR BILH EXECUTIVES AND KEY EMPLOYEES ARE ASSIGNED APPROPRIATE FOLLOW-UP ACTION IN ACCORDANCE WITH THE BILH POLICY. A SUMMARY OF POSITIVE RESPONSES OF BETH ISRAEL DEACONESS MEDICAL CENTER IS PROVIDED TO THE BETH ISRAEL DEACONESS MEDICAL CENTER'S COMPLIANCE OFFICER FOR REVIEW FINAL DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT. ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICIES IS SUBJECT TO ONGOING REVIEW BY BETH ISRAEL DEACONESS MEDICAL CENTER AS WELL AS THE BILH INTEGRITY AND COMPLIANCE OFFICE. PURSUANT TO THE BILH CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. IN ADDITION AS NOTED ABOVE, THE ANNUAL CONFLICT OF INTEREST PROCESS OUTLINE ABOVE IS JOINTLY ISSUED BY THE BILH TAX DEPARTMENT, TO ENSURE THAT THE QUESTIONNAIRE IS DISTRIBUTED TO ALL CURRENT AND FORMER MEMBERS OF THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD OF TRUSTEES AS WELL AS FORMER OFFICERS AND KEY EMPLOYEES. THE TAX QUESTIONNAIRE PROCESS IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR BETH ISRAEL DEACONESS MEDICAL CENTER TO COMPLETELY AND ACCURATELY COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION B, LINE 15	AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES WITH BILH SERVING AS BIDMC'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BETH ISRAEL LAHEY HEALTH NETWORK. IN THIS ROLE BILH MAINTAINS THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOYEES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE BETH ISRAEL LAHEY HEALTH NETWORK AND TO THAT END, BILH HAS A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AND EXCEPT AS OTHERWISE NOTED BELOW, COMPENSATION REPORTED IN THIS FORM 990 FOR BIDMC'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE BILH COMPENSATION COMMITTEE. THE BILH COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW. THE BILH COMPENSATION COMMITTEE ESTABLISHES THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES INCLUDING THE BILH CHIEF EXECUTIVE OFFICER AS WELL AS OTHER MEMBERS OF SENIOR MANAGEMENT AT BILH AND ITS AFFILIATES. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UPON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. FOR SOME CATEGORIES OF POSITIONS, THE COMPENSATION COMMITTEE WILL REVIEW THE COMPENSATION STRUCTURE AND TARGETS AS A GROUP, RATHER THAN BY INDIVIDUAL. COMPENSATION FOR THE BILH CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTES TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BILH CEO. THE COMPENSATION PACKAGE FOR THE BILH CEO VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES. THE COMPENSATION COMMITTEE PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), REBUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION. IN ADDITION, AS REQUIRED BY THIS FORM 990 AND FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO THE MARCH 1, 2019 WHEN BILH BECAME THE SOLE MEMBER OF BIDMC COMPENSATION FOR BIDMC WAS SET BY THE BIDMC COMPENSATION COMMITTEE WHICH WAS COMPRISED OF INDEPENDENT MEMBERS OF THE BIDMC BOARD. THE BIDMC COMPENSATION COMMITTEE ESTABLISHED THE

Return Reference	Explanation
	POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR BIDMC MEMBER OF SENIOR MANAGEMENT AND THE CHIEF EXECUTIVE OFFICERS OF BID-MILTON, BID-PLYMOUTH, BID-NEEDHAM AND MEDICAL CARE OF BOSTON MANAGEMENT CORP FOR WHICH BIDMC SERVED AS SOLE MEMBER PRIOR TO MARCH 1, 2019. THE COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND WAS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UPON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. COMPENSATION FOR THE BIDMC CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BIDMC CEO. THE COMPENSATION PACKAGE FOR THE BIDMC CEO WAS VOTED BY THE COMPENSATION COMMITTEE AND SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	BETH ISRAEL DEACONESS MEDICAL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION: BETH ISRAEL LAHEY HEALTH TAX DEPARTMENT 109 BROOKLINE AVENUE, SUITE 300 BOSTON, MA 02215
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 6,195,818. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,195,818. MD FEES: PROGRAM SERVICE EXPENSES 100,307,166. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 100,307,166. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 121,978,748. MANAGEMENT AND GENERAL EXPENSES 8,414,549. FUNDRAISING EXPENSES 215,229. TOTAL EXPENSES 130,608,526.
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED FROM RESTRICTION -4,458,191. UNREALIZED CHG IN EQUITY INTEREST IN LIMITED PARTNERSHIP -4,955,187. CHANGE IN FUNDED STATUS OF EMPLOYEES BENEFIT PLANS -82,698,536. TRANSFER (TO) FROM AFFILIATE -33,286,898. NET ASSETS RELEASED FOR CAPITAL -739,000. NET ASSETS RELEASED FOR CAMPUS TRANSFORMENT -8,000,000. GIFT - IN KIND USED IN OPERATION -1,721,424. PLEDGE VALUATION ADJUSTMENTS -389,095.
FORM 990, PART XII, LINE 2C:	ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAQUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH). AS A NEWLY CREATED HEALTHCARE SYSTEM, BILH ENGAGED KPMG TO PERFORM A FINANCIAL AUDIT OF THE SYSTEM. THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2019. THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND ITS AFFILIATES.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

