

Form

990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](#) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

BETH ISRAEL DEACONESS MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

330 BROOKLINE AVENUE

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

BOSTON, MA 02215

F Name and address of principal officer:

PETER HEALY

330 BROOKLINE AVENUE

BOSTON, MA 02215

H(a) Is this a group return for subordinates?

Are all subordinates included?

If "No," attach a list. (see instructions)

H(c) Group exemption number

D Employer identification number

04-2103881

E Telephone number

(617) 667-8000

G Gross receipts \$ 2,883,008,347

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

J Website: WWW.BIDMC.HARVARD.EDU

K Form of organization: Corporation Trust Association Other

L Year of formation: 1915

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

MICHAEL CULLEN PRESIDENT

2022-08-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00743140

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission:

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 \$ 1,499,403,421 including grants of \$ 387,272) (Revenue \$ 1,555,739,953)

SEE SCHEDULE O-PATIENT CARE

4b

(Code:) (Expenses \$ 297,504,446 including grants of \$ 31,150,288) (Revenue \$ 233,753,354)

SEE SCHEDULE O-RESEARCH

4c

(Code:) (Expenses \$ 127,374,875 including grants of \$) (Revenue \$ 4,225,551)

SEE SCHEDULE O-TEACHING

4d

Other program services (Describe in Schedule O.)

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

4e

Total program service expenses 1,924,282,742

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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part X, 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 Part IX or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	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	518
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	13,675			
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?				8		
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? <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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	27	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	
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	Yes	
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, AZ, CA, CO, FL, GA, HI, IL, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, 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:	MARK JOHNSON 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 CHIEF EXECUTIVE OFFICER AND DIRECTOR (EX-OFFICIO)	1.00 64.00	X		X				0	3,378,281	364,897
(2) KIMBALL MD MPH ALEXA B DIRECTOR (EX-OFFICIO), PRESIDENT AND CEO OF HMFP	1.00 64.00	X						0	935,284	83,911
(3) HEALY PETER PRESIDENT & DIRECTOR (EX-OFFICIO)	1.00 65.00	X		X				0	935,579	72,395
(4) CHAIKOF MD PHD ELLIOT L DIRECTOR (EX-OFFICIO) & SURGERY CHIEF	30.00 32.00	X						432,561	432,561	85,784
(5) SZABO MD PHD HON SCD GY DIRECTOR (EX-OFFICIO), CHIEF ACADEMIC OFFICER	1.00 58.00	X						0	663,795	72,634
(6) ZEIDEL MD MARK L DIRECTOR (EX-OFFICIO) AND CHIEF (MEDICINE)	30.00 34.00	X						328,819	328,819	56,198
(7) ANDERSON CAROL F DIRECTOR, CHAIR	1.00 1.00	X		X				0	0	0
(8) DESIMONE THOMAS DIRECTOR AND FIRST VICE CHAIR	1.00 0.00	X		X				0	0	0
(9) FULP CAROL DIRECTOR AND VICE CHAIR	1.00 0.00	X		X				0	0	0
(10) LADD EDWARD DIRECTOR & VICE CHAIR	1.00 0.00	X		X				0	0	0
(11) AIN ARON DIRECTOR	1.00 0.00	X						0	0	0
(12) BERMAN ANN E DIRECTOR	1.00 0.00	X						0	0	0
(13) CHENG JILL T DIRECTOR	1.00 0.00	X						0	0	0
(14) CRONIN MICHAEL F DIRECTOR	1.00 0.00	X						0	0	0
(15) CUTLER JOEL E DIRECTOR	1.00 0.00	X						0	0	0
(16) JICK DANIEL J DIRECTOR	1.00 1.00	X						0	0	0
(17) JONES KIMBERLY Y 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) KNEZ DEBRA S DIRECTOR	1.00 0.00	X						0	0	0
(19) LESSER PAMELA DIRECTOR (EX-OFFICIO)	1.00 0.00	X						0	0	0
(20) LI MD FACP CHIANG J DIRECTOR	1.00 0.00	X						0	0	0
(21) MORTON KAREN V DIRECTOR	1.00 0.00	X						0	0	0
(22) REHNERT GEOFFREY S DIRECTOR	1.00 0.00	X						0	0	0
(23) REMIS HACKEL DANIELLE F DIRECTOR	1.00 0.00	X						0	0	0
(24) ROTTENBERG ALAN W DIRECTOR	1.00 0.00	X						0	0	0
(25) SILVER JENNIFER K DIRECTOR	1.00 0.00	X						0	0	0
(26) ULLIAN ELAINE DIRECTOR	1.00 0.00	X						0	0	0
(27) VORLICEK MARTHA DIRECTOR	1.00 0.00	X						0	0	0
(28) FISCHER STEVEN BILH CFO, TREASURER (EX-OFFICIO)	1.00 64.00			X				0	1,324,600	54,700
(29) KATZ ESQ JAMIE BILH GEN. COUNSEL, CLERK (EX-OFFICIO)	1.00 64.00			X				0	1,271,728	32,538
(30) CULLEN MICHAEL R CFO, SVP (FINANCE), ASST. TREASURER (EX-OFFICIO)	55.00 1.00			X				568,389	0	17,730
(31) ARMSTRONG ESQ EMILY ASST. CLERK, BIDMC	55.00 3.00			X				201,107	0	51,205
(32) KERNDL JOHN TREASURER (EX-OFFICIO)	1.00 34.00			X				0	0	0
(33) MAURER RN MSN MARSHA CNO & SVP OF PATIENT CARE SERVICES	55.00 0.00				X			626,116	0	48,214
(34) SKURA SAMUEL CHIEF OPERATING OFFICER	55.00 1.00				X			449,818	0	69,705
(35) SCHWARTZSTEIN MD RICHARD M VICE PRESIDENT OF EDUCATION	1.00 56.00				X			0	466,341	50,546
(36) ARMSTRONG WALTER SVP - CAPITAL FACILITIES & ENGINEERING	55.00 0.00				X			417,238	0	27,107
(37) MARKSON MD MPH LAWRENCE J INTERIM CHIEF INFORMATION OFFICER	55.00 0.00				X			293,608	0	51,242
(38) AYOUB JO VP, HR	55.00 0.00				X			271,232	0	46,706
(39) STEVENSON MD MARY ANN CHIEF, RADIATION ONCOLOGY	30.00 33.00					X		394,870	394,870	64,922
(40) KRUSKAL MD PHD JONATHAN B CHIEF OF RADIOLOGY	30.00 31.00					X		389,227	389,227	72,014
(41) OLBRIGHT MD SUZANNE CHIEF OF DERMATOLOGY	30.00 31.00					X		352,025	352,025	69,954
(42) PURSLEY MD DEWAYNE M CHIEF OF NEONATOLOGY	30.00 33.00					X		344,319	344,319	76,196
(43) RODRIGUEZ MD EDWARD KENNETH CHIEF ORTHOPEDIC SURGERY	30.00 31.00					X		324,299	324,299	92,654
(44) BROWN KERRY FORMER ASSISTANT CLERK	1.00 55.00						X	0	539,067	22,135
(45) LEWIS MD STANLEY M FMR. SVP, CHIEF SYSTEM DEVELOPMENT & STRATEGY	1.00 62.00						X	0	1,259,520	57,347
(46) SAFFITZ MD PHD JEFFREY E FORMER INTERIM CAO	30.00 32.00						X	337,400	337,400	54,896
(47) TANDON MANU BILH CIO; FORMER BIDMC CIO, SVP	55.00 55.00						X	304,147	212,541	81,131
(48) BIEBER JUDI FMR. CHIEF HUMAN RESOURCES OFFICER; FMR. SVP HR	55.00 0.00						X	468,274	0	48,773
(49) SHEEHAN RN MSN JAYNE FMR. SVP, SYSTEM INTEGRATION & CARE COORDINATION	1.00 56.00						X	0	431,134	44,729
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,503,449	14,321,390	1,870,263

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 ▶ 17

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
HARVARD MEDICAL FACULTY PHYS AT BIDMC 375 LONGWOOD AVENUE BOSTON, MA 02215	PHYSICIAN SERVICES PHYSICIAN SERVIC	188,596,387
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE SUITE 200 BOSTON, MA 02210	CONSTRUCTION	163,137,415
MASCO SERVICES 375 LONGWOOD AVENUE BOSTON, MA 02215	PARKING	10,641,274
SODEXO PO BOX 905374 CARLOTTE, NC 28204	FOOD SERVICE	7,753,317
WALSH BROTHERS INC 210 COMMERCIAL STREET BOSTON, MA 02109	CONSTRUCTION	4,809,677
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 ▶ 844		

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		
d	Related organizations	1d		
e	Government grants (contributions)	1e		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,871,861	
g	Noncash contributions included in lines 1a - 1f:\$	1g	1,673,584	
h Total. Add lines 1a-1f			47,871,861	

Program Service Revenue

2a	NET PATIENT SERVICE RE	Business Code				
		541700	1,555,739,953	1,555,739,953		
b	NIH FUNDED RESEARCH	541700	171,301,028	171,301,028		
c	SPONSORED RESEARCH	541700	62,452,326	62,452,326		
d	GRADUATE MED EDUCATION	611710	4,225,551	4,225,551		
e						
f	All other program service revenue.					
g Total. Add lines 2a-2f.			1,793,718,858			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		8,438,546		-1,888,052	10,326,598
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		329,310			329,310
		(i) Real	(ii) Personal			
6a	Gross rents	6a	16,666,663			
b	Less: rental expenses	6b	461,005			
c	Rental income or (loss)	6c	16,205,658			
d	Net rental income or (loss)		16,205,658		25,410	16,180,248
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory	7a	612,751,516			
b	Less: cost or other basis and sales expenses	7b	535,178,285			
c	Gain or (loss)	7c	77,573,231			
d	Net gain or (loss)		77,573,231		1,086,718	76,486,513
8a	Gross income from fundraising events (not including \$ 789 of contributions reported on line 1c). See Part IV, line 18	8a	7,420			
b	Less: direct expenses	8b	800			
c	Net income or (loss) from fundraising events		6,620			6,620
9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less					

returns and allowances . . .		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code				
11a CONTRACT PHARMACY	446110	334,192,037				334,192,037
b RESEARCH INCOME	541700	37,990,475				37,990,475
c PARKING	900099	9,177,801				9,177,801
d All other revenue		21,863,860	5,738,565	8,348,213		7,777,082
e Total. Add lines 11a–11d		403,224,173				
12 Total revenue. See instructions		2,347,368,257	1,799,457,423	7,572,289		492,466,684

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	29,858,498	29,858,498		
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.	1,679,061	1,679,061		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,698,709	4,343,769	354,940	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	689,180,210	637,119,625	52,060,585	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,655,114	45,253,365	2,401,749	
9 Other employee benefits	41,113,109	38,007,431	3,105,678	
10 Payroll taxes	59,581,490	55,080,711	4,500,779	
11 Fees for services (non-employees):				
a Management	58,314,963		58,314,963	
b Legal	1,840,914		1,840,914	
c Accounting	1,426,155	41,076	1,385,079	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	304,304			304,304
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)	318,490,230	248,943,794	69,546,436	
12 Advertising and promotion	705,386	633,543	71,843	
13 Office expenses	480,321,165	470,513,331	9,807,834	
14 Information technology	15,535,917	13,134,498	2,401,419	
15 Royalties				
16 Occupancy	96,241,673	83,808,853	12,432,820	
17 Travel	144,871	108,881	35,990	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	464,423	387,092	77,331	
20 Interest	4,623,076		4,623,076	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,926,215	65,506,547	18,419,668	
23 Insurance	12,480,945	10,188,794	2,292,151	
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	137,882,020	137,882,020		
b ALL OTHER EXPENSES	38,306,303	28,043,316	10,262,987	
c CONTRACTED SERVICES	34,591,107	33,409,746	1,181,361	
d UNCOMPENSATED CARE	20,350,199	20,350,199		
e All other expenses	7,261,826	-11,408	7,273,234	
25 Total functional expenses. Add lines 1 through 24e	2,186,977,883	1,924,282,742	262,390,837	304,304
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		1,154,197,208	2	1,053,568,055	
	3	Pledges and grants receivable, net		87,911,875	3	80,016,752	
	4	Accounts receivable, net		179,172,985	4	193,436,742	
	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		25,180,372	8	39,375,930	
	9	Prepaid expenses and deferred charges		18,818,606	9	10,542,738	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,047,643,907			
	b	Less: accumulated depreciation	10b	2,169,276,437	693,612,390	10c	878,367,470
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		239,694,033	12	286,561,300	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		104,312,646	15	214,486,288	
16	Total assets. Add lines 1 through 15 (must equal line 33)		2,502,900,115	16	2,756,355,275		
Liabilities	17	Accounts payable and accrued expenses		266,545,077	17	304,716,977	
	18	Grants payable			18		
	19	Deferred revenue		252,900,436	19	234,067,863	
	20	Tax-exempt bond liabilities		614,624,965	20	583,825,075	
	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		306,238,895	25	330,141,367	
	26	Total liabilities. Add lines 17 through 25		1,440,309,373	26	1,452,751,282	
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		724,779,598	27	919,378,646	
	28	Net assets with donor restrictions		337,811,144	28	384,225,347	
	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		1,062,590,742	32	1,303,603,993	
	33	Total liabilities and net assets/fund balances		2,502,900,115	33	2,756,355,275	

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	2,347,368,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,186,977,883
3	Revenue less expenses. Subtract line 2 from line 1	3	160,390,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,062,590,742
5	Net unrealized gains (losses) on investments	5	22,706,091
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	57,916,786
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,303,603,993

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

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 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

Facts And Circumstances Test

Return Reference

Explanation

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
		2020
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
RESTRICTED		\$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		113,631
j	Total. Add lines 1c through 1i			113,631
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 \$113,631 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ (ii) Assets included in Form 990, Part X ▶ \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 0
d Additions during the year	1d 5,613,426
e Distributions during the year	1e 5,613,426
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 | 337,811,145 | 320,834,479 | 317,881,417 | 262,104,525 | 237,508,948 |
| b Contributions | 29,758,444 | 9,338,360 | 25,588,786 | 68,417,018 | 29,262,761 |
| c Net investment earnings, gains, and losses | 24,091,677 | 11,060,325 | 22,615,726 | 6,088,857 | 16,022,089 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 7,435,918 | 3,422,020 | 45,251,450 | 18,728,983 | 20,689,273 |
| f Administrative expenses | | | | | |
| g End of year balance | 384,225,348 | 337,811,144 | 320,834,479 | 317,881,417 | 262,104,525 |
- 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 ▶ 26.000 %

c Term endowment ▶ 74.000 %

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		482,796,847	288,687,650	194,109,197
c Leasehold improvements		699,318,514	585,384,268	113,934,246
d Equipment		1,841,245,667	1,295,204,519	546,041,148
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				878,367,470

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 BILHIP	286,561,300	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	286,561,300	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	51,854,189
(2)A/R MISC	11,051,449
(3)RESERVE FOR BAD DEBT	-1,600,000
(4)DEPOSITS	1,565,766
(5)CASH SURRENDER VALUE-EXEC LIFE	109,182
(6)HPHC WORKING CAPITAL	1,436,436
(7)PROFESSIONAL LIABILITY REINSURANCE RECOVERIES	51,669,585
(8)457(B) DEFERRED COMP/LT	3,013,899
(9)OPERATING ROU LT ASSETS ASC842	95,385,782
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	214,486,288

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	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	330,141,367

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	6,971,280,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	53,332,200
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,633,627,838
e	Add lines 2a through 2d	2e	4,686,960,038
3	Subtract line 2e from line 1	3	2,284,319,962
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	7,910,964
b	Other (Describe in Part XIII.)	4b	55,137,331
c	Add lines 4a and 4b	4c	63,048,295
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,347,368,257

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	6,619,235,000
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	4,438,624,398
e	Add lines 2a through 2d	2e	4,438,624,398
3	Subtract line 2e from line 1	3	2,180,610,602
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	6,828,286
b	Other (Describe in Part XIII.)	4b	-461,005
c	Add lines 4a and 4b	4c	6,367,281
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,186,977,883

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 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 2021 AND 2020, RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RELEASED FROM RESTRICTION 8,652,100. CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATION 4,624,975,738.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENT -461,005. TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS 29,758,444. TEMPORARILY RESTRICTED REALIZED GAINS 25,839,892.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATIES EXPENSE NET OF ELIMINATION 4,438,624,398.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RENT -461,005.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		164,147,015
(2) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		36,876,920
(3) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	75,263
(4) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	10,593
(5) MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	1,006
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			201,110,797
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			201,110,797

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	53,732	ELECTRONIC FUND/WIRE TRANSFER	0		
(2)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	985,689	ELECTRONIC FUND/WIRE TRANSFER	0		
(3)			MIDDLE EAST AND NORTH AFRICA	RESEARCH SUB-AWARD	234,694	ELECTRONIC FUND/WIRE TRANSFER	0		
(4)			NORTH AMERICA	RESEARCH SUB-AWARD	269,926	ELECTRONIC FUND/WIRE TRANSFER	0		
(5)			SOUTH AMERICA	RESEARCH SUB-AWARD	53,503	ELECTRONIC FUND/WIRE TRANSFER	0		
(6)			SOUTH ASIA	RESEARCH SUB-AWARD	39,958	ELECTRONIC FUND/WIRE TRANSFER	0		
(7)			SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	41,559	ELECTRONIC FUND/WIRE TRANSFER	0		
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1

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

☒ Yes

☐ No
- 2

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

☐ Yes

☒ No
- 3

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

☒ Yes

☐ No
- 4

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

☒ Yes

☐ No
- 5

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

☒ Yes

☐ No
- 6

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

☒ Yes

☐ No

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
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

b

☒

Internet and email solicitations

c

☐

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

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

b

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ZURI GROUP 328 NW BOND ST BEND, OR 97701	STRATEGY CONSULTING		No	0	216,643	-216,643
2 VOX COMMUNICATIONS 64 NORTH BORDER ROAD WINCHESTER, MA 01890	MARKETING CONSULTANT		No	0	8,073	-8,073
3 DAILEY INNOVATIONS 8014 LAKECREST DRIVE GREENBELT, MD 20770	STRATEGY CONSULTING		No	0	19,278	-19,278
4 EST CREATIVE 50 METACOMET STREET WRENTHAM, MA 02093	MARKETING CONSULTANT		No	0	5,834	-5,834
5 BONNIE PRESCOTT 21 GREENLEAF DRIVE EXETER, NH 03833	COMMUNICATION CONSULTANT		No	0	26,560	-26,560
6 FLETCHER SPAGHT 75 STATE STREET SUITE 100 BOSTON, MA 02109	RESEARCH FOCUSED GROUPS		No	0	2,400	-2,400
7 DEBORAH OUELLETTE 75 HALIFAX STREET B9 WINSLOW, ME 04901	RESEARCH CONSULTANT		No	0	24,476	-24,476
8 SHARON LIN 419 BLAKE STREET NEW HAVEN, CT 06515	RESEARCH CONSULTANT		No	0	1,040	-1,040
9						
10						
Total ▶					304,304	-304,304

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

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

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2020

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 REASON TO RIDE (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	8,209			8,209
	2 Less: Contributions	789			789
	3 Gross income (line 1 minus line 2)	7,420			7,420
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	800			800
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				800
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				6,620

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

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

14

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

Name ▶ -----

Address ▶ -----

15a

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

☐ Yes ☐ No

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----.

Description of services provided ▶ -----

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

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

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 40000.0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	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)			31,731,737	12,251,277	19,480,460	0.890 %
b Medicaid (from Worksheet 3, column a)			250,287,430	221,333,877	28,953,553	1.320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			282,019,167	233,585,154	48,434,013	2.210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			11,639,579	2,282,189	9,357,390	0.430 %
f Health professions education (from Worksheet 5)			97,381,431	28,925,256	68,456,175	3.130 %
g Subsidized health services (from Worksheet 6)			52,877,366	25,250,882	27,626,484	1.260 %
h Research (from Worksheet 7)			307,298,416	241,917,383	65,381,033	2.990 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			9,262,458	47,264	9,215,194	0.420 %
j Total. Other Benefits			478,459,250	298,422,974	180,036,276	8.230 %
k Total. Add lines 7d and 7j			760,478,417	532,008,128	228,470,289	10.440 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing					
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			384,124	5,000	379,124
0.020 %					
9 Other			54,241	0	54,241
0 %					
10 Total			438,365	5,000	433,365
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	12,152,530	
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	576,908,003	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	622,806,728	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-45,898,725	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV

Management Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

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

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

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
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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
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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?	10	Yes
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?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

BETH ISRAEL DEACONESS MEDICAL CENTER	
Name of hospital facility or letter of facility reporting group	
Did the hospital facility have in place during the tax year a written financial assistance policy that:	
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400.000000000000 % b ☐ Income level or other limit (describe in Section C) for discounted care of 400.000000000000 % c ☒ Asset level d ☒ Medical indigency e ☐ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)
14	Explained the basis for calculating amounts charged to patients?
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a ☒ The FAP was widely available on a website (list url): 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 SAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	No

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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?

6

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 6 - WILLIAM ARNOLD-CAROL A WARFIELD 1 BROOKLINE PLACE BROOKLINE, MA 02445	OUTPATIENT MEDICAL CARE
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 PART V, SUPPLEMENTAL INFORMATION	FORM 990 SCHEDULE H PART V, SECTION C, SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION BFINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCOMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSBETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AFFILIATIONBETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A MEMBER OF BETH ISRAEL LAHEY HEALTH (BILH). THE BILH NETWORK OF AFFILIATES 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. AT THE HEART OF BILH IS THE BELIEF THAT EVERYONE DESERVES HIGH-QUALITY, AFFORDABLE HEALTH CARE AND THIS BELIEF IS WHAT DRIVES EACH AFFILIATE TO WORK WITH COMMUNITY PARTNERS ACROSS THE REGION TO PROMOTE HEALTH, EXPAND ACCESS AND DELIVER THE BEST CARE IN THE COMMUNITIES BILH SERVES. BILH'S COMMUNITY BENEFITS STAFF ARE COMMITTED TO WORKING COLLABORATIVELY WITH BILH'S COMMUNITIES TO ADDRESS THE LEADING HEALTH ISSUES AND CREATE A HEALTHY FUTURE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.BIDMC COMMUNITY 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. BIDMC'S 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 IN BIDMC'S SERVICE AREA THAT ARE GEARED TOWARD IMPROVING THE 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 FINANCIAL SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, BIDMC PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFITS OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$18,572,584 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNITY BENEFITS LEADERSHIP/TEAMTHE BIDMC COMMUNITY BENEFITS PROGRAM IS SPEARHEADED BY A TEAM OF COMMUNITY BENEFITS SENIOR LEADERS INCLUDING THE VICE PRESIDENT AND DIRECTOR OF COMMUNITY BENEFITS. THE VICE PRESIDENT OF COMMUNITY BENEFITS HAS DIRECT ACCESS TO AND IS ACCOUNTABLE TO THE BIDMC PRESIDENT AND ALSO REPORTS DIRECTLY TO THE BILH CHIEF DIVERSITY, EQUITY AND INCLUSION OFFICER. THESE LEADERS ENSURE THAT COMMUNITY BENEFITS IS ADDRESSED BY THE ENTIRE ORGANIZATION AND THAT THE NEEDS OF HISTORICALLY UNDERSERVED POPULATIONS ARE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES, AND PROGRAM DEVELOPMENT. ADDITIONALLY, BIDMC'S

Form and Line Reference	Explanation
	BOARD OF TRUSTEES IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS THROUGHOUT ITS SERVICE AREA AND BEYOND. WORLD-CLASS CLINICAL EXPERTISE, EDUCATION AND RESEARCH ALONG WITH AN UNDERLYING COMMITMENT TO HEALTH EQUITY ARE THE PRIMARY TENETS OF THE MISSION OVERSEEN BY THE BOARD OF TRUSTEES. COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGYMOST 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'S BOARD OF TRUSTEES 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 501(R). THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED IMPLEMENTATION STRATEGY REPRESENT THE CULMINATION OF A YEAR OF WORK AND WERE BORNE LARGELY OF BIDMC'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA (CBSA) WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED. THE PROJECT ALSO FULFILLS THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BIDMC ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW BIDMC, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT(S), WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA.
2019 COMMUNITY HEALTH NEEDS ASSESSMENTTARGETED GEOGRAPHY AND POPULATION	AS NOTED ABOVE, BIDMC COMPLETED ITS LAST ASSESSMENT IN SEPTEMBER 2019. THE GEOGRAPHIC FOCUS OF BIDMC'S MOST RECENTLY COMPLETED 2019 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). IN AUGUST 2021, BIDMC OPENED TWO NEW LICENSED SITES IN BURLINGTON AND PEABODY; THESE TWO MUNICIPALITIES ARE NOW PART OF BIDMC'S CBSA. THESE MUNICIPALITIES ARE NOT INCLUDED IN THE FY 19 CHNA OR CURRENT FY 20-22 IMPLEMENTATION STRATEGY BUT ARE INCLUDED IN BIDMC'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. 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. BIDMC'S TARGET POPULATIONS FOCUS ON MEDICALLY-UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES, AS FOLLOWS: YOUTH AND ADOLESCENTS OLDER ADULTS LOW RESOURCE INDIVIDUALS AND FAMILIES LGBTQ POPULATION RACIALLY AND ETHNICALLY DIVERSE POPULATIONS/NON-ENGLISH SPEAKERS TARGET POPULATIONS FOR BIDMC'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS, AND A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R).2019 COMMUNITY HEALTH NEEDS ASSESSMENTSUMMARY 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 IMPLEMENTATION STRATEGY. 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 ITS 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 FORUMS.2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSDETAIL OF APPROACH AND METHODSBIDMC RELIED ON NUMEROUS PRIMARY AND SECONDARY DATA SOURCES TO ANALYZE THE HEALTH STATUS AND NEED LEVEL THROUGHOUT ITS 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)

Form and Line Reference	Explanation
	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 PROCESKEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5)BIDMC'S CHNA WAS INFORMED BY 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 C 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 PROCESSFOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5)BIDMC PARTICIPATED IN 35 COMMUNITY FOCUS GROUPS IN ITS' 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 IMPLEMENTATION STRATEGY 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 CHNA-CHIP COLLABORATIVE'S 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 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	2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSREVIEWING 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 PROCESKEY 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 SPEAKERSBIDMC'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

Form and Line Reference	Explanation
	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 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 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, AND THE ASSOCIATED IMPLEMENTATION STRATEGY ADOPTED FROM THIS PROCESS WERE DESIGNED TO INFORM BIDMC'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2020; SEPTEMBER 30, 2021; AND SEPTEMBER 30, 2022.COMMUNITY HEALTH NEEDS ASSESSMENTMAKING 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 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 ASSESSMENTADDRESSING COMMUNITY HEALTH NEEDS	COMMUNITY HEALTH NEEDS ASSESSMENTADDRESSING 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 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. THAT CHNA AND IMPLEMENTATION STRATEGY (IS) INFORMED THE COMMUNITY BENEFITS MISSION AND ACTIVITIES OF BIDMC FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, AND WILL CONTINUE TO INFORM THE HOSPITAL'S COMMUNITY BENEFITS MISSION AND ACTIVITIES FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2022.A SUMMARY OF BIDMC'S COMMUNITY BENEFITS ACTIVITIES THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND PRIORITIZED IN THE RELATED IMPLEMENTATION STRATEGY ARE PROVIDED HERE ALONG WITH THE ENTITIES THAT THE HOSPITAL PARTNERS WITH ON THESE EFFORTS. 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 DETERMINANTS OF HEALTH GOAL 1: PROMOTE HEALTHY NEIGHBORHOODS (HEALTHY EATING, ACTIVE LIVING, OTHER HEALTHY BEHAVIORS, HEALTH-RELATED PROGRAMS/POLICIES) GOAL 2: PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION) GOALS 3 AND 4: PROMOTE AFFORDABLE HOUSING AND PROMOTE HOME OWNERSHIP GOAL 5: SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITIES GOAL 6: PROMOTE ENVIRONMENTAL SUSTAINABILITY PRIORITY AREA 2: CHRONIC / COMPLEX CONDITIONS & THEIR RISK FACTORS GOAL 1: IMPROVE CHRONIC DISEASE MANAGEMENT GOAL 2: REDUCE CANCER DISPARITIES (ACCESS TO SCREENING AND TREATMENT) GOAL 3: SUPPORT OLDER ADULTS TO AGE IN PLACE PRIORITY AREA 3: ACCESS TO CARE GOAL 1: INCREASE ACCESS TO QUALITY MEDICAL SERVICES, INCLUDING PRIMARY CARE, OB/GYN, AND SPECIALTY CARE AS WELL AS URGENT, EMERGENT AND TRAUMA CARE GOAL 2: INCREASE ACCESS TO QUALITY ORAL HEALTH SERVICES GOAL 3: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO FACE CULTURAL AND LINGUISTIC BARRIERS GOAL 4: PROMOTE GREATER HEALTH EQUITY AND REDUCE DISPARITIES IN ACCESS FOR LGBTQ POPULATIONS PRIORITY AREA 4: MENTAL HEALTH AND SUBSTANCE USE GOAL 1: INCREASE ACCESS TO QUALITY MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES GOAL 2: REDUCE BURDEN OF OPIOID USE GOAL 3: PROMOTE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND INCREASE CAPACITY COMMUNITY HEALTH NEEDS ASSESSMENTAPPROACH TO ADDRESSING HEALTH NEEDS (SCHEDULE H, PART V, SECTION B, LINE 11)BIDMC 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 AMONG 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), 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

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	HOMICIDE BEREAVEMENT. IT IS ALSO ONE OF THE LEADERS IN DEVELOPING PROGRAMMING TO ADDRESS SECONDARY TRAUMATIC STRESS AMONG DOMESTIC VIOLENCE AND MEDICAL SERVICE PROVIDERS. IN FY21, BIDMC PROVIDED EMERGENCY MEDICAL CARE TO 27 SEXUAL ASSAULT SURVIVORS IN THE EMERGENCY DEPARTMENT. 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 FY21 BIDMC'S OFFICE OF WORKFORCE DEVELOPMENT OFFERED 4 DIFFERENT CAREER PIPELINE PROGRAMS THAT SERVED 37 PEOPLE. ADDITIONALLY, 31 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 ADEQUATE 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 THE NEEDS OF THE MOST VULNERABLE IN WAYS THAT ARE CULTURALLY RESPONSIVE AND ACCESSIBLE. BIDMC IS COMMITTED TO STRENGTHENING THE CAPACITY OF ITS FIVE AFFILIATED CHCS INCLUDING: BOWDOIN STREET HEALTH CENTER (BSHC), THE DIMOCK HEALTH CENTER, FENWAY HEALTH, CHARLES RIVER COMMUNITY HEALTH, AND SOUTH COVE COMMUNITY HEALTH CENTER. 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 RESOURCE). WHILE OUTER CAPE HEALTH SERVICES REMAINS A CLINICAL AFFILIATE AND BIDMC COLLABORATOR AND COMMUNITY PARTNER, THE HEALTH CENTER IS LONGER A MEMBER OF CCA. 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 BSHC'S FITNESS IN THE CITY AND CANCER PATIENT NAVIGATORS AT BIDMC. TO SUPPORT CANCER PATIENTS WHEN SPECIALTY CARE OR INPATIENT HOSPITALIZATIONS ARE NECESSARY, BIDMC OFFERS THE SERVICES OF BILINGUAL AND BICULTURAL CANCER PATIENT NAVIGATORS WHO BRIDGE THE GULF BETWEEN COMMUNITY PROVIDERS AND THE MEDICAL CENTER. ONE PATIENT NAVIGATOR SPECIALIZES IN SERVING THE LATINO COMMUNITY AND THE OTHER SPECIALIZES IN SERVING THE CHINESE COMMUNITY, THOUGH THEY ALSO SERVE PATIENTS FROM OTHER ETHNIC GROUPS. DETAILS OF OTHER BIDMC PROGRAMS, SUCH AS BOWDOIN STREET HEALTH CENTER'S FITNESS IN THE CITY, ADDRESSING CHRONIC DISEASE MANAGEMENT ARE INCLUDED IN THE IMPLEMENTATION STRATEGY UPDATE BELOW.AMONG THE MANY WAYS BIDMC AND ITS PARTNERS ADDRESS BEHAVIORAL HEALTH NEEDS IS BY EXPANDING BEHAVIORAL HEALTH INTEGRATION AT ITS AFFILIATED HEALTH CENTERS AS WELL AS SCREENING PATIENTS AT BIDMC AND CONNECTING THEM TO APPROPRIATE SERVICES. FOR EXAMPLE, 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. BIDMC ALSO CONTINUED TO DEDICATE SIGNIFICANT TIME AND RESOURCES TO RESPOND TO NEEDS RELATED TO COVID-19, SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, AND ACCESS TO CARE. FOR EXAMPLE, BIDMC CONTINUED TO OFFER ACCESS TO COVID-19 TESTING AT ITS CHELSEA LOCATION. IN RESPONSE TO FOOD INSECURITY CAUSED AND/OR EXACERBATED BY COVID-19, BIDMC PARTNERED WITH ITS' LICENSED AND AFFILIATED HEALTH CENTERS AND OTHER ORGANIZATIONS TO IMPROVE FOOD ACCESS. BOWDOIN STREET HEALTH CENTER DELIVERED BI-WEEKLY FOOD BOXES FOR HEALTH CENTER PATIENTS WHO IDENTIFIED AS FOOD INSECURE. THE DIMOCK CENTER ADDRESSED FOOD INSECURITY AMONG PATIENTS AND COMMUNITY RESIDENTS THROUGH A GIFT-CARD BASED PROGRAM, PROVIDING A FLEXIBLE MECHANISM FOR INDIVIDUALS TO PURCHASE NECESSARY FOOD AND HOUSEHOLD ITEMS. A FULL UPDATE ON BIDMC'S HEALTH PRIORITIES AND ASSOCIATED GOALS IS INCLUDED BELOW.
FY20 SCHEDULE H IMPLEMENTATION STRATEGY UPDATE	KEY: BASELINE-2020, YEAR 1-2021, YEAR 2-2022PRIORITY AREA 1: SOCIAL DETERMINANTS OF HEALTH 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 BIDMC'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. THE IMPACT OF RACISM, BARRIERS TO CARE, AND DISPARITIES IN HEALTH OUTCOMES THAT THESE POPULATIONS FACE ARE WIDELY DOCUMENTED. THERE ARE A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. THE UNDERLYING ISSUE IS NOT ONLY RACE/ETHNICITY, FOREIGN BORN STATUS, OR LANGUAGE BUT RATHER A BROAD ARRAY OF INTERRELATED ISSUES INCLUDING ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION. GOAL 1: PROMOTE HEALTHY NEIGHBORHOODS (HEALTHY EATING, ACTIVE LIVING, OTHER HEALTHY BEHAVIORS, HEALTH-RELATED PROGRAMS/POLICIES) PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF CHILDREN IN CCA CLINICS WHO ARE SCREENED FOR BMI1.2 INCREASE THE NUMBER OF CHILDREN, YOUTH, AND ADULTS WHO ARE PHYSICALLY ACTIVE1.3 DEVELOP AND UPDATE ANNUALLY A STRATEGIC PROGRAM PLAN FOR BOWDOIN STREET WELLNESS CENTER1.4 INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN THE COMMUNITY1.5 IMPROVE NUTRITIONAL QUALITY OF THE FOOD SUPPLY1.6 DECREASE THE NUMBER OF INDIVIDUALS AND FAMILIES WHO SUFFER FROM FOOD INSECURITY1.7 PROVIDE OPPORTUNITIES FOR NEIGHBORHOODS TO IDENTIFY AND ADDRESS UNIQUE NEIGHBORHOOD NEEDSCOMMUNITY OBJECTIVES / STRATEGIES PROMOTE UNIVERSAL SCREENING FOR BMI ALONG WITH APPROPRIATE COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION SUPPORT AND PROMOTE THE DEVELOPMENT OF WALKING AND OTHER PHYSICAL ACTIVITY GROUPS IN SCHOOLS, COMMUNITY-BASED AND PRIMARY CARE-BASED

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	SETTINGS (E.G., BOWDOIN STREET WELLNESS CENTER) SUPPORT AND COLLABORATE WITH BPHC AND COMMUNITY-BASED ORGANIZATIONS (E.G., DAILY TABLE, GBFB, ETC.) TO PROMOTE ACCESSIBLE/AFFORDABLE HEALTHY FOOD INCLUDING RX FOOD PRESCRIPTION, AND FARMERS MARKETS SUPPORT HEALTHY CHAMPIONS, A GROUP OF TEENAGERS, IN HEALTHY COOKING AND EDUCATION WORKSHOPS SUPPORT THE FITNESS IN THE CITY PROGRAM AT BSHC SELECT NEIGHBORHOOD COLLECTIVES TO IDENTIFY AND ADDRESS UNIQUE NEIGHBORHOOD NEEDSMETRICS AND STATUS UPDATE: NUMBER OF CHILDREN 3-17 AT AFFILIATED HEALTH CENTERS WHO ARE SCREENED FOR BMI AND COUNSELED FOR PHYSICAL ACTIVITY AND NUTRITION (FY20: 7,137 FY21: 5,694) PERCENTAGE OF CHILDREN SEEN AT AFFILIATED HEALTH CENTERS THAT WERE SCREENED FOR BMI AND COUNSELED FOR NUTRITION AND PHYSICAL ACTIVITY (FY20: 73%; FY21: 62%) NUMBER OF SCHOOLS PARTICIPATING IN WALKING PROGRAMS AND OTHER PHYSICAL ACTIVITY GROUPS (FY20: 8 PUBLIC SCHOOLS; FY21: PROGRAM ENDED IN FY20) NUMBER OF PARTICIPANTS IN THE FITNESS IN THE CITY PROGRAM (FY20: 73; FY21: 56) NUMBER OF BOWDOIN GENEVA FARMERS' MARKETS AND OTHER FARMERS MARKETS HELD (FY20: 0 - DID NOT TAKE PLACE DUE TO COVID-19; FY21: PROGRAM ENDED DUE TO FUNDING CHANGES AND REDIRECTION DUE TO COVID-19) POUNDS OF PRODUCE SOLD AT BOWDOIN GENEVA FARMERS' MARKETS (FY20: 0 - DID NOT TAKE PLACE DUE TO COVID-19; FY21: PROGRAM ENDED DUE TO FUNDING CHANGES AND REDIRECTION DUE TO COVID-19) NUMBER OF FOOD BOXES BSHC PROVIDED (FY21: 2,925 BOXES TO 125 UNIQUE FAMILIES) NUMBER OF PATIENTS REFERRED TO BSHC COMMUNITY HEALTH WORKERS FOR SUPPORT (FY20: 183; FY21: 438) NUMBER OF INTERVENTION CALLS BSHC COMMUNITY HEALTH WORKERS RESPONDED TO (FY20: 118; FY21: 85) NUMBER OF PATIENTS EACH BSHC COMMUNITY HEALTH WORKER PROVIDES SUPPORT/ INTERVENTION TO (FY20: 48; FY21: 74)GOAL 2: PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION)PROGRAMMATIC OBJECTIVES1.1 INCREASE ACCESS TO MENTAL HEALTH SERVICES AT BSHC FOR AFFECTED VICTIMS1.2 INCREASE PARTICIPATION IN ADVOCATE EDUCATION AND SUPPORT PROJECT1.3 PROVIDE COUNSELING AND OTHER MEDICAL SERVICES TO RAPE VICTIMS1.4 PROVIDE GRIEVING SUPPORT ACTIVITIES1.5 CONDUCT NEIGHBORHOOD CAMPAIGNS TO ENGAGE COMMUNITY AND CREATE GREATER COMMUNITY COHESION1.6 INCREASE ACCESS TO CARE AND SUPPORT TO NEIGHBORHOODS IMPACTED BY TRAUMA THROUGH THE NEIGHBORHOOD TRAUMA TEAMCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT AND ORGANIZE COMMUNITY MEETINGS WHERE RESIDENTS SHARE THEIR CONCERNS AND DISCUSS POSSIBLE ACTION STEPS (VIP/ VILLAGE IN PROGRESS CALL TO ACTION) IDENTIFY AND EMPOWER COMMUNITY LEADERS THROUGH OUTREACH ACTIVITIES TO BUILD COMMUNITY COHESION SUPPORT PROGRAMS IN BSHC THAT INTEGRATE SERVICES PROVIDED BY BEHAVIORAL HEALTH SPECIALISTS AND MONITOR, ASSESS, AND TREAT THOSE EXPERIENCING TRAUMA FROM VIOLENCE HOLD HEALING SERVICES WHEN APPROPRIATE FOR COMMUNITY RESIDENTS PARTICIPATE IN COMMUNITY INTERVENTIONS THAT RAISE AWARENESS ABOUT VIOLENCE, ENGAGE THE COMMUNITY, ADDRESS FACTORS ASSOCIATED WITH VIOLENCE AND PROMOTE 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 BOWDOIN STREET HEALTH CENTER RESPOND TO ALL INCIDENTS OF HOMICIDE OR VIOLENCE WITHIN CATCHMENT AREA THAT MEET CRITERIA AS ESTABLISHED BY THE BPHC (VIP AND NTT)METRICS AND STATUS UPDATES NUMBER OF SEXUAL ASSAULT VICTIMS RECEIVING SERVICES (FY20: PROVIDED SERVICES, INCLUDING COUNSELING TO 56 SEXUAL ASSAULT VICTIMS. PROVIDED POST-HIV EXPOSURE PROPHYLAXIS MEDICATIONS TO 34 SEXUAL ASSAULT VICTIMS; FY21: PROVIDED SERVICES, INCLUDING COUNSELING TO 27 SEXUAL ASSAULT VICTIMS.) NUMBER OF SAFE BED OVERNIGHT STAYS (FY20: 34; FY21:11) NUMBER OF HEALTH CENTERS, COLLEGES AND UNIVERSITIES, AND COMMUNITY GROUPS RECEIVING EDUCATIONAL PROGRAMMING AROUND SEXUAL ASSAULT, INTERPERSONAL VIOLENCE, COMMUNITY VIOLENCE AND SECONDARY TRAUMATIC STRESS (FY20:17; FY21: 41) NUMBER OF HEALING CIRCLES HELD WITH WOMEN, MEN, AND CHILDREN (FY20: 86 HEALING CIRCLES, SERVING OVER 1,130 MEMBERS OF THE COMMUNITY; FY21: 64 HEALING CIRCLES, SERVING OVER 715 MEMBERS OF THE COMMUNITY) NUMBER OF INCIDENTS OF HOMICIDE OR VIOLENCE RESPONDED TO (FY20: 43; FY21: 36) NUMBER OF BOWDOIN/GENEVA YOUTH PARTICIPATING IN THE BSHC YOUTH LEADERSHIP PROGRAM (FY20: 30; FY21: 22)GOAL 3: PROMOTE AFFORDABLE HOUSING AND GOAL 4: PROMOTE HOME OWNERSHIP PROGRAMMATIC OBJECTIVES1.1 INCREASE ACCESS TO AFFORDABLE HOUSING1.2 INCREASE HOME OWNERSHIP1.3 REDUCE RISK OF HOMELESSNESSCOMMUNITY ACTIVITIES / STRATEGIES FUND COMMUNITY-BASED ORGANIZATIONS THAT ARE WORKING ON AFFORDABLE HOUSING AND HOME OWNERSHIP INITIATIVES THROUGH BIDMC'S NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE (CHI) CONDUCT PUBLIC POLICY AND ADVOCACY THAT AIMS TO INCREASE: ACCESS TO AFFORDABLE HOUSING, HOUSING STABILITY, AND HEALTHY LIVING CONDITIONS (INCLUDING SAFETY) AND IMPROVE HOUSING QUALITY PROVIDE ACCESS TO HOUSING STABILITY SERVICES SUCH AS LEGAL AID PROVIDE RESOURCES TO MITIGATE FINANCIAL "CLIFF EFFECTS" PROVIDE HOUSING OPPORTUNITIES FOR LGBTQIA+ YOUTH AND HOMELESS YOUTH AND YOUNG ADULTS BUILD CAPACITY OF RESIDENTS TO ADVOCATE AND ORGANIZE AGAINSTUNJUST EVICTIONS AND FORECLOSURES SUPPORT HOME BUYING AND FINANCIAL LITERACY EDUCATION SUPPORT HOMEOWNERSHIP PROGRAMSMETRICS AND STATUS UPDATES RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF HOMELESSNESS, RENTAL ASSISTANCE, AND HOME OWNERSHIP TO ADDRESS HOUSING AFFORDABILITY THROUGH BIDMC'S CHI, 7 ORGANIZATIONS WERE FUNDED TO ADDRESS HOUSING AFFORDABILITY EACH CHI GRANTEE CREATED A LOGIC MODEL TO OUTLINE PROJECT ACTIVITIES AND GOALS CHI GRANTEES PARTICIPATED IN 7 EVALUATION LEARNING COLLABORATIVES TO BUILD THEIR EVALUATION CAPACITY IN FY21, THE BIDMC SOCIAL WORK DEPARTMENT PROVIDED HOUSING SUPPORT TO 74 PATIENTS IN NEED OF SHORT- OR LONG-TERM HOUSING
GOAL 5: SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITI	PROGRAMMATIC OBJECTIVES1.1 INCREASE MENTORSHIP, TRAINING, AND EMPLOYMENT OPPORTUNITIES FOR YOUTH, YOUNG ADULTS, AND ADULTS RESIDING IN THE BIDMC CBSA AS WELL AS BIDMC EMPLOYEES1.2 PROMOTE WORKFORCE DEVELOPMENT AND CAPACITY BUILDINGCOMMUNITY 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

Form and Line Reference	Explanation
	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 FUND COMMUNITY-BASED ORGANIZATIONS THROUGH THE NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE TO ADDRESS JOBS AND FINANCIAL SECURITY PROVIDE SUPPORT FOR BI-LINGUAL/BI-CULTURAL PROVIDERS PROVIDE PAID WORKFORCE DEVELOPMENT OPPORTUNITIES FOR LATINX, ENGLISH LANGUAGE LEARNERS, AND IMMIGRANT YOUTHMETRICS AND STATUS UPDATES NUMBER OF PIPELINE PROGRAMS OFFERED (FY20: 6; FY21: 4) NUMBER OF PARTICIPANTS IN PIPELINE PROGRAM (FY20: 34; FY21: 37) NUMBER OF PARTICIPANTS WHO GRADUATED FROM PIPELINE PROGRAMS (FY20: 28; FY21:16) NUMBER OF EMPLOYEES RECEIVING ECI SERVICES (FY20: 551; FY21: 398) NUMBER OF EMPLOYEES ENROLLED IN ESOL CLASSES (FY20: 24; FY21: 18) NUMBER OF ADULT INTERNS PLACED (FY20: 14; FY21: 0 (COVID)) NUMBER OF ADULT INTERNS HIRED AFTER INTERNSHIPS (FY20: 6; FY21: 0) NUMBER OF REFERRALS/RECOMMENDATIONS BY COMMUNITY PARTNERS FOR BIDMC TO HIRE (FY20: 202; FY21: 310) NUMBER OF HIRES FROM REFERRALS FROM COMMUNITY PARTNERS (FY21: 40) NUMBER OF SUMMER JOB OPPORTUNITIES PROVIDED (FY20: 22; FY21: 31) NUMBER OF SCHOOL INTERNS HOSTED (FY20: 1; FY21: 0) NUMBER OF BOSTON PUBLIC SCHOOL STUDENTS HOSTED FOR PIC'S ANNUAL JOB SHADOW DAY (FY20: 0 (DID NOT TAKE PLACE DUE TO COVID-19); FY21: PIC HAS DISCONTINUED OFFERING THIS EVENT TO BPS KIDS NUMBER OF HIGH SCHOOL STUDENTS HOSTED IN SUMMER HEALTH CORPS PROGRAM (FY20: 0 (DID NOT RUN DUE TO COVID-19); FY21: 20) NUMBER OF EMPLOYEES PARTICIPATING IN COMPUTER SKILLS, CITIZENSHIP, AND FINANCIAL LITERACY CLASSES (FY20: 36 EMPLOYEES PARTICIPATED IN A COMPUTER SKILLS CLASS, 17 ATTENDED CITIZENSHIP CLASSES, AND 155 ATTENDED A FINANCIAL LITERACY CLASS; FY 21: 91 ATTENDED A COMPUTER SKILLS CLASS, 12 ATTENDED CITIZENSHIP CLASSES AND 151 ATTENDED FINANCIAL LITERACY CLASSES) NUMBER OF YOUTH THAT GRADUATED BSHC YOUTH LEADERSHIP PROGRAM (FY20: 12; FY21: 10) RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF EDUCATION/WORKFORCE DEVELOPMENT, EMPLOYMENT OPPORTUNITIES, AND INCOME/FINANCIAL SUPPORTS TO CREATE JOBS AND INCREASE FINANCIAL SECURITY THROUGH BIDMC'S CHI, 6 ORGANIZATIONS WERE FUNDED TO ADDRESS JOBS & FINANCIAL SECURITY EACH CHI GRANTEE CREATED A LOGIC MODEL TO OUTLINE PROJECT ACTIVITIES AND GOALS CHI GRANTEES PARTICIPATED IN 7 EVALUATION LEARNING COLLABORATIVES TO BUILD THEIR EVALUATION CAPACITYGOAL 6: PROMOTE ENVIRONMENTAL SUSTAINABILITY PROGRAMMATIC OBJECTIVES1.1 CREATE A HEALTHY FUTURE FOR OUR PATIENTS, THEIR FAMILIES, AND OURSELVES BY CONSERVING NATURAL RESOURCES, REDUCING OUR CARBON FOOTPRINT, AND FOSTERING CULTURE OF SUSTAINABILITYCOMMUNITY ACTIVITIES / STRATEGIES PROMOTE RECYCLING, COMPOSTING, AND OTHER PROGRAMS TO DIVERT WASTE FROM INCINERATION INCREASE BIDMC'S SPEND ON HEALTHY BEVERAGES AND LOCAL AND SUSTAINABLE FOOD REDUCE CONSUMPTION OF WATER, ENERGY, AND GREENHOUSE GASESMETRICS AND STATUS UPDATES PERCENT OF DOLLARS EXPENDED IN LOCAL & SUSTAINABLE FOOD (FY20: 15%; FY21:16%) PERCENT REDUCTION OF GREENHOUSE GAS EMISSIONS (FY20: NOT MEASURED DUE TO COVID-19; FY21: 6%) NUMBER OF TAXI OR CHAIR CAR VOUCHERS PROVIDED TO PATIENTS BY BIDMC (FY20: 2,062 RIDE SHARE/TAXI RIDES AND 3 CHAIR CARS; FY21: 3,779 RIDE SHARE/TAXI RIDES AND 5 CHAIR CARS) PERCENT DECREASE IN GREENHOUSE GAS EMISSIONS RELATED TO EMPLOYEE COMMUTING DUE TO TRANSITIONING TO SUPPORT REMOTE WORK AND DECREASE IN SINGLE-OCCUPANCY VEHICLES DURING COVID-19 (FY20: 29% DECREASE; FY21: 43% INCREASE AS STAFF RETURNS TO WORK)PRIORITY AREA 2: CHRONIC / COMPLEX CONDITIONS & THEIR RISK FACTORS 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 CHINATOWN. AT THE ROOT OF ADDRESSING HIGH MORTALITY IS SCREENING, EARLY DETECTION, AND ACCESS TO TIMELY TREATMENT. HIGH RATES OF THE LEADING HEALTH RISK FACTORS (E.G., LACK OF NUTRITIONAL FOOD AND PHYSICAL ACTIVITY, ALCOHOL/ILLCIT DRUG USE, AND TOBACCO USE) ARE ONE OF THE LEADING FINDINGS FROM THE ASSESSMENT IS THAT MANY COMMUNITIES AND/OR POPULATION SEGMENTS IN BIDMC'S CBSA HAVE HIGH RATES OF CHRONIC PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS. IN SOME PEOPLE, THESE CONDITIONS UNDERLYING GENETIC ROOTS THAT ARE HARD TO COUNTER. HOWEVER, FOR MOST PEOPLE THESE CONDITIONS ARE WIDELY CONSIDERED PREVENTABLE OR MANAGEABLE. ADDRESSING THE LEADING RISK FACTORS IS AT THE ROOT OF A SOUND CHRONIC DISEASE PREVENTION AND MANAGEMENT STRATEGY. GOAL 1: IMPROVE CHRONIC DISEASE MANAGEMENT PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF ADULTS WHO RECEIVE EDUCATION AND COUNSELING REGARDING RISK FACTORS, HEALTHY BEHAVIORS TO INCREASE CHRONIC DISEASE HEALTH LITERACY1.2 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 TREATMENT1.4 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHOSE CONDITIONS ARE MONITORED AND CONTROLLEDCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT PROGRAMS IN CCA CLINICS 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 THOSE WHO SCREEN POSITIVE FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA PROVIDE SCREENING, EDUCATION/COUNSELING, AND TREATMENT SERVICES HIV/AIDS AND HIV/HCV CO-INFECTION SUPPORT GROUPS FOR MEN AND WOMEN LIVING WITH HIV/AIDS SUPPORT PRIMARY CARE PROVIDER EDUCATION AT CRCH IN THE AREA OF DIABETES MANAGEMENTMETRICS AND STATUS UPDATES: NUMBER OF CRCH PATIENTS PARTICIPATING

Form and Line Reference	Explanation
	IN THE CRCH DISEASE MANAGEMENT PROGRAM LIVE AND LEARN DIABETES (FY20: 24 PATIENTS AND 25 APPOINTMENTS; FY21: 94 PATIENTS AND 71 APPOINTMENTS) NUMBER OF BSHC PATIENTS PARTICIPATING IN DISEASE MANAGEMENT PROGRAMS (FY20: 50; FY21: PROGRAM ENDED IN FY20) PERCENTAGE OF CCA FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND OUTER CAPE HEALTH SERVICES PATIENTS WITH DIABETES WITH HBA1C < 9 (FY20: 80%; FY21: 72%) PERCENTAGE OF CCA FQHC AND OUTER CAPE HEALTH SERVICES PATIENTS WITH HYPERTENSION WHO HAD A BLOOD PRESSURE < 140/90.(FY20: 71%; FY21: 60%) PERCENTAGE OF CCA FQHC AND OUTER CAPE HEALTH SERVICES PERSISTENT ASTHMATIC PATIENTS WITH PHARMACOLOGICAL THERAPY (FY20: 75%; FY21: METRIC NO LONGER MEASURED BY UNIFORM DATA SYSTEM (UDS))
GOAL 2: REDUCE CANCER DISPARITIES (ACCESS TO SCREENING AND TREATMENT)	PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF LOW INCOME AND RACIAL/ETHNIC DIVERSE ADULTS EDUCATED AND SCREENED FOR CANCER1.2 INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE REFERRED FOR EDUCATION, COUNSELING AND TREATMENT1.3 INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE LINKED TO A CANCER NAVIGATOR1.4 INCREASE THE NUMBER OF ADULTS WHO PARTICIPATE IN CANCER SUPPORT GROUPSCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT ACCESS TO CANCER SCREENING AND TREATMENT FOR LOW INCOME, UNINSURED ADULTS (BREAST, PROSTATE, COLON, AND LUNG, CANCERS), INCLUDING MAMMOGRAMS, COLORECTAL SCREENING, AND CT SCANS SUPPORT AND PROMOTE THE CITY-WIDE CANCER NAVIGATORS PROGRAM LINK PATIENTS SCREENED POSITIVE FOR CANCER TO CANCER PATIENT NAVIGATORS SUPPORT THE IMPLEMENTATION OF CANCER SUPPORT GROUPS SUPPORT SURVIVOR SELF-PORTRAIT AND TESTIMONIES ACTIVITIES TO REDUCE STIGMA IN COMMUNITIES (FACES OF FAITH ANNUAL EXHIBIT)METRICS AND STATUS UPDATES INCREASE ACCESS TO PATIENT NAVIGATORS NUMBER OF UNIQUE PATIENTS SERVED BY THE LATINX AND CHINESE PATIENT NAVIGATORS (FY20: 147; FY21: 421) NUMBER OF CHINESE PATIENT NAVIGATOR ENCOUNTERS (FY20: 1,640; FY21: 1,790) NUMBER OF LATINX PATIENT NAVIGATOR ENCOUNTERS (FY21: 68) NUMBER OF PEOPLE PARTICIPATING IN CANCER SUPPORT GROUPS AT BIDMC (FY20: 52; FY21: 65) NUMBER OF MAMMOGRAMS PROVIDED FOR LOW-INCOME PATIENTS AT FENWAY, OUTER CAPE, AND SOUTH COVE COMMUNITY HEALTH CENTERS.(FY20: 1,949; FY21: 1,106) NUMBER OF COLON CANCER SCREENINGS PROVIDED AT BIDMC FOR LOW-INCOME PATIENTS (FY20: 928; FY21: 1,331) NUMBER OF BIDMC PATIENTS SCREENED FOR LUNG CANCER (FY20: 643; FY21:1,616) NUMBER OF MEDICALLY UNDERSERVED PATIENTS WITH BREAST CANCER IDENTIFIED AND ENROLLED IN THE SOCIAL NEEDS ASSESSMENT PROGRAM AT BIDMC (FY20: 68; FY21: 104)GOAL 3: SUPPORT OLDER ADULTS TO AGE IN PLACE PROGRAMMATIC OBJECTIVES1.1 REDUCE INAPPROPRIATE READMISSIONS FOR OLDER ADULTS1.2 REDUCE ELDERLY FALLS1.3 REDUCE SOCIAL ISOLATIONCOMMUNITY ACTIVITIES / STRATEGIES VIP WORK WITH THE ELDER BUILDINGS TO SUPPORT ELDER RESIDENT GROUP PROVIDING THEM RESOURCES, ADDRESS ISSUES (55+)METRICS AND STATUS UPDATES NO METRICS RELATED TO ACTIVITIES TO SUPPORT OLDER ADULTS AGING IN PLACE IN FY20PRIORITY AREA 3: ACCESS TO CARE 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.BARRIERS TO ACCESS AND DISPARITIES IN HEALTH OUTCOMES CONTINUE TO CHALLENGE THREE SPECIFIC 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 1: INCREASE ACCESS TO QUALITY MEDICAL SERVICES, INCLUDING PRIMARY CARE, OB/GYN, AND SPECIALTY CARE AS WELL AS URGENT, EMERGENT AND TRAUMA CARE PROGRAMMATIC OBJECTIVES1.1 INCREASE ACCESS TO PRIMARY MEDICAL CARE SERVICES, INCLUDING OB/GYN SERVICES, AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT ITS APG AND HCA PRACTICES1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING SPECIALTY CARE MEDICAL SERVICES1.3 INCREASE THE NUMBER OF UNINSURED OR UNDERINSURED PATIENTS RECEIVING NEEDED MEDICATIONS1.4 INCREASE ACCESS TO APPROPRIATE, TIMELY, URGENT, EMERGENT, AND TRAUMA CARE SERVICES1.5 INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED AND ENROLLED FOR HEALTH INSURANCE1.6 INCREASE PATIENT SATISFACTION1.7 CONTINUE TO SUPPORT HSN TRUST FUND1.8 ADVOCATE FOR POLICIES SUPPORTING PUBLIC HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE AND ANTI-POVERTY PROGRAMSCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT PRIMARY MEDICAL CARE SERVICES, INCLUDING OB/GYN SERVICES AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT BIDMC'S APG AND HCA PRACTICES SUPPORT RESIDENT ROTATIONS INTO CCA CLINIC SITES FACILITATE REFERRALS TO SPECIALTY CARE THROUGH CARE CONNECTION'S INPATIENT DISCHARGE FOLLOW UP PROGRAM PROVIDE FREE PHARMACY MEDICATIONS TO ELIGIBLE, LOW INCOME PATIENTS SUPPORT THE PROVISION OF APPROPRIATE, TIMELY URGENT CARE SERVICES AT BIDMC URGENT CARE LOCATIONS IN CHELSEA, CHESTNUT HILL, AND THE BOWDOIN/GENEVA NEIGHBORHOOD OF BOSTON, AS WELL AS AT SOME OF BIDMC'S APG PRACTICES SUPPORT MEDFLIGHT AND COORDINATED EMS IN BOSTON SUPPORT THE COMMONWEALTH'S HEALTH SAFETY NET (HSN) SUPPORT ACTIVITIES OF THE BOSTON HEALTHY START INITIATIVE (BHSI), ADMINISTERED AT BOWDOIN STREET HEALTH CENTER (BSHC), INCLUDING CASE MANAGEMENT, NUTRITION COUNSELING, PRENATAL EDUCATION, AND PARENTING SUPPORT SUPPORT CLINICAL OPERATIONS AT CCA CLINICS CONDUCT "MYSTERY SHOPPING" TO ADDRESS QUALITY IMPROVEMENT SUPPORT CARE INTEGRATION THROUGH INFORMATION SHARING, INCLUDING PARTICIPATION IN MASS HIWAY AND HEALTH INFORMATION EXCHANGE INTEGRATE SOCIAL JUSTICE TOPICS INTO RESIDENT CURRICULUM SUPPORT INSTITUTIONAL AND COMMUNITY EMERGENCY PREPAREDNESSMETRICS AND STATUS

Form and Line Reference	Explanation
	UPDATES NUMBER OF REFERRALS MADE THROUGH CARE CONNECTION CALL CENTER (FY20: 801; FY21:1,058) NUMBER OF PREGNANT MOTHERS AND FAMILIES FROM BSHC PROVIDED CASE MANAGEMENT THROUGH THE BHSI PROGRAM (FY20: SERVED 56 PREGNANT CLIENTS AND 62 INTERCONCEPTION/PARENTING CLIENTS; FY21:140 TOTAL PATIENTS INCLUDING 49 PRENATAL MOTHERS, 41 POSTNATAL MOTHERS, AND 50 CHILDREN) NUMBER OF BIDMC PATIENTS SCREENED FOR ENTITLEMENT ELIGIBILITY (FY20: 9,892; FY21: 161,593) NUMBER OF BIDMC PATIENTS ENROLLED IN ENTITLEMENT PROGRAMS (FY20: 7,463; FY21: 16,942) NUMBER OF UNIQUE PATIENTS SUPPORTED THROUGH HSN (FY20: 1317; FY21: 7,279) NUMBER OF MEDICAL RESIDENTS PLACED AT CCA HEALTH CENTERS (FY20: 28; FY21: 37) NUMBER OF PRIMARY CARE TRACK RESIDENTS AT CCA HEALTH CENTERS (FY20: 7; FY21: 10) NUMBER OF BIDMC SPECIALISTS THAT PRACTICE AT ALL CCA HEALTH CENTERS (FY20: 26; FY21: 31) NUMBER OF PATIENTS SERVED AT FQHC CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 115,634; FY21: 135,636) NUMBER OF VISITS PROVIDED AT FQHC CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 579,163; FY21: 535,082) NUMBER OF PATIENTS WITHOUT INSURANCE SERVED AT FQHC CCA HEALTH CENTERS (FY20: 9,664; FY21:8,137) NUMBER OF MYSTERY SHOPPING SURVEYS COMPLETED (FY20: 28; FY21: 48) NUMBER OF PRESCRIPTIONS FILLED FOR INDIGENT PATIENTS (FY20: 33,431; FY21: 31,095)GOAL 2: INCREASE ACCESS TO QUALITY ORAL HEALTH SERVICES PROGRAMMATIC OBJECTIVES1.1 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY DENTAL CARE SERVICES AT CCA CLINICCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT CLINICAL OPERATIONS AT CCA CLINICS SUPPORT HSNMETRICS AND STATUS UPDATES NUMBER OF DENTAL PATIENTS AT FQHC CCA HEALTH CENTERS (FY20: 25,675; FY21: 16,687) NUMBER OF UNIQUE DENTAL VISITS AT FQHC CCA HEALTH CENTERS (FY20: 76,363; FY21: 39,832)
GOAL 3: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO FACE CULTURAL AND WHO FACE CULTURAL AND	GOAL 3: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO FACE CULTURAL AND LINGUISTIC BARRIERS PROGRAMMATIC OBJECTIVES1.1 MAINTAIN OR INCREASE THE NUMBER OF NON-ENGLISH SPEAKING PATIENTS OR RESIDENTS SERVED BY THE INTERPRETER SERVICES PROGRAM1.2 EDUCATE STAFF/CLINICIANS IN HEALTH EQUITY PRINCIPLES1.3 PROMOTE HEALTH EQUITY, HEALTH LITERACY, CULTURAL HUMILITY ACROSS CCA CLINICSCOMMUNITY ACTIVITIES / STRATEGIES INCREASE UNDERSTANDING OF CULTURAL IMPACTS ON HEALTH CARE DELIVERY, HEALTH STATUS AND HEALTH OUTCOMES MAKE AVAILABLE TOOLS AND RESOURCES TO FACILITATE CROSS-CULTURAL COMMUNICATION INCREASE ACCESS TO INTERPRETER SERVICESMETRICS AND STATUS UPDATES NUMBER OF LEP ENCOUNTERS AND LANGUAGES AT BIDMC (FY20: 222,396 ENCOUNTERS (PERSON, TELEPHONE AND VIDEO) IN 76 LANGUAGES; FY21: 271,357 ENCOUNTERS (PERSON, TELEPHONE AND VIDEO) IN 67 LANGUAGES) NUMBER OF HIGH-VOLUME, BIDMC CUSTOM MATERIALS, TRANSLATED INTO SIX LANGUAGES; SPANISH, PORTUGUESE, RUSSIAN, TRADITIONAL CHINESE, HAITIAN CREOLE, AND SIMPLIFIED CHINESE (FY20: 6; FY21: 0) NUMBER OF PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH AT FQHC CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 48,422; FY21:45,625) NUMBER OF PATIENTS OF DIVERSE RACE/ETHNICITY SERVED AT FQHC CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 79,788; FY21:66,522)GOAL 4: PROMOTE GREATER HEALTH EQUITY AND REDUCE DISPARITIES IN ACCESS FOR LGBTQ POPULATIONS PROGRAMMATIC OBJECTIVES1.1 REDUCE DISPARITIES1.2 PROMOTE HEALTH EQUITYCOMMUNITY ACTIVITIES / STRATEGIES WORK TO IMPLEMENT SOGI APPROPRIATE POLICIES AND PROCEDURES COLLABORATE WITH FENWAY ON JOINT RESIDENCY PROGRAM SUPPORT PRIDE CELEBRATION SUPPORT EFFORTS ACHIEVE HEALTH CARE QUALITY INDEX RECOGNITION (E.G., SIGNAGE AND PATIENT SELF-IDENTIFICATION OF SEXUAL ORIENTATION)METRICS AND STATUS UPDATES IMPLEMENTED TRAINING FOR BIDMC STAFF ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) IN FY20 NUMBER OF BIDMC STAFF THAT COMPLETED THE SOGI TRAINING (FY20: 7,557; FY21: 2,564) IMPLEMENTED SOGI CAPTURE IN WEBOMR AND PATIENT-SITE IN FY20 NUMBER OF FQHC CCA PATIENTS THAT IDENTIFY AS OTHER THAN STRAIGHT: (FY20: 19,009; FY21:15,960) NUMBER OF FQHC CCA PATIENTS THAT IDENTIFY AS TRANSGENDER: (FY20: 3,047; FY21: 2,719)PRIORITY AREA 4: MENTAL HEALTH AND SUBSTANCE USE 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 1: INCREASE ACCESS TO QUALITY MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES PROGRAMMATIC OBJECTIVES1.1 INCREASE PATIENT AWARENESS AND KNOWLEDGE OF BEHAVIORAL HEALTH SERVICES1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING INTEGRATED MENTAL HEALTH AND SUBSTANCE USE SERVICES AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT BIDMC'S APG AND HCA PRACTICES 1.3 INCREASE ACCESS TO BEHAVIORAL HEALTH INPATIENT SERVICES AT BIDMC INPATIENT LOCATIONS1.4 ADVOCATE FOR HEALTH POLICY THAT PROMOTES PRIMARY CARE AND BEHAVIORAL HEALTH INTEGRATION1.5 REDUCE STIGMA AROUND BEHAVIORAL HEALTH1.6 INCREASE CAPACITY OF LOCAL ORGANIZATIONS TO PROVIDE CULTURALLY-INFORMED BEHAVIORAL HEALTH CARECOMMUNITY ACTIVITIES / STRATEGIES SUPPORT PRIMARY CARE MEDICAL AND BEHAVIORAL HEALTH INTEGRATION AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT BIDMC'S APG AND HCA PRACTICES CONTINUE TO PROVIDE CASE MANAGEMENT SUPPORT SERVICES FOR CCA PATIENTS WITH COMPLEX PHYSICAL AND BEHAVIORAL HEALTH ISSUES ADVOCATE FOR HEALTH POLICY THAT PROMOTES INTEGRATION SUPPORT TELEPHONIC AND ONSITE PSYCHIATRIC CONSULTATION FOR PRIMARY CARE PROVIDERS SERVING THOSE WITH BEHAVIORAL

Form and Line Reference	Explanation
	HEALTH (BH) CONDITIONS PROVIDE OB/GYN SERVICES FOR WOMEN WITH CHRONIC SUBSTANCE ABUSE ISSUES PROVIDE CULTURALLY APPROPRIATE MENTAL HEALTH SERVICES FOR THE HISPANIC/LATINO COMMUNITY SUPPORT EDUCATIONAL OPPORTUNITIES ON CULTURAL PSYCHIATRY FOR SPANISH SPEAKING MENTAL HEALTH PROVIDERS CONTINUE SBIRT IN BIDMC'S EMERGENCY DEPARTMENT PROVIDE TRAINING FOR CLINICAL PROVIDERS ON HOW TO BETTER INTEGRATE AND COORDINATE BEHAVIORAL HEALTH SERVICES ACROSS THE SYSTEM FUND COMMUNITY-BASED ORGANIZATIONS THROUGH THE NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE TO ADDRESS BEHAVIORAL HEALTH SUPPORT EVIDENCE-BASED, COMMUNITY-BASED PROGRAMS AIMED AT REDUCING STIGMA AROUND BEHAVIORAL HEALTH SUPPORT EVIDENCE-BASED BEHAVIORAL HEALTH INTERVENTIONS PROVIDED IN COMMUNITY SETTINGSMETRICS AND STATUS UPDATES PERCENT INCREASE OF MENTAL HEALTH VISITS IN PATIENTS SERVED BY SOCIAL WORK DEPARTMENT (FY20: 16.2%; FY21:11%) NUMBER OF PATIENTS SERVED BY BEHAVIORAL HEALTH CARE MANAGER AT BSHC (FY20: 608; FY21: 736) NUMBER OF PATIENTS ACCESSING BH SERVICES IN FQHC CCA HEALTH CENTERS (FY20: 11,966; FY21: 9,268) NUMBER OF INTEGRATED BEHAVIORAL HEALTH CONSULTATIONS PROVIDED IN BSHC PRIMARY CARE CLINIC (FY20: 184; FY21:71) RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE THROUGH BIDMC'S COMMUNITY-BASED HEALTH (CHI) INITIATIVE, 7 ORGANIZATIONS WERE FUNDED TO ADDRESS BEHAVIORAL HEALTH EACH CHI GRANTEE CREATED A LOGIC MODEL TO OUTLINE PROJECT ACTIVITIES AND GOALS CHI GRANTEES PARTICIPATED IN 7 EVALUATION LEARNING COLLABORATIVES TO BUILD THEIR EVALUATION CAPACITY
GOAL 2: REDUCE BURDEN OF OPIOID USE	PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF ADULTS WITH SUBSTANCE ISSUES WHO ARE APPROPRIATELY MONITORED, ASSESSED, AND TREATED IN CCA CLINICS1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING INPATIENT DETOX SERVICESCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT THE DEVELOPMENT OF A BIDMC EMERGENCY DEPARTMENT BUPRENORPHINE PATHWAY TO PROMOTE ACCESS TO SERVICES FOR THOSE IDENTIFIED WITH SUBSTANCE USE DISORDERS IN THE HOSPITAL SETTING CONTINUE THE SUBOXONE CLINICS IN HEALTHCARE ASSOCIATES AND THE EMERGENCY DEPARTMENT BUPRENORPHINE PATHWAY FOR NON-HCA PATIENTSMETRICS AND STATUS UPDATES HIRED A SECOND ATTENDING PSYCHIATRIST IN FY20 FOR THE DIVISION OF ADDICTION PSYCHIATRY, ENSURING THAT BIDMC PATIENTS CAN BE SEEN IN THE LINK CLINIC FOR OPIOID USE DISORDER CARE 5 DAYS A WEEK CONTINUED TO CONDUCT BUPRENORPHINE WAIVER TRAININGS, ALLOWING MORE PHYSICIANS TO OBTAIN THEIR BUPRENORPHINE X-WAIVERS ADDED INJECTABLE BUPRENORPHINE TO THE FORMULARY AS ANOTHER MEDICATION OPTION FOR BIDMC PATIENTS IN FY20 TRANSLATED PATIENT EDUCATION MATERIALS IN MULTIPLE LANGUAGES PARTICIPATED IN THE OPIOID USE DISORDER INITIATIVE THROUGH THE MASS PERINATAL QUALITY COLLABORATIVE (MPQC) CREATED GUIDELINE FOR TREATING PATIENTS' PAIN WHILE ON BUPRENORPHINE/ NALOXONE (SUBOXONE) WORKED ON AN OPIOID PRESCRIBING DASHBOARD UPDATED OPIOID EDUCATION FOR TRAINEES IN FY21 ROLLED OUT OPIOID PRESCRIBING DASHBOARD IN FY21 IN THE PROCESS OF DEVELOPING PATHWAYS FOR NEW STRATEGIES TO PROVIDE ADDICTION TREATMENTGOAL 3: PROMOTE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND INCREASE CAPACITY PROGRAMMATIC OBJECTIVES1.1 PROMOTE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND INCREASE CAPACITY COMMUNITY ACTIVITIES / STRATEGIES FUND COMMUNITY-BASED ORGANIZATIONS THROUGH THE NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE TO ADDRESS BEHAVIORAL HEALTHMETRICS AND STATUS UPDATES RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF MENTAL HEALTH AND SUBSTANCE USE, INCLUDING BUILDING BEHAVIORAL HEALTH PROVIDER CAPACITYCOMMUNITY PARTNERSBIDMC IS COMMITTED TO IMPROVING THE HEALTH AND WELLBEING OF RESIDENTS WITHIN ITS SERVICE AREA BY COLLABORATING WITH A DIVERSE GROUP OF COMMUNITY PARTNERS. THE HOSPITAL WORKS TOGETHER WITH THESE PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS. THE HOSPITAL'S COMMUNITY PARTNERS INCLUDE:FY21 PARTNERSA BETTER CITY CANCER CARE HMS DIVERSITY AFFILIATES OPPORTUNITY COMMUNITIESA ROOM TO GROW CASA MYRNA HOSPITALITY HOMES OPERATION P.E.A.C.E.ABOUT FRESH CHADD MENTORING COURSE, HMS JANE DOE INC. OUTER CAPE HEALTH SERVICESADCARE TREATMENT CENTER CHARLES RIVER COMMUNITY HEALTH JEWISH COMMUNITY CENTER (JCC) OF GREATER BOSTON PARTNERS FOR WORLD HEALTHAIDS ACTION COMMITTEE CIRCLE OF HOPE JEWISH FAMILY AND CHILDREN'S SERVICES PEER HEALTH EXCHANGEAIDS SUPPORT GROUP OF CAPE COD CITY OF BOSTON EMERGENCY MANAGEMENT OFFICE JEWISH VOCATIONAL SERVICES PINE STREET INN ALZHEIMER'S ASSOCIATION OF MA (WALTHAM) CITY OF BOSTON'S GREEN RIBBON COMMISSION JOE ANDRUZZI CANCER FUND PRACTICE GREEN HEALTHAMERICAN CHINESE CHRISTIAN EDUCATION & SOCIAL SERVICES, INC. CITY LIFE/VIDA URBANA JOSLIN DIABETES CENTER PRIVATE INDUSTRY COUNCILASIAN AMERICAN CIVIC ASSOCIATION CONFERENCE OF BOSTON TEACHING HOSPITALS (COBTH) JUSTICE RESOURCE INSTITUTE (JRI) IN BOSTON RIA, INC.ASIAN COMMUNITY DEVELOPMENT CORPORATION COMMUNITY RESEARCH INITIATIVE LA ALIANZA HISPANA RYAN WHITE DENTAL PROGRAM AUDUBON CIRCLE NEIGHBORHOOD COMMUNITY SERVINGS LEUKEMIA & LYMPHOMA SOCIETY SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAMATRIUS HEALTH CRADLES TO CRAYONS LOUIS D. BROWN PEACE INSTITUTE SEXUAL ASSAULT UNIT OF DISABLED PERSONS PROTECTION COMMISSIONBAGLY, INC. DANA FARBER CANCER INSTITUTE MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION (MASSDEP) SOCIEDAD LATINA BROCKTON AREA MULTI SERVICE INC. (BAMSI) DORCHESTER CATHOLIC PARISHES MASSACHUSETTS DEPARTMENT OF TRANSPORTATION (MASSDOT) SOUTH COVE COMMUNITY HEALTH CENTERBOSTON AREA RAPE CRISIS CENTER (BARCC) DORCHESTER FOOD CO-OP MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH SPORTSMEN TENNIS AND ENRICHMENT CENTERBETH ISRAEL DEACONESS HEALTHCARE ELLIE FUND MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COVID-19 PANDEMIC RESPONSE ST. PETER'S TEEN CENTERBETH ISRAEL DEACONESS HEALTHCARE CHELSEA ENGLISH FOR NEW BOSTONIANS MASSACHUSETTS HEALTH INFORMATION HIGHWAY ST. MARY'S CENTER FOR WOMEN AND CHILDRENBOSTON CHILDREN'S HOSPITAL EVERSOURCE MAINSPRING TASTY BURGERBOSTON CHINATOWN NEIGHBORHOOD CENTER FAIR FOODS (BOSTON) MEDICAL ACADEMIC AND SCIENTIFIC COMMUNITY ORGANIZATION (MASCO) THE FAMILY VANBOSTON ELDER SERVICES FAMILY NURTURING CENTER MASS COLLEGE OF ART AND DESIGN THE DIMOCK CENTERBOSTON EMERGENCY MEDICAL SERVICES FATHER BILL'S MASSACHUSETTS INSURANCE COMMISSION THE LATINO MEDICAL STUDENT ASSOCIATIONBOSTON FIRE DEPARTMENT FATHERS' UPLIFT MASSACHUSETTS COMMISSION

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	FOR THE BLIND THE NETWORK/LA REDBOSTON GREEN ACADEMY FENWAY ALLIANCE MASSACHUSETTS COMMISSION FOR THE DEAF AND HARD OF HEARING THE PARTNERSHIP, INC.BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM FENWAY CIVIC ASSOCIATION MASSACHUSETTS DEPARTMENT OF CHILDREN AND FAMILIES THE STUDENT NATIONAL MEDICAL ASSOCIATION, NATIONAL AND NE CHAPTERBOSTON HOSPITAL COLLABORATION FOR COMMUNITY VIOLENCE FENWAY COMMUNITY CENTER MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE TRAINING, INC.BOSTON LIVING CENTER FENWAY HEALTH MASSACHUSETTS GENERAL HOSPITAL TRUSTEES OF RESERVATIONSBOSTON MEDICAL CENTER FOUND IN TRANSLATION MASSACHUSETTS HIV DRUG ASSISTANCE PROGRAM TUFTS MEDICAL CENTERBOSTON MEDFLIGHT FRIENDS OF GENEVA CLIFFS MASSACHUSETTS IMMIGRANT AND REFUGEE ADVOCACY COALITION (MIRA) UP ACADEMY DORCHESTER SCHOOLBOSTON PRIVATE INDUSTRY COUNCIL (PIC) FRIENDS OF RONAN PARK MASSACHUSETTS INSTITUTE OF TECHNOLOGY U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)BOSTON POLICE DEPARTMENT GLAAD MASSACHUSETTS STATE POLICE UNITED CEREBRAL PALSY (WATERTOWN) BOSTON PUBLIC HEALTH COMMISSION GREATER BOSTON CHINESE GOLDEN AGE CENTER MEDICAL INTELLIGENCE CENTER VICTIM RIGHTS LAW CENTERBOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH GREATER BOSTON FOOD BANK MEETINGHOUSE HILL CIVIC ASSOCIATION VICTORY PROGRAMS BRIGHAM AND WOMEN'S HOSPITAL GREATER FOUR CORNERS ACTION COALITION METRO HOUSING BOSTON VIRIDIAN APARTMENTS BOWDOIN STREET HEALTH CENTER HALLKEEN MANAGEMENT MOUNT AUBURN HOSPITAL WILMERHALE LEGAL SERVICES (ALSO KNOWN HAS THE LEGAL SERVICE CENTER) CAMBRIDGE HEALTH ALLIANCE HEALTH CARE FOR ALL NEW ENGLAND AIDS EDUCATION AND TRAINING CENTER WONDERFUND OF MASSACHUSETTSCAPE VERDEAN ASSOCIATION OF BOSTON HEALTHCARE WITHOUT HARM NORTHEASTERN UNIVERSITY YMCA OF GREATER BOSTON
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,10.45% 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 BENEFITSANNUAL 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 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 OFFICE WEBSITE AND ON THE HOSPITAL WEBSITE AT HTTPS://WWW.BIDMC.ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS THERE 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. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEBIDMC'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$19,480,460 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A.AS PREVIOUSLY NOTED IN THIS FORM 990, BIDMC IS ONE OF TEN HOSPITALS WITHIN THE BETH ISRAEL LAHEY HEALTH NETWORK. COMBINED THESE HOSPITALS' NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$71,673,934 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. 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 AND 400% FOR PARTIAL 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 CAREMEDICAID 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 THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC GENERATED \$221,333,877 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BIDMC FOR SUCH SERVICES BY \$28,953,553 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. DURING THE FISCAL PERIOD COVERED BY THIS FILING, 18.7% OR 170,993OF BIDMC'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS. IN ADDITION, 43.9% OR 400,692 OF THE HOSPITAL'S PATIENT CASES WERE WITH MEDICARE PATIENTS. 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 \$576,980,003 RELATED TO TREATING MEDICARE PATIENTS. THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY 45,826,725. OF THESE AMOUNTS, REVENUE OF \$25,250,882 IS RELATED TO THE PROVISION OF PSYCHIATRY INPATIENT, BOWDOIN STREET HEALTH CENTER, CHESTNUS HILL UC, AND CHELSEA UC 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 \$27,626,484. 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

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	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 2.21%.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 \$12,152,530 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 FISCAL YEAR ENDED SEPTEMBER 30, 2021 INCLUDE THE ACCOUNTS 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 CLINIC FOUNDATION (LCF) , LAHEY CLINIC (LCI), LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAST), ANNA JAKES HOSPITAL (AJH) AND AFFILIATES. THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFPT).THE BETH ISRAEL LAHEY HEALTH INC. CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE REGARDING BAD DEBT EXPENSE.
EMERGENCY CARE ACCESS	BETH 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 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).THE BIDMC DEPARTMENT OF EMERGENCY MEDICINE PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HOURS A DAY, 7 DAYS A WEEK, AND 365 DAYS A YEAR.FINANCIAL ASSISTANCE POLICYINTERNAL REVENUE CODE SECTION 501(R)(4)FINANCIAL ASSISTANCE POLICY PURPOSE BIDMC 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. THIS FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE FROM BIDMC AS WELL AS PROVIDERS WHO FOLLOW BIDMC'S FINANCIAL ASSISTANCE POLICY. A LIST OF ALL PROVIDERS WHO PROVIDE CARE WITHIN BIDMC AS WELL AS INFORMATION INDICATING IF THE LISTED PROVIDERS FOLLOW BIDMC'S FINANCIAL ASSISTANCE POLICY IS INCLUDED IN APPENDIX 5 TO THE FINANCIAL ASSISTANCE POLICY. BIDMC DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION 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. 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 HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R). FINANCIAL ASSISTANCE POLICYAPPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP. 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 POLICYELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE.

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	(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 ASSISTANCEPUBLIC 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 POLICYTRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP (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 1,000 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 POLICYWIDELY PUBLICIZING AND AVAILABILITY	COPIES 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 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 INCLUDE 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. ADDITIONALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G). FINANCIAL ASSISTANCE POLICYPLAIN LANGUAGE SUMMARYAS 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

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	RELATED DOCUMENTSTHE LINK TO THE BIDMC FINANCIAL ASSISTANCE POLICY (FAP) AND THE FOLLOWING RELATED DOCUMENTS CAN BE FOUND ON THE HOSPITAL'S WEBSITE. CREDIT AND COLLECTION POLICY APPLICATION FOR FINANCIAL ASSISTANCE MEDICAL HARDSHIP APPLICATION FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY ADDITIONAL INFORMATION ON PATIENT FINANCIAL ASSISTANCE AND BILLING, ALL IN ENGLISH, SPANISH, FRENCH, HAITIAN CREOLE, HINDI, ITALIAN, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE, VIETNAMESE, JAPANESE, ARABIC, CAPE VERDEAN, 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-CHARGESINTERNAL 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 BILLEDLOOK 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 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 COLLECTIONS501(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 RESEARCH	AS 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.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 1,800 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,400 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 260 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 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 O ALLERGY AND INFLAMMATIONO CARDIOVASCULAR MEDICINEO CENTER FOR VASCULAR BIOLOGY RESEARCHO CENTER FOR VIROLOGY AND VACCINE RESEARCHO CLINICAL INFORMATICSO CLINICAL NUTRITIONO ENDOCRINOLOGYO EXPERIMENTAL MEDICINEO GASTROENTEROLOGYO GENERAL MEDICINE AND PRIMARY CAREO GENETICSO GERONTOLOGYO HEMATOLOGY AND ONCOLOGYO HEMOSTASIS AND THROMBOSISO IMMUNOLOGYO INFECTIOUS DISEASEO INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGYO MOLECULAR AND VASCULAR MEDICINEO NEPHROLOGYO PULMONOLOGYO RHEUMATOLOGYO SIGNAL TRANSDUCTIONO TRANSLATIONAL RESEARCHO TRANSPLANT IMMUNOLOGY NEONATOLOGY NEUROLOGY OBSTETRICS AND GYNECOLOGY ORTHOPAEDIC SURGERY PATHOLOGY PSYCHIATRY RADIOLOGY SURGERY O CARDIAC SURGERYO CENTER FOR MINIMALLY INVASIVE SURGERYO NEUROSURGERYO

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	PLASTIC AND RECONSTRUCTIVE SURGERY O VASCULAR SURGERY TRANSPLANT INSTITUTED DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED \$241,917,383 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 2.99% OF THE MEDICAL CENTER'S TOTAL EXPENSES. ADDITIONALLY, THE MEDICAL CENTER REPORTED \$307,298,416 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 2.21%.
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 BIDMC BELOW 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 RESEARCH THE PERIOD COVERED BY THIS FILING IS THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, DURING WHICH THE COVID-19 PANDEMIC CONTINUED TO DISRUPT LIFE IN THE UNITED STATES AND ACROSS THE GLOBE. RESEARCH CONDUCTED AT BIDMC DURING THIS FISCAL PERIOD HIGHLIGHTS BIDMC'S CONTINUING NATIONAL LEADERSHIP DURING THIS ONGOING PUBLIC HEALTH CRISIS. AS OF LATE JULY, 2021, ABOUT 48.5 PERCENT OF AMERICANS, OR ABOUT 159 MILLION PEOPLE, WERE 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 FIRST THREE COVID-19 VACCINES TO COME TO MARKET 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. SINCE THEN, BAROUCH AND COLLEAGUES HAVE CONTINUED TO STUDY THE VIRUS' IMPACT ON THE IMMUNE SYSTEM AND HOW THE VACCINES AND THERAPIES DEVELOPED TO PROTECT AGAINST THE ORIGINAL STRAIN OF SARS-COV-2 ARE HOLDING UP AGAINST THE EMERGING VARIANTS. FOLLOWING IS A SUMMARY OUTLINING RESEARCH FROM FISCAL YEAR 2021. A STUDY LED BY BAROUCH AND COLLEAGUES SHED MORE LIGHT ON HOW MOLECULES OF THE IMMUNE AND VASCULAR SYSTEMS INTERACT TO PRODUCE THE EXTENSIVE DAMAGE TO THE LUNG AND VASCULAR TISSUES SEEN IN PATIENTS WITH SEVERE DISEASE. RESEARCHERS CONDUCTED COMPREHENSIVE ANALYSES OF TISSUE AND BLOOD SAMPLES FROM HUMANS AND FROM NON-HUMAN PRIMATES INFECTED WITH COVID-19. THE TEAM'S FINDINGS, PUBLISHED IN THE JOURNAL CELL, HELP DEFINE THE PATHWAYS BY WHICH COVID-19 INDUCES VASCULAR DISEASE AND ALSO POINT TO POTENTIAL THERAPEUTIC TARGETS. "OVERALL, OUR DATA REVEAL THE KEY BIOLOGICAL PROCESSES INVOLVED IN TRIGGERING THE CLOTTING AND VASCULAR DAMAGE OBSERVED WITH SARS-COV-19 INFECTION," SAID BAROUCH. "OUR RESULTS SUGGEST A MODEL IN WHICH CRITICAL INTERACTIONS BETWEEN INFLAMMATORY AND CLOTTING PATHWAYS LEAD TO SEVERE VASCULAR INJURY SEEN IN CRITICALLY ILL PATIENTS WITH COVID-19." IN A PAPER IN THE JOURNAL NATURE, BAROUCH, AND COLLEAGUES ELUCIDATED THE ROLE OF ANTIBODIES AND IMMUNE CELLS IN PROTECTION AGAINST SARS-COV-2, THE VIRUS THAT CAUSES COVID-19, IN RHESUS MACAQUES. "IN THIS STUDY, WE DEFINE THE ROLE OF ANTIBODIES VERSUS T CELLS IN PROTECTION AGAINST COVID-19 IN MONKEYS. WE REPORT THAT A RELATIVELY LOW ANTIBODY TITER (THE CONCENTRATION OF ANTIBODIES IN THE BLOOD) IS NEEDED FOR PROTECTION," SAID BAROUCH. "SUCH KNOWLEDGE WILL BE IMPORTANT IN THE DEVELOPMENT OF NEXT GENERATION VACCINES, ANTIBODY-BASED THERAPEUTICS, AND PUBLIC HEALTH STRATEGIES FOR COVID-19." IN ANOTHER STUDY IN NATURE, BAROUCH AND COLLEAGUES ALSO TESTED JOHNSON & JOHNSON'S COVID-19 VACCINE IN RHESUS MACAQUES CHALLENGED WITH THE VIRAL VARIANT B.1.351 AND IN RHESUS MACAQUES CHALLENGED WITH THE ORIGINAL STRAIN IDENTIFIED, DESIGNATED WA1/2020. BAROUCH AND COLLEAGUES WHO HELPED DEVELOP JOHNSON & JOHNSON'S SINGLE-SHOT VIRAL VECTOR VACCINE, CALLED AD26.COV2.S REPORT THAT THE VACCINE PRODUCES ROBUST PROTECTION AGAINST BOTH. THE FINDINGS HAVE IMPORTANT IMPLICATIONS FOR THE VACCINE CONTROL OF SARS-COV-2 VARIANTS OF CONCERN. "THE EMERGENCE OF SARS-COV-2 VARIANTS THAT PARTIALLY EVADE NEUTRALIZING ANTIBODIES POSES A THREAT TO THE EFFICACY OF CURRENT COVID-19 VACCINES," SAID BAROUCH, SENIOR AUTHOR OF THE STUDY AND DIRECTOR OF VACCINE AND VIROLOGY RESEARCH AT BIDMC. "HERE WE SHOW THAT THE AD26.COV2.S VACCINE ELICITS HUMORAL AND CELLULAR IMMUNE RESPONSES THAT CROSS-REACT WITH THE B.1.351 VARIANT AND PROTECTS AGAINST THE B.1.351 CHALLENGE IN RHESUS MACAQUES." IN FINDINGS PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE, BAROUCH'S TEAM REPORTED ON THE DURABILITY OF JOHNSON & JOHNSON'S AD26.COV2.S VACCINE IN HUMANS. THE SINGLE-SHOT VIRAL VECTOR VACCINE DEVELOPED IN PART BY BAROUCH AND COLLEAGUES AT BIDMC WAS ALSO EVALUATED FOR ITS COVERAGE AGAINST THE ALPHA, BETA, GAMMA, DELTA, EPSILON AND KAPPA SARS-COV-2 VARIANTS. "OUR DATA SHOW THAT THE AD26.COV2.S VACCINE ELICITED DURABLE IMMUNE RESPONSES WITH MINIMAL DECLINE FOR AT LEAST EIGHT MONTHS, THE TIMEFRAME EXAMINED, FOLLOWING IMMUNIZATION," SAID BAROUCH, CORRESPONDING AUTHOR OF THE PAPER AND ALSO PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL. "WE ALSO SHOWED GOOD

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	NEUTRALIZATION COVERAGE OF THE DELTA VARIANT AS WELL AS OTHER VARIANTS." LAST SUMMER, BAROUCH'S TEAM WAS AWARDED \$4.9 MILLION IN ANNUAL FUNDING OVER THE NEXT FIVE YEARS TO FIND A CURE FOR HIV. BAROUCH WAS ONE OF TEN PRIMARY INVESTIGATORS TO RECEIVE A 2021 NATIONAL INSTITUTES OF HEALTH (NIH) MARTIN DELANEY COLLABORATORIES FOR HIV CURE RESEARCH AWARD, WHICH AIMS TO EXPEDITE HUMAN IMMUNODEFICIENCY VIRUS (HIV) CURE RESEARCH BY BRINGING TOGETHER RESEARCH PARTNERS IN ACADEMIA, GOVERNMENT, THE PRIVATE SECTOR AND THE COMMUNITY; COORDINATING COMPLEX RESEARCH STUDIES, AND MENTORING THE NEXT GENERATION OF HIV CURE RESEARCHERS. BAROUCH AND COLLEAGUES WILL FOCUS ON UNDERSTANDING THE VIRAL RESERVOIR DORMANT HIV-INFECTED IMMUNE CELLS THAT REMAIN IN THE BODY DESPITE ANTI-RETROVIRAL THERAPY (ART) AND CAN SPRING BACK INTO ACTION IF ART IS INTERRUPTED AND ON DEVELOPING NEW IMMUNOLOGIC STRATEGIES TARGETING THE RESERVOIR TO CONTROL OR ERADICATE HIV INFECTION. WITH MORE THAN 35 MILLION PEOPLE WORLDWIDE LIVING WITH THE VIRUS AND NEARLY 2 MILLION NEW CASES EACH YEAR, HIV REMAINS A MAJOR GLOBAL EPIDEMIC. "THE LATENT VIRAL RESERVOIR IS THE CRITICAL BARRIER FOR THE DEVELOPMENT OF A CURE FOR HIV-1 INFECTION," SAID BAROUCH. "OUR OVERALL HYPOTHESIS IS THAT MULTIPLE IMMUNOLOGIC STRATEGIES WILL NEED TO BE EXPLORED AND COMBINED TO ACHIEVE LONG-TERM, ART-FREE VIROLOGIC CONTROL OR COMPLETE VIRUS ERADICATION. WE'RE VERY GRATEFUL FOR THIS GRANT AND TREMENDOUSLY EXCITED TO SEE THE PROGRESS WE CAN MAKE WITH THIS LONG-TERM SOURCE OF SUPPORT." DETAIL ON ADDITIONAL COVID AND NON-COVID RESEARCH EFFORTS WHICH WERE UNDERTAKEN AT BIDMC DURING THE FISCAL PERIOD COVERED BY THIS FILING ARE BELOW.
STUDY FINDS ENTIRE HOUSEHOLD AT INCREASED RISK WHEN POST-SURGICAL PATIENTS	HOSPITALIZED PATIENTS WITH COVID-19 SIX TIMES MORE LIKELY TO DIE THAN PATIENTS HOSPITALIZED WITH INFLUENZA, RESEARCH FINDS COVID-19 AND INFLUENZA ARE BOTH CONTAGIOUS RESPIRATORY VIRAL DISEASES THAT CAN LEAD TO PNEUMONIA AND ACUTE RESPIRATORY FAILURE IN SEVERE CASES. HOWEVER, DETAILED COMPARISON OF THE EPIDEMIOLOGY AND CLINICAL CHARACTERISTICS OF COVID-19 AND THOSE OF INFLUENZA ARE LACKING. IN A PAPER PUBLISHED IN THE JOURNAL OF GENERAL INTERNAL MEDICINE, PHYSICIAN-RESEARCHERS AT BIDMC ASSESSED THE RELATIVE IMPACT OF COVID-19 ON PATIENTS HOSPITALIZED WITH THE VIRAL INFECTION IN MARCH AND APRIL 2020, VERSUS PATIENTS HOSPITALIZED WITH INFLUENZA DURING THE LAST FIVE FLU SEASONS AT THE MEDICAL CENTER. OVERALL, THE TEAM DEMONSTRATED THAT COVID-19 CASES RESULTED IN SIGNIFICANTLY MORE WEEKLY HOSPITALIZATIONS, MORE USE OF MECHANICAL VENTILATION AND HIGHER MORTALITY RATES THAN INFLUENZA. CORRESPONDING AUTHOR MICHAEL DONNINO, MD, A CRITICAL CARE AND EMERGENCY MEDICINE PHYSICIAN AT BIDMC, AND COLLEAGUES INCLUDED A TOTAL OF 1,634 HOSPITALIZED PATIENTS IN THEIR STUDY, 582 OF WHOM HAD LABORATORY-CONFIRMED COVID-19 AND 1,052 OF WHOM HAD CONFIRMED INFLUENZA. WHILE 174 PATIENTS WITH COVID-19 (OR 30 PERCENT) RECEIVED MECHANICAL VENTILATION DURING THE TWO-MONTH PERIOD, JUST 84 PATIENTS WITH INFLUENZA (OR 8 PERCENT) WERE PLACED ON VENTILATION OVER ALL FIVE SEASONS OF INFLUENZA. LIKEWISE, THE PROPORTION OF PATIENTS WHO DIED WAS MUCH HIGHER FOR COVID-19 THAN FOR INFLUENZA; 20 PERCENT OF ADMITTED PATIENTS WITH COVID-19 DIED IN THE TWO-MONTH PERIOD, COMPARED TO THREE PERCENT OF PATIENTS WITH INFLUENZA OVER FIVE SEASONS. FURTHER ANALYSIS REVEALED THAT HOSPITALIZED PATIENTS WITH COVID-19 TENDED TO BE YOUNGER THAN THOSE HOSPITALIZED WITH INFLUENZA. AMONG PATIENTS REQUIRING MECHANICAL VENTILATION, PATIENTS WITH COVID-19 WERE ON VENTILATION MUCH LONGER A MEDIAN DURATION OF TWO WEEKS COMPARED TO JUST OVER THREE DAYS FOR PATIENTS WITH INFLUENZA. MOREOVER, AMONG PATIENTS REQUIRING MECHANICAL VENTILATION, PATIENTS WITH COVID-19 WERE FAR LESS LIKELY TO HAVE HAD PRE-EXISTING MEDICAL CONDITIONS. "OUR DATA ILLUSTRATE THAT 98 PERCENT OF THE DEATHS OF PATIENTS HOSPITALIZED WITH COVID-19 ARE DIRECTLY OR INDIRECTLY RELATED TO THEIR COVID-19 ILLNESS, WHICH HELPS DEBUNK THE IDEA THAT THE HIGH NUMBER OF U.S. COVID-19 DEATHS ARE AN ARTIFACT OF THE WAY CAUSES OF DEATHS ARE BEING RECORDED," SAID DONNINO. "WE ALSO SHOWED THAT COVID-19 CAUSED A SUBSTANTIAL NUMBER OF PATIENTS WITHOUT MAJOR PRE-EXISTING CONDITIONS TO REQUIRE MECHANICAL VENTILATION, WHICH HAPPENS RARELY IN PATIENTS WITH INFLUENZA," SAID DONNINO. BIDMC RESEARCHERS DEVELOP MODEL TO ESTIMATE FALSE-NEGATIVE RATE FOR COVID-19 TESTS AS OF JUNE 2020, THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) HAD GRANTED EMERGENCY USE AUTHORIZATION FOR MORE THAN 85 DIFFERENT VIRAL DNA TEST KITS OR ASSAYS EACH WITH WIDELY VARYING DEGREES OF SENSITIVITY AND UNKNOWN RATES OF ACCURACY. HOWEVER, WITH NO EXISTING GOLD STANDARD TEST FOR COVID-19, THERE'S LITTLE DATA ON WHICH TO JUDGE THESE VARIOUS TESTS' USEFULNESS. RESEARCHERS AT BIDMC DEVELOPED A MATHEMATICAL MEANS OF ASSESSING TESTS' FALSE-NEGATIVE RATE. THE TEAM'S METHODOLOGY, WHICH ALLOWS AN APPLES-TO-APPLES COMPARISON OF THE VARIOUS ASSAYS' CLINICAL SENSITIVITY, IS PUBLISHED IN THE JOURNAL CLINICAL INFECTIOUS DISEASES. "WE FOUND THAT CLINICAL SENSITIVITIES VARY WIDELY, WHICH HAS CLEAR IMPLICATIONS FOR PATIENT CARE, EPIDEMIOLOGY AND THE SOCIAL AND ECONOMIC MANAGEMENT OF THE ONGOING PANDEMIC," SAID CO-CORRESPONDING AUTHOR JAMES E. KIRBY, MD, DIRECTOR OF THE CLINICAL MICROBIOLOGY LABORATORIES AT BIDMC. USING DATA FROM MORE THAN 27,000 TESTS FOR COVID-19 PERFORMED AT BETH ISRAEL LAHEY HEALTH HOSPITAL SITES FROM MARCH 26 TO MAY 2, 2020, KIRBY, AND CO-CORRESPONDING AUTHOR RAMY ARNAOUT, MD, DPHIL, ASSOCIATE DIRECTOR OF THE CLINICAL MICROBIOLOGY LABORATORIES AT BIDMC, AND COLLEAGUES FIRST DEMONSTRATED THAT VIRAL LOADS CAN BE DEPENDABLY REPORTED. "THIS HELPS DISTINGUISH POTENTIAL SUPERSPREADERS, AT ONE EXTREME, FROM CONVALESCENT PEOPLE, WITH ALMOST NO VIRUS, AND THEREFORE LOW LIKELIHOOD OF SPREADING THE INFECTION," ARNAOUT SAID. NEXT, THE RESEARCHERS ESTIMATED THE CLINICAL SENSITIVITY AND THE FALSE-NEGATIVE RATE FIRST FOR THE IN-HOUSE TEST WHICH WAS AMONG THE FIRST TO BE IMPLEMENTED NATIONWIDE AND CONSIDERED AMONG THE BEST IN CLASS. ANALYZING REPEAT TEST RESULTS FOR THE NEARLY 5,000 PATIENTS WHO TESTED POSITIVE ALLOWED THE RESEARCHERS TO DETERMINE THAT THE IN-HOUSE TEST PROVIDED A FALSE NEGATIVE IN ABOUT 10 PERCENT OF CASES, GIVING THE ASSAY A CLINICAL SENSITIVITY OF ABOUT 90 PERCENT. TO ESTIMATE THE ACCURACY OF OTHER ASSAYS, THE TEAM BASED THEIR CALCULATIONS ON EACH TESTS LIMIT OF DETECTION, OR LOD, DEFINED AS THE SMALLEST AMOUNT OF VIRAL DNA DETECTABLE THAT A TEST WILL CATCH 95 PERCENT OR MORE OF THE TIME. ARNAOUT, KIRBY, AND COLLEAGUES DEMONSTRATED THAT THE LIMIT OF DETECTION CAN BE USED AS A PROXY TO ESTIMATE A GIVEN ASSAY'S CLINICAL SENSITIVITY. BY THE TEAM'S CALCULATIONS, AN ASSAY WITH A LIMIT OF DETECTION OF 1,000 COPIES VIRAL DNA PER ML IS EXPECTED TO DETECT JUST 75

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	PERCENT OF PATIENTS WITH COVID-19, PROVIDING ONE OUT OF EVERY FOUR PEOPLE WITH A FALSE-NEGATIVE. THE TEAM ALSO SHOWED THAT ONE TEST AVAILABLE TODAY MISSES AS MANY AS ONE IN THREE INFECTED INDIVIDUALS, WHILE ANOTHER MAY MISS UP TO 60 PERCENT OF POSITIVE CASES. FIRST-OF-ITS-KIND STUDY FOUND INFANTS OF SOCIALLY VULNERABLE MOTHERS WERE AT HIGHEST RISK OF COVID-19 INFECTIONIN A STUDY PUBLISHED IN JAMA NETWORK OPEN, PHYSICIAN-RESEARCHERS FROM BIDMC, BRIGHAM AND WOMEN'S HOSPITAL, BOSTON CHILDREN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL REVEALED THAT, WHILE MOTHER-TO-NEWBORN TRANSMISSION OF THE VIRUS IS RARE, NEWBORNS OF EXPECTANT MOTHERS WITH COVID-19 CAN SUFFER INDIRECT ADVERSE HEALTH RISKS AS A RESULT OF WORSENING MATERNAL COVID-19 ILLNESS. EXAMINING NEONATAL OUTCOMES DURING THE FIRST MONTH OF LIFE FOR BABIES BORN AT 11 HOSPITALS THAT REPRESENT APPROXIMATELY 50 PERCENT OF ALL BIRTHS IN MASSACHUSETTS, THE TEAM IDENTIFIED 255 NEONATES DELIVERED BETWEEN MARCH 1 JULY 31, 2020, TO MOTHERS WITH A RECENT POSITIVE SARS-COV-2 TEST RESULT. THE RESEARCHERS USED THE AMERICAN ACADEMY OF PEDIATRICS' NATIONAL REGISTRY FOR SURVEILLANCE AND EPIDEMIOLOGY OF PERINATAL COVID-19 INFECTION COMPLEMENTED BY A MASSACHUSETTS-SPECIFIC REGISTRY. OUT OF THE 255 NEONATES STUDIED, 88.2 PERCENT WERE TESTED FOR SARS-COV-2, AND ONLY 2.2 PERCENT HAD POSITIVE RESULTS. HOWEVER, WHILE INFECTION RATES AMONG NEWBORNS WERE RELATIVELY LOW, WORSENING MATERNAL ILLNESS ACCOUNTED FOR 73.9 PERCENT OF PRETERM BIRTHS. PREMATURE BIRTH CAN OFTEN LEAD TO ACUTE AND CHRONIC COMPLICATIONS, INCLUDING RESPIRATORY DISTRESS, CHRONIC HEALTH PROBLEMS AND DEVELOPMENTAL DISABILITIES. NEWBORNS OF SOCIALLY VULNERABLE MOTHERS, AS DETERMINED USING A TOOL CREATED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION USING RESIDENTIAL ZIP-CODES, WERE AT AN INCREASED RISK FOR TESTING POSITIVE. THE SPECIFIC PATHWAYS BY WHICH SOCIAL VULNERABILITY MIGHT AFFECT MOTHER-TO-CHILD TRANSMISSION OF COVID-19 INCLUDE DIFFERENTIAL ACCESS TO CARE AND CLINICIAN BIAS. DISCRIMINATION MAY ALSO BE A FACTOR IN CHRONIC STRESS, WHICH CAN DIMINISH ANTIVIRAL IMMUNE RESPONSES. "THIS OBSERVATION THAT NEWBORNS OF SOCIALLY VULNERABLE MOTHERS WERE FIVE TIMES MORE LIKELY TO HAVE COVID-19 HIGHLIGHTS THAT HEALTH DISPARITIES ARE VERY COMPLEX AND EXTEND BEYOND RACE, ETHNICITY AND LANGUAGE STATUS," SAID CORRESPONDING AUTHOR ASIMENIA ANGELIDOU, MD, PHD, A NEONATOLOGIST AT BIDMC. "SOCIAL VULNERABILITY LIKELY AFFECTS HEALTH AND IMMUNITY AND OUR STUDY SUPPORTS FURTHER RESEARCH IN THIS AREA. REALLOCATION OF RESOURCES TO SOCIALLY VULNERABLE COMMUNITIES COULD GO A LONG WAY IN DECREASING HUMAN SUFFERING AND ECONOMIC LOSS DURING DISEASE OUTBREAKS." JANUARY 20, 2020SCIENTISTS CREATE FIRST-OF-ITS-KIND 3D ORGANOID MODEL OF THE HUMAN PANCREAS BECAUSE PANCREATIC CANCER IS HIDDEN DEEP WITHIN THE BODY AND OFTEN SYMPTOMLESS, IT'S FREQUENTLY DIAGNOSED AFTER THE DISEASE HAS PROGRESSED TOO FAR FOR SURGICAL INTERVENTION AND/OR HAS SPREAD THROUGHOUT THE BODY. RESEARCH INDICATES THAT EARLIER DETECTION OF PANCREATIC TUMORS COULD QUADRUPLE SURVIVAL RATES; HOWEVER, NO VALIDATED AND RELIABLE TESTS FOR EARLY DETECTION OF PANCREATIC CANCER CURRENTLY EXIST.
STUDY FINDS ENTIRE HOUSEHOLD AT INCREASED RISK WHEN POST-SURGICAL PATIENTS	RESEARCHERS AT THE CANCER RESEARCH INSTITUTE AT BIDMC HAVE SUCCESSFULLY CREATED THE FIRST THREE-DIMENSIONAL (3D) ORGANOID MODELS OF THE PANCREAS FROM HUMAN STEM CELLS. UNLIKE PREVIOUS PLATFORMS FOR THE STUDY OF PANCREATIC CANCER, THIS FIRST-OF-ITS-KIND ORGANOID MODEL INCLUDES BOTH THE ACINAR AND DUCTAL STRUCTURES THAT PLAY A CRITICAL ROLE IN THE MAJORITY OF PANCREATIC CANCERS. THE NEW RESEARCH PLATFORM WHICH IS NOT EXPECTED TO GUIDE PATIENT CARE AT THIS TIME WILL SHED NEW LIGHT ON THE ORIGINS AND DEVELOPMENT OF PANCREATIC CANCER, AS WELL AS REVEAL POTENTIAL MEANS FOR DISCOVERING MARKERS OF EARLY DIAGNOSIS AND MONITORING THE DISEASE. THE TEAM'S REPORT APPEARS IN CELL STEM CELL. "WE THOUGHT, IF WE HAD A WAY TO USE HUMAN PANCREATIC CELLS TO FORWARD ENGINEER CANCER, WE COULD BEGIN TO UNDERSTAND THE EARLIEST STEPS IN THE DEVELOPMENT OF THIS DISEASE," SAID CORRESPONDING AUTHOR SENTHIL MUTHUSWAMY, PHD, DIRECTOR OF CELL BIOLOGY AT THE CANCER RESEARCH INSTITUTE AT BIDMC. "THIS MODEL COULD ALSO SERVE AS A PLATFORM TO POTENTIALLY DISCOVER BIOMARKERS MEASURABLE CHANGES LINKED TO DISEASE THAT WE HOPE TO USE IN THE CLINIC TO MONITOR CANCER DEVELOPMENT." THE PANCREAS IS A HORMONE-SECRETING ORGAN CONSISTING OF DUCTS AND ACINAR STRUCTURES, OR SACLIKE STRUCTURES THAT STORE PANCREATIC SECRETIONS. UNTIL NOW, SCIENTISTS HAVE NOT BEEN ABLE TO SUCCESSFULLY GROW AND MAINTAIN HUMAN ACINAR STRUCTURES IN THE LAB CHALLENGING THEIR ABILITY TO TEST THE HYPOTHESIS IN A MODEL. RESEARCHERS SUSPECT THAT THE MOST COMMON KIND OF PANCREATIC CANCER ARISES IN THE CELLS LINING ACINAR AND DUCTAL STRUCTURES.THE CULMINATION OF FIVE-PLUS YEARS' OF WORK, THE STUDY REPRESENTS THE FIRST TIME RESEARCHERS SUCCESSFULLY GENERATED HUMAN ACINAR CELLS IN CULTURE AND MAINTAINED THEM LONG ENOUGH TO BE ABLE TO USE THEM IN EXPERIMENTS. FINANCIAL BURDENS ASSOCIATED WITH CANCER CARE DISPROPORTIONATELY AFFECTS YOUNG, NON-WHITE PATIENTS WITH GYNECOLOGIC CANCERSTHE COST OF CANCER CARE IN UNITED STATES WAS AN ESTIMATED \$183 BILLION IN 2015 AND IS PROJECTED TO RISE BY 30 PERCENT BY 2030, ACCORDING TO THE AMERICAN CANCER SOCIETY. WHILE PRIVATE AND GOVERNMENT INSURANCE MAY COVER MUCH OF THE COST OF CARE, EVEN PATIENTS WITH INSURANCE CAN STRUGGLE TO PAY FOR OFFICE VISIT CO-PAYMENTS, PRESCRIPTION MEDICATIONS OR OTHER CANCER-RELATED EXPENSES. YET LIMITED DATA DESCRIBES HOW FINANCIAL HARDSHIP IMPACTS PATIENT BEHAVIOR AND HOW THAT IN TURN MAY IMPACT PATIENTS' HEALTH. IN A STUDY DESIGNED TO PROVIDE A MORE COMPREHENSIVE PICTURE OF HOW A DIVERSE COHORT OF GYNECOLOGIC CANCER PATIENTS ARE AFFECTED BY FINANCIAL DISTRESS ALSO CALLED "FINANCIAL TOXICITY" IN ACKNOWLEDGMENT OF THE HEALTH HAZARD IT CAN POSE RESEARCHER-PHYSICIANS AT BIDMC AND THE UNIVERSITY OF ALABAMA (UAB) ANALYZED PREVIOUSLY COLLECTED SURVEY DATA OF GYNECOLOGIC ONCOLOGY PATIENTS FROM THEIR RESPECTIVE INSTITUTIONS. THEIR FINDINGS ARE REPORTED IN THE INTERNATIONAL JOURNAL OF GYNECOLOGICAL CANCER. USING THE COMPREHENSIVE SCORE FOR FINANCIAL TOXICITY (COST) TO MEASURE THE ECONOMIC BURDEN EXPERIENCED BY PATIENTS WITH CANCER, CORRESPONDING AUTHOR KATHARINE M. ESSELEN, MD, MBA, OF THE DIVISION OF GYNECOLOGIC ONCOLOGY IN THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, AND COLLEAGUES ANALYZED PREVIOUSLY COLLECTED SURVEY DATA FROM 308 PATIENTS WITH GYNECOLOGIC CANCER 240 PATIENTS SURVEYED AT BIDMC AND 121 SURVEYED AT UAB. THEY FOUND THAT NEARLY HALF OF PATIENTS WITH GYNECOLOGIC CANCER REPORTED EXPERIENCING MODERATE TO SEVERE FINANCIAL TOXICITY. FURTHER ANALYSIS OF SURVEY DATA REVEALED THAT YOUNGER PATIENTS WERE

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	AT GREATER RISK OF EXPERIENCING FINANCIAL TOXICITY FOR A VARIETY OF REASONS. YOUNGER PATIENTS ARE NOT ELIGIBLE FOR MEDICARE, AND DIAGNOSIS AND TREATMENT MAY IMPACT THEIR ABILITY TO WORK. THEY HAVE ALSO HAD FEWER EARNING YEARS TO ACCUMULATE A FINANCIAL SAFETY NET. PATIENTS REPORTING SEVERE FINANCIAL TOXICITY ACCOUNTED FOR 15 PERCENT OF THOSE SURVEYED. ESSELEN AND COLLEAGUES FOUND THIS GROUP MORE LIKELY TO REPORT CHANGING SPENDING HABITS AND BORROWING MONEY DUE TO THE COSTS OF CANCER CARE. MOST ALARMINGLY, THOSE REPORTING SEVERE FINANCIAL HARDSHIP WERE NEARLY FIVE TIMES MORE LIKELY TO ATTEMPT TO COPE WITH THE HIGH COST OF CARE THROUGH MEDICATION NON-COMPLIANCE. IMMUNOTHERAPY MAY BE EFFECTIVE FOR SUBSET OF PROSTATE CANCER IN RECENT YEARS, CANCER IMMUNOTHERAPY HAS BEEN EFFECTIVE IN TREATING PATIENTS WITH IMMUNOGENIC, OR SO-CALLED "HOT" TUMORS WITH INCREASED LEVELS OF INFLAMMATION AND THE PRESENCE OF IMMUNE CELLS IN AND AROUND THE TUMORS. PROSTATE CANCER, HOWEVER, IS CONSIDERED A "COLD" TUMOR, WITH FEW IMMUNE CELLS RECOGNIZING AND INFILTRATING PROSTATE MALIGNANCIES. ACCORDINGLY, PROSTATE CANCER HAS BEEN FOUND TO RESPOND POORLY TO THE CLASS OF IMMUNOTHERAPIES KNOWN AS IMMUNE CHECKPOINT INHIBITORS. IN PREVIOUS WORK, A TEAM LED BY MEDICAL ONCOLOGISTS AT BIDMC IDENTIFIED A SUBSET OF PROSTATE CANCERS THAT EXHIBITED CHARACTERISTICS MORE TYPICAL OF HOT CANCERS. IN A PAPER APPEARING IN THE JOURNAL CLINICAL CANCER RESEARCH, RESEARCHERS REPORT THAT ABOUT A QUARTER OF LOCALIZED PROSTATE CANCERS MAY DEMONSTRATE THESE IMMUNOLOGIC TRAITS, SUGGESTING THAT A SUBSTANTIAL NUMBER OF PATIENTS WITH PROSTATE CANCER MAY, IN FACT, BENEFIT FROM IMMUNOTHERAPIES. "WE WERE SURPRISED TO FIND ALL THE FEATURES OF MORE TRADITIONALLY IMMUNOGENIC CANCERS IN THESE PROSTATE CANCERS, AND THAT THIS IS NOT A RARE SUBTYPE, OBSERVED IN ABOUT A QUARTER OF HIGH-RISK TUMORS," SAID CO-CORRESPONDING AUTHOR DAVID J. EINSTEIN, MD, A MEDICAL ONCOLOGIST AT BIDMC. "WE'RE INTERESTED IN WHETHER THERE IS A SUBSET OF PATIENTS WITH LOCALIZED PROSTATE CANCER, ESPECIALLY MORE AGGRESSIVE ONES, WHOSE CANCERS MIGHT BE MORE RECOGNIZED BY THE IMMUNE SYSTEM AND THEREFORE MORE TREATABLE WITH IMMUNOTHERAPIES. THESE WOULD ALSO BE SOME OF THE PATIENTS AT GREATEST RISK FOR RELAPSE AND METASTATIC SPREAD." EINSTEIN AND COLLEAGUES, INCLUDING CO-CORRESPONDING AUTHOR STEVEN BALK, MD, PHD, A PHYSICIAN AT BIDMC, FOCUSED ON TWO CHARACTERISTICS THAT MAKE TRADITIONALLY IMMUNOGENIC CANCERS SUSCEPTIBLE TO IMMUNOTHERAPY: PD-L1 EXPRESSION AND T CELL INFILTRATION. PD-L1 IS A PROTEIN INVOLVED IN TUMOR EVASION OF THE IMMUNE SYSTEM. T CELLS ARE THE SENTINELS OF THE IMMUNE SYSTEM, PATROLLING THE BODY FOR POTENTIAL PATHOGENS OR DISEASE. THE RESEARCHERS IDENTIFIED PROSTATE CANCERS THAT HAD BEEN REMOVED FROM PATIENTS, LOOKING FOR THOSE THAT HAD AREAS OF HIGH PD-L1 EXPRESSION AND THEN LOOKED FOR THE PRESENCE OF INFILTRATING T CELLS. NEXT, THE TEAM COMPARED THE T CELL LANDSCAPE IN THE MORE IMMUNOGENIC PROSTATE CANCERS TO THAT OF MORE TYPICAL PROSTATE CANCERS, AS WELL AS TO KIDNEY CANCER, ONE OF THE MOST IMMUNOGENIC TUMOR TYPES. FINALLY, THE TEAM USED DNA SEQUENCING TO COMPARE THE GENETIC PROFILES FROM THESE IMMUNOLOGICALLY HOT AREAS TO THAT OF THE SO-CALLED COLD AREAS IN THE SAME TUMORS, AS WELL AS TO THE GENOMIC LANDSCAPE OF IMMUNOGENIC CANCERS IN GENERAL. THE SCIENTISTS WERE SURPRISED TO LEARN HOW MANY MORE T CELLS INFILTRATED THE IMMUNOGENIC PROSTATE CANCERS COMPARED WITH MORE TYPICAL PROSTATE CANCERS, AND TO OBSERVE ALL THE FEATURES OF MORE TRADITIONALLY IMMUNOGENIC CANCERS LIKE KIDNEY CANCER IN THESE MORE IMMUNOGENIC PROSTATE CANCERS. THEY ALSO NOTED SIGNIFICANTLY MORE LOSS OF SOME KEY TUMOR SUPPRESSOR GENES IN THESE IMMUNOGENIC PROSTATE CANCERS COMPARED WITH TYPICAL PROSTATE CANCER, A DIFFERENCE THAT COULD POTENTIALLY SERVE AS MARKERS TO FIND CANCERS MORE TREATABLE WITH IMMUNOTHERAPIES.
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS GRADUATE MEDICAL	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 60 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 785 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 EAR, NOSE AND THROAT (OTOLARYNGOLOGY) INTERNAL MEDICINE NEUROLOGY NEUROSURGERY OBSTETRICS AND GYNECOLOGY PATHOLOGY PLASTIC SURGERY PSYCHIATRY RADIOLOGY SURGERY TRANSITIONAL YEAR UROLOGYDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER HAD NET EXPENDITURES OF \$68,456,175 REPORTED ON THIS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 3.13% OF THE MEDICAL CENTER'S TOTAL EXPENSES.RESIDENCY PROGRAMSTHE 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-

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	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 CARDIOLOGY, 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: 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-INTEGRATEDADDITIONAL INFORMATION ON CLINICAL RESIDENCY AND FELLOWSHIPS -- EXAMPLESBELow 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 BIDMC	THE 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 BIDMC THE 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.INTERNSHIP THE INTERNSHIP YEAR EMPHASIZES THE CARE OF PATIENTS IN GENERAL INPATIENT MEDICINE, INTENSIVE CARE MEDICINE, ONCOLOGY, RADIOLOGY, 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

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	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 RESIDENCY	RESIDENCY 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 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 RESIDENTAS 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

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	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-RENOUNDED EXPERTS IN PATHOLOGY OR RELATED DISCIPLINES. KNOWLEDGE COMES THROUGH 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 ATTENDING, 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 BIDMC THE 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

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	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 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 TEACHING THE 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.BIDMC-ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6) OPEN MEDICAL STAFF AND COMMUNITY BOARD AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS.AFFILIATED HEALTH CARE SYSTEM AS NOTED BELOW AND THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES. AS NOTED IN VARIOUS NARRATIVE DISCLOSURES THAT SUPPORT THIS FORM 990 AND RELATED SCHEDULES FOR THE PERIOD COVERED BY THIS FILING, 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. BETH ISRAEL LAHEY HEALTH'S (BILH) MISSION IS TO SUPPORT ITS AFFILIATES AND THOSE AFFILIATES' MISSIONS TO IMPROVE THE HEALTH OF PATIENTS, THEIR FAMILIES AND THE COMMUNITIES SERVED. BILH STRIVES TO ACCOMPLISH THIS MISSION BY PROVIDING SERVICES TO ITS AFFILIATES WHICH SUPPORT THE DELIVERING THE HIGH-QUALITY HEALTH CARE THAT EVERY PATIENT DESERVES. BILH BELIEVES THAT EFFECTIVE CARE IS EASILY ACCESSIBLE AND SIMPLE TO ACCESS SO IT IS BILH'S FOCUS TO PROVIDE PATIENTS WITH CARE THAT IS IN CLOSE PROXIMITY AND CONVENIENT REGARDLESS OF WHERE PATIENTS LIVE, THEIR HEALTH HISTORY OR STAGE OF LIFE.BETH ISRAEL LAHEY HEALTH (BILH) IS THE PARENT AND A SUPPORT ORGANIZATION OF THE BILH NETWORK OF AFFILIATES. THE NETWORK COMPRISES AN INTEGRATED HEALTH CARE DELIVERY 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 INCLUDES 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 AND ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES.DURING THE FISCAL PERIOD COVERED BY THIS FILING, 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)

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	WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKUES HOSPITAL (AJH), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN) AND THE BETH ISRAEL LAHEY HEALTH PHARMACY. THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER (LHMC). THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. AS A SUPPORT ORGANIZATION OF THESE ENTITIES, BILH PROVIDES CENTRALIZED SERVICES AND SUPPORT TO ITS AFFILIATES IN AREAS SUCH AS MANAGEMENT, STRATEGIC PLANNING, HUMAN RESOURCES AND BENEFITS, DEVELOPMENT AND FUNDRAISING, LEGAL SERVICES, FINANCE, TREASURY, INVESTMENT, INSURANCE, COMPLIANCE AND TAXATION AS WELL AS PATIENT CARE CONTRACTING AND OTHER SERVICES.BILH'S SUPPORT OF ITS AFFILIATES ENABLES THE NETWORK AS A WHOLE TO ACCOMPLISH ITS PRIMARY MISSION OF IMPROVING THE HEALTH OF PATIENTS, THEIR FAMILIES AND THE COMMUNITIES SERVED. BILH STRIVES TO ACCOMPLISH THIS MISSION BY DELIVERING THE HIGH-QUALITY HEALTH CARE THAT EVERY PATIENT DESERVES. BILH BELIEVES THAT EFFECTIVE CARE IS EASILY ACCESSIBLE AND SIMPLE TO USE SO IT IS BILH'S FOCUS TO PROVIDE PATIENTS WITH CARE THAT IS IN CLOSE PROXIMITY AND CONVENIENT REGARDLESS OF WHERE PATIENTS LIVE, THEIR HEALTH HISTORY OR STAGE OF LIFE AND BILH IS ACCOMPLISHING THIS GOAL BY PROVIDING SUPPORT TO EACH OF ITS AFFILIATES, PROVIDING AN ORGANIZATIONAL STRUCTURE AND OPERATING MODEL WHICH IS DRIVEN BY FOUR DEEPLY INTERCONNECTED DOMAINS DESIGNED TO ADVANCE MEANINGFUL PARTNERSHIPS ACROSS ORGANIZATIONS, CARE SETTINGS, SPECIALTIES, AND GEOGRAPHIES TO ENSURE BILH PATIENTS RECEIVE THE CARE THEY NEED IN THE COMMUNITIES WHERE THEY LIVE AND WORK.BILH IS DELIVERING ON THE PROMISE TO BILH PATIENTS AND COMMUNITIES TO EXPAND ACCESS AND PROVIDE EXTRAORDINARY CARE, WHILE ALSO ADVANCING MEDICINE THROUGH DISCOVERY AND EDUCATION. BILH IS ACCOMPLISHING THIS MISSION BY PROVIDING SUPPORT TO ITS AFFILIATES WHICH INCLUDE:1. A PHYSICIAN ENTERPRISE THAT ENCOMPASSES THE SYSTEM'S NETWORK OF EMPLOYED PRIMARY CARE AND SPECIALTY PHYSICIANS LOCATED THROUGHOUT OUR REGION;2. A HOSPITAL AND AMBULATORY SERVICES GROUP THAT INCLUDES WORLD-CLASS ACADEMIC MEDICAL CENTERS AND TEACHING HOSPITALS WITH AFFILIATIONS WITH HARVARD MEDICAL SCHOOL AND TUFTS UNIVERSITY SCHOOL OF MEDICINE; LEADING COMMUNITY HOSPITALS; A RENOWNED ORTHOPEDICS HOSPITAL; AND COMPREHENSIVE AMBULATORY CENTERS;3. A POPULATION HEALTH ENTERPRISE THAT EMBRACES A NEW MODEL OF CARE TO IMPROVE THE HEALTH OF ALL THOSE SERVED BY BILH; THE POPULATION HEALTH DOMAIN INCLUDES THE SYSTEM'S CLINICALLY INTEGRATED NETWORK OF AFFILIATED PROVIDERS AND VITAL SERVICES, INCLUDING BEHAVIORAL HEALTH AND HOME CARE SERVICES;4. A ROBUST NETWORK OF ADMINISTRATIVE AND OPERATIONAL SERVICES TO ADVANCE STRATEGIC GOALS, BOTH LOCALLY AND AT THE SYSTEM LEVEL, THAT OFFERS EXPERTISE AND STANDARDIZED RESOURCES BASED ON BEST PRACTICES.
BILH BEHAVIORAL HEALTH SERVICES	THE BETH ISRAEL LAHEY HEALTH NETWORK (BILH) IS COMMITTED TO THE BEHAVIORAL HEALTH NEEDS OF THE PATIENTS AND COMMUNITIES SERVICED. BELOW ARE SOME OF ACTIVITIES THAT BILH BEHAVIORAL SERVICES (BILHBS) HAS PROVIDED TO THE PATIENTS AND COMMUNITIES SERVED BY BILH AND ITS AFFILIATED ENTITIES. BILHBS (WHICH INCLUDES THE ACTIVITIES OF BILH'S TAX-EXEMPT AFFILIATE NORTHEAST BEHAVIORAL HEALTH CORP) IS THE LARGEST NETWORK OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES IN EASTERN MASSACHUSETTS. BILHBS' NETWORK OF BEHAVIORAL HEALTH CARE INCLUDES SERVICES FOR CHILDREN AND ADULTS RANGING FROM INPATIENT TREATMENT TO COMMUNITY-BASED PROGRAMS. SERVICES INCLUDE: INPATIENT PSYCHIATRIC AND DETOXIFICATION TREATMENT; EMERGENCY PSYCHIATRIC AND MOBILE EMERGENCY SERVICES TEAMS; OUTPATIENT MENTAL HEALTH AND ADDICTION TREATMENT; INDIVIDUAL/COUPLE/FAMILY THERAPY; MEDICATION ASSISTED TREATMENT PROGRAMS FOR PERSONS WITH OPIOID USE DISORDERS; AND SCHOOL-BASED AND HOME-BASED COUNSELING FOR YOUTH AND THEIR FAMILIES.SINCE THE CREATION OF BILH IN MARCH 2019, BILH HAS INVESTED SIGNIFICANTLY IN IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE THROUGH A SYSTEM-WIDE APPROACH TO CARE DELIVERY. FIRST, IT HAS MADE A MULTI-YEAR COMMITMENT TO PROVIDE BEHAVIORAL HEALTH SUPPORT TO ITS EMPLOYED PRIMARY CARE PRACTICES USING AN EVIDENCE-BASED APPROACH KNOWN AS THE IMPACT MODEL. BY THE END OF FY 2021, BILH HAD IMPLEMENTED THE IMPACT MODEL IN 67% OF ITS EMPLOYED PRIMARY CARE PRACTICES AS PART OF ITS COLLABORATIVE CARE PROGRAM IMPLEMENTATION. IN 2021, BILHBS EXPANDED ITS PRIMARY CARE BEHAVIORAL HEALTH INTEGRATION (PCBHI) SERVICES BY INCORPORATING A DSRIPILOT PROJECT AIMED AT INTERPROFESSIONAL PSYCHIATRIC CONSULTS. THE PCBHI INTERPROFESSIONAL CONSULTATION INCLUDES AN ASSESSMENT AND MANAGEMENT SERVICE IN WHICH A PATIENT'S PRIMARY CARE PROVIDER (PCP) REQUESTS THE OPINION AND/OR TREATMENT ADVICE OF A PSYCHIATRIC CONSULTANT TO ASSIST IN THE DIAGNOSIS AND/OR MANAGEMENT OF THE PATIENT'S BEHAVIORAL HEALTH CONDITION WITHOUT THE NEED FOR THE PATIENT'S FACE-TO-FACE CONTACT WITH THE CONSULTANT. INTERPROFESSIONAL CONSULTATION ENABLES A COMPREHENSIVE ASSESSMENT, ENHANCES PATIENT CARE, REDUCES MISDIAGNOSIS, AND SUPPORTS THE INTEGRATION OF DISCIPLINES IN THE DELIVERY OF CARE. THE PCBHI INTERPROFESSIONAL PSYCHIATRIC CONSULTANTS PROVIDE PCPS WITH ANOTHER AVENUE FOR INTEGRATED CARE. THE IMPLEMENTATION OF PCBHI INTERPROFESSIONAL SERVICES WILL BE OFFERED IN PRACTICES WHERE COLLABORATIVE CARE IS NOT CURRENTLY AVAILABLE. ADDITIONALLY, IN 2021, BILHBS CONTINUED TO OVERSEE THE BILH-WIDE CENTRALIZED BEHAVIORAL HEALTH (BH) BED MANAGEMENT, WHICH SUPPORTS INPATIENT BEHAVIORAL HEALTH BED CAPACITY AND IMPROVING ACCESS TO THESE BEDS, WITH THE PARALLEL GOAL OF REDUCING BOARDING BY BEHAVIORAL HEALTH PATIENTS IN THE EMERGENCY DEPARTMENTS ("EDS"). AS PART OF THE CENTRALIZED BH BED MANAGEMENT, BILH STAFF ENGAGE IN A DAILY HUDDLE WITH REPRESENTATIVES FROM BILH HOSPITALS' EDS AND BEHAVIORAL HEALTH UNITS TO DISCUSS PATIENTS APPROPRIATE FOR TRANSFER TO THE UNIT. THE DAILY HUDDLES HAVE BECOME A FORUM FOR WHICH PARTICIPANTS DISCUSS BEHAVIORAL HEALTH PATIENT VOLUME AND BED CAPACITY ACROSS THE SYSTEM, AS WELL AS DISCHARGE PLANNING AND PLACEMENT OPPORTUNITIES FOR DIFFICULT-TO-PLACE PATIENTS.SEPARATELY, IN MARCH 2021, BILHBS LAUNCHED ITS CENTRALIZED BED FINDING TEAM. THIS TEAM IS PART OF OUR CENTRAL CALL CENTER, WHICH CENTRALIZES CALLS TO BILHBS' THREE EMERGENCY SERVICE PROGRAM (ESP) CATCHMENT AREAS REDUCING REDUNDANCIES ACROSS THE AGENCY AND STREAMLINING ALL CALLS TO ONE CENTRAL SERVICE. THIS CENTRALIZED BED FINDING TEAM IS RESPONSIBLE FOR CONDUCTING BED SEARCHES FOR PATIENTS SEEN THROUGH THE ESP AND WHO ARE AWAITING AN INPATIENT PSYCHIATRIC PLACEMENT. THIS TEAM DIRECTLY INCREASES THE AVAILABILITY OF CLINICIANS TO CONTINUE TO SEE

Form and Line Reference	Explanation
	PATIENTS IN THE ED AND THE COMMUNITY WHO ARE EXPERIENCING A BEHAVIORAL HEALTH AND/OR CO-OCCURRING SUBSTANCE USE DISORDER CRISIS WHILE OTHER TEAM MEMBERS SEARCH FOR AVAILABLE INPATIENT PLACEMENTS. THIS INITIATIVE SUPPORTS DECREASED RESPONSE TIME TO RESPONDING TO NEW PATIENTS IN CRISIS AND REDUCES ED BOARDING TIME FOR PATIENTS WHO CAN BE SAFELY MANAGED IN THE COMMUNITY.BILHBS SERVES APPROXIMATELY 35,000 UNDUPLICATED INDIVIDUALS ANNUALLY, OFFERING A FULL CONTINUUM OF CARE FOR CHILDREN AND ADULTS. SERVICES RANGE FROM INPATIENT TO HOME AND COMMUNITY-BASED SERVICES. BILHBS OPERATES OVER 250 BEDS IN 9 FACILITIES FOR CLIENTS REQUIRING ACUTE PSYCHIATRIC CARE, DETOXIFICATION AND RESIDENTIAL STEP-DOWN SERVICES. DURING THE PERIOD COVERED BY THIS FILING, COMMUNITY-BASED SERVICES INCLUDED MOBILE EMERGENCY SERVICES TEAMS IN THREE CATCHMENT AREAS AND HOME-BASED COUNSELING FOR ADULTS, YOUTH AND THEIR FAMILIES. BILHBS ALSO PROVIDED SERVICES IN 63 MIDDLE AND HIGH SCHOOLS, AS WELL AS 9 POLICE DEPARTMENTS.BILHBS ALSO CONTINUES TO IMPROVE ACCESS THROUGH THE URGENT PSYCHOPHARMACOLOGY SERVICES IN BILH'S LOWELL EMERGENCY SERVICES PROGRAM. THIS CLINIC PROVIDES URGENT ACCESS FOR PATIENTS REQUIRING A CHANGE TO THEIR MEDICATIONS. THIS SERVICE IS OFFERED 20 HOURS PER WEEK AND INCLUDES UNINSURED, MEDICAID, AND MEDICARE POPULATIONS, AS WELL AS ANY PERSON IN NEED OF THE SERVICE REGARDLESS OF THE PAYER SOURCE. BILH'S COMMUNITY CRISIS STABILIZATION ("CCS") UNITS IN LAWRENCE AND SALEM, WHICH TYPICALLY CARE FOR PATIENTS WITH MENTAL HEALTH ISSUES, INCREASED THEIR ABILITY TO TREAT PERSONS WITH CO-OCCURRING SUBSTANCE USE DISORDERS. THE CCS UNITS CONTINUE TO BE ABLE TO INDUCT PATIENTS WITH OPIOID USE DISORDER (OUD) ON BUPRENORPHINE AND ARE ALSO ABLE TO MAINTAIN PATIENTS WHO ARE ALREADY ON ANY OF THE THREE FDA APPROVED MEDICATIONS FOR THE TREATMENT OF OUD. THESE UNITS ARE SEEING AN INCREASE IN THE NUMBER OF PATIENTS WITH METHAMPHETAMINE DISORDERS AND HAVE DEVELOPED A PROTOCOL TO MANAGE WITHDRAWAL SYMPTOMS IN THIS POPULATION.BILHBS CONTINUES TO MAINTAIN AND ENHANCE ITS TELEHEALTH PLATFORM AND CLINICAL DELIVERY THROUGH THE USE OF DIGITAL APPLICATIONS ACROSS ALL OF ITS AMBULATORY PROGRAMS. SPECIAL EMPHASIS WAS PLACED ON SPANISH-LANGUAGE ACCESS TO LAWRENCE-BASED PROGRAMS TO ENSURE PATIENTS IN THIS REGION ACCESS LINGUISTICALLY-APPROPRIATE CARE. IN 2021, BILHBS IDENTIFIED IMPROVEMENT OF THE PATIENT EXPERIENCE AS A KEY STRATEGIC PRIORITY. TO THAT END, ALL PROGRAM DIRECTORS ARE EVALUATED AGAINST THIS GOAL AND ARE REQUIRED TO COMPLETE TWO PLAN-DO-STUDY-ACT (PDSA) CYCLES ANNUALLY. PDSA IS A WELL-ESTABLISHED PROCESS IMPROVEMENT FRAMEWORK USED IN HEALTHCARE. PROGRAM DIRECTORS REVIEW PATIENT FEEDBACK TO DEVELOP PILOT INTERVENTIONS, ANALYZE THE RESULTS, AND THEN MAKE ADJUSTMENTS TO THE INTERVENTION. EXAMPLES OF OUTCOMES ACHIEVED THROUGH THE PDSA APPROACH INCLUDE ENHANCING THE PATIENT ENGAGEMENT MODEL FOR THE BEHAVIORAL HEALTH COMMUNITY PARTNERS (BHCP) PROGRAM; IMPROVING PATIENT EXPERIENCES AND ENGAGEMENT IN THE USE OF TELEHEALTH PLATFORMS IN BILHBS' LAWRENCE OUTPATIENT SITE, IMPROVING THE ADMISSION PROCESS IN THE BILHBS GLOUCESTER OPIOID TREATMENT CENTER, REDUCING ADMINISTRATIVE DISCHARGES BY IMPLEMENTING A HARM REDUCTION MODEL, AND IMPROVING EXTERNAL REFERRAL EXPERIENCE AT THE BILHBS HAVERHILL OUTPATIENT AND CHILDREN'S BEHAVIORAL HEALTH INITIATIVES (CBHI) PROGRAMS.
BETH ISRAEL LAHEY HEALTH'S COVID-19 PANDEMIC RESPONSE	AS IN THE PRIOR YEAR, BETH ISRAEL LAHEY HEALTH'S ("BILH") HOSPITALS AND OTHER PATIENT CARE ORGANIZATIONS EXPENDED SIGNIFICANT TIME AND RESOURCES ACROSS FY 2021 IN THEIR CONTINUED EFFORTS TO RESPOND TO THE COVID-19 PANDEMIC. IN ADDITION TO PROVIDING COVID-19 TESTING AND TREATMENT, THE HEALTH SYSTEM INITIATED PATIENT AND STAFF VACCINATION EFFORTS IN FY 2021, REACHING OUT TO 1.3 MILLION PATIENTS USING A MULTICHANNEL, MULTILINGUAL APPROACH AND ULTIMATELY DELIVERING OVER 400,000 VACCINE DOSES. THE SYSTEM SUCCESSFULLY UNDERTOOK THESE EFFORTS WHILE ALSO NAVIGATING UNPRECEDENTED FINANCIAL AND OPERATIONAL CHALLENGES STEMMING FROM THE PANDEMIC, INCLUDING ONGOING WORKFORCE DISRUPTION AND A DECLINE IN PATIENT VOLUME DUE TO THE CURTAILMENT OF ELECTIVE SERVICES AND STAFFING CHALLENGES.HIGHLIGHTS OF THE SYSTEM'S PANDEMIC RESPONSE IN FY 2021 INCLUDE:STAFF TESTING, VACCINATION, AND SUPPORT IN NOVEMBER 2020, BILH IMPLEMENTED A PROGRAM TO PROVIDE ITS 36,000 EMPLOYEES WITH ACCESS TO ONSITE, VOLUNTARY, AND FREE-OF-CHARGE COVID-19 PCR TESTING, EVEN IF THEY HAD NO KNOWN EXPOSURE OR SYMPTOMS. IN ADDITION TO SERVING AS AN IMPORTANT ELEMENT TO CONTAIN COMMUNITY SPREAD OF COVID-19, THIS EFFORT BOOSTED BILH STAFF MORALE AND CONFIDENCE DURING THIS CHALLENGING PERIOD. IN DECEMBER 2020, BILH STOOD UP STAFF VACCINATION SITES AT ITS LOCAL HOSPITALS, ULTIMATELY DELIVERING 70,000 VACCINE DOSES TO ITS WORKFORCE IN FY 2021. THE SYSTEM TOOK PROGRESSIVE MEASURES AROUND EMPLOYEE PAID TIME OFF TO SUPPORT VACCINATION EFFORTS AS WELL AS FAMILY CARE NEEDS AND TIME MISSED DUE TO COVID-19 ILLNESS OR TESTING. IN THE SUMMER OF 2021, BILH COMMUNICATED THAT COVID-19 AND FLU VACCINE WOULD BE REQUIRED AS A CONDITION OF EMPLOYMENT; THE COVID-19 VACCINATION DEADLINE WAS SUCCESSFULLY COMPLETED ON OCTOBER 31, 2021. BILH OPERATIONALIZED A CENTRALIZED CALL CENTER TO SUPPORT STAFF WITH SYMPTOM REPORTING, COVID-19 TESTING, AND RETURN-TO-WORK PROCESSES. THE CALL CENTER ENSURED CONVENIENT