04-2103881

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)ADDISON GILBERT SOCIETY INC 41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LAHEY HEALTH SHARED SERVICES INC		Yes	
(2)ANNA JAKUES HOSPITAL 25 HIGHLAND AVENUE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(3)ASSOC PHYS HARVARD MED FAC PHY AT BIDMC 375 LONGWOOD AVENUE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I			Yes	
(4)BAIM INSTITUTE FOR CLINICAL RESEARCH INC DBA BAIM INSTITUTE 930 COMMONWEALTH AVENUE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7			Yes	
(5)BETH ISRAEL ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(6)BETH ISRAEL COMMUNITY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A		Yes	
(7)BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(8)BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(9)BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(10)BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(11)BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(12)BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(13)BETH ISRAEL DEACONESS HOSPITAL MILTON INC 199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(14)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC 148 CHESTNUT STREET NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(15)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC 275 SANDWICH STREET PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(16)BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVENUE BOSTON, MA 02215 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A			No
(17)BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(18)BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC			No
(19)BID PHYSICIAN ORGANIZATION LLC DBA BID CARE ORGANIZATION LLC 247 STATION DRIVE WESTWOOD, MA 02186 04-3426253	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON		Yes	
(20)BETH ISRAEL DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(21)BETH ISRAEL LAHEY HEALTH PHARMACY INC (FKA BIDMC PHARMACY) 80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I			Yes	
(22)BETH ISRAEL LAHEY HEALTH INC 20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A		Yes	
(23)BETH ISRAEL LAHEY HEALTH PRIMARY CARE FKA LPCO 41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC		Yes	
(24)BID-MILTON PHYSICIAN ASSOCIATES INC FKA MHF 199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON		Yes	
(25)BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(26)BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(27)CAB HEALTH AND RECOVERY SERVICES INC 199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION		Yes	
(28)CAREGROUP PARMENTER HOME CARE & HOSPICE INC 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I			Yes	
(29)COMMUNITY PHYSICIANS ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	BETH ISRAEL DEACONESS HOSPITAL - MILTON		Yes	
(30)CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN 185 PILGRIM ROAD BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I			Yes	
(31)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVENUE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER		Yes	
(32)HEALTH AND EDUCATION HOUSING SERVICES INC 199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION		Yes	
(33)JORDAN PHYSICIANS ASSOCIATES INC 275 SANDWICH STREET PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10			Yes	
(34)LAHEY CLINIC CANADIAN FOUNDATION 130 KING STREET WEST TORONTO, ONTARIO CA	FUNDRSG ORG	CA	501(C)(3)	12A, I	N/A		Yes	
(35)LAHEY CLINIC FOUNDATION INC 41 MALL ROAD BURLINGTON, MA 01805 04-2323457	SUPPORT	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC		Yes	
(36)LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITALS AND MEDICAL CENTER) 41 MALL ROAD BURLINGTON, MA 018050001 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC		Yes	
(37)LAHEY CLINIC INC 41 MALL ROAD BURLINGTON, MA 018050001 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC		Yes	
(38)LAHEY HEALTH SHARED SERVICES INC 41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC		Yes	
(39)LONGWOOD MEDICAL ENERGY COLLABORATIVE INC 375 LONGWOOD AVENUE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A		Yes	
(40)LONGWOOD MEDICAL INTERNATIONAL FOUNDATION INC 375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I			Yes	
(41)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE 464 HILLSIDE AVENUE NEEDHAM, MA 02492 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10			Yes	
(42)MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(43)MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I			Yes	
(44)NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(45)NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVENUE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL		Yes	
(46)NORTHEAST BEHAVIORAL HEALTH CORPORATION 199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC		Yes	
(47)NORTHEAST HEALTH SYSTEM INC 85 HERRICK STREET BEVERLY, MA 01915 04-3240453	SUPPORT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC		Yes	
(48)NORTHEAST HOSPITAL CORPORATION 85 HERRICK STREET BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(49)NORTHEAST MEDICAL PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION		Yes	
(50)NORTHEAST SENIOR HEALTH CORPORATION 85 HERRICK STREET BEVERLY, MA 01915 04-2721137	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC		Yes	
(51)NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA LAHEY HEALTH AT HOME 800 CUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION		Yes	
(52)SEACOAST AFFILIATED GROUP PRACTICE INC 25 HIGHLAND AVENUE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAKUES HOSPITAL INC		Yes	
(53)SEACOAST NURSING AND REHABILITATION CENTER INC 302 WASHINGTON STREET GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC		Yes	
(54)THE ANNA JAKUES COMMUNITY HEALTH FOUNDATION INC 25 HIGHLAND AVENUE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAKUES HOSPITAL INC		Yes	
(55)THE JORDAN HEALTH SYSTEMS INC 275 SANDWICH STREET PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER		Yes	
(56)WINCHESTER COMMUNITY ACCOUNTABLE CARE ORGANIZATION INC 41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC		Yes	
(57)WINCHESTER HEALTHCARE MANAGEMENT INC 41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC		Yes	
(58)WINCHESTER HOSPITAL 41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		Yes	
(59)WINCHESTER HOSPITAL FOUNDATION INC 39 DOUBLET HILL ROAD WESTON, MA 02493 04-3399570	SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC		Yes	

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

Cat. No. 50135Y

Schedule R (Form 990) 2019

Part IIIPart III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(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	
(1) BIDCO HOSPITAL LLC 247 STATION DRIVE NORTHWEST 1 WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A	EXCLUDED	-4,933,770	265,744		No			No	50.360 %
(2) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A	EXCLUDED		2,403,356		No			No	50.000 %
(3) BILH INVESTMENT PARTNERSHIP LLP (FKA CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	211,395,992	538,125,909		No	-3,501,835		No	59.070 %

Part IVPart 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)GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(2)HUNTINGFIELD CORPORATION C/O LAHEY CLINIC FOUNDATION INC 41 BURLINGTON, MA 01805 000000000	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C				Yes	
(3)JORDAN COMMUNITY ACO INC 275 SANDWICH STREET PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C				Yes	
(4)LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
(5)LEDGEWOOD HEALTHCARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	KY	N/A	C				Yes	
(6)NORTHEAST PHYSICIAN HOSPITAL ORGANIZATION INC 500 CUMMINGS CENTER STE 6500 BEVERLY, MA 01915 04-3258053	PHYS HOSP ORG	MA	N/A	C				Yes	
(7)NORTHEAST PHYSICAN PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3285837	PHYSICIAN OFFICE	MA	N/A	C				Yes	
(8)NORTHEAST PROPRIETARY CORP 100 POWERS STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C				Yes	
(9)WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(10)WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(11)WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	PHYS HOSP ORG	MA	N/A	C				Yes	

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

Yes	No
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1a	Yes	
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1b	Yes	
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1c		No
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1e	Yes	
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1f		No
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1g		No
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1h		No
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1i		No
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1j	Yes	
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1k		No
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11	Yes	
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1m	Yes	
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1n	Yes	
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10	Yes	
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1p	Yes	
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1q	Yes	
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1r	Yes	
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1s	Yes	
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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)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	P	5,644,247	FMV
(2)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	J	392,451	FMV
(3)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	Q	653,677	FMV
(4)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	N	16,512	FMV
(5)BETH ISRAEL DEACONESS HOSPITAL MILTON INC	Q	369,587	FMV
(6)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	P	2,177,252	FMV
(7)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	Q	1,369,573	FMV
(8)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC	R	225,155	FMV
(9)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC	P	37,676	FMV
(10)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC	Q	25,392	FMV
(11)BETH ISRAEL LAHEY HEALTH INC	P	24,413,031	FMV
(12)BETH ISRAEL LAHEY HEALTH INC	Q	16,659,921	FMV
(13)BETH ISRAEL LAHEY HEALTH INC	S	1,417,814	FMV
(14)BETH ISRAEL LAHEY HEALTH INC	R	1,815,160	FMV
(15)ANNA JAQUES HOSPITAL	Q	562,054	FMV
(16)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	L	2,341,365	FMV
(17)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	M	1,795,914	FMV
(18)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	2,916,117	FMV
(19)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	Q	6,396,400	FMV
(20)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	N	730,307	FMV
(21)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	Q	1,784,376	FMV
(22)LAHEY CLINIC INC	M	30,000	FMV
(23)LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITALS AND MEDICAL CENTER)	S	75,428	FMV
(24)LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITALS AND MEDICAL CENTER)	L	118,464	FMV
(25)LAHEY HEALTH SHARED SERVICES INC	R	1,462,898	FMV
(26)LAHEY HEALTH SHARED SERVICES INC	P	460,375	FMV
(27)LAHEY HEALTH SHARED SERVICES INC	Q	36,303	FMV
(28)NORTHEAST BEHAVIORAL HEALTH CORPORATION	P	36,303	FMV
(29)NORTHEAST HOSPITAL CORPORATION	L	286,225	FMV
(30)NORTHEAST HOSPITAL CORPORATION	Q	322,527	FMV
(31)WINCHESTER HOSPITAL	S	24,432	FMV
(32)WINCHESTER HOSPITAL	L	338,561	FMV
(33)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	S	3,882,802	FMV

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
PARTS I - V :	DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL -- MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL -- NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THESE ENTITIES MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. THE BY-LAW OF THESE ENTITIES REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS. REGS. 1.512(B)-1(L)(4). IN ADDITION, UNDER INTERNAL REVENUE CODE SECTION 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION. A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION. UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AND IT'S AFFILIATES ARE INCLUDED IN FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR.

Additional Data

Return to Form

Software ID:

Software Version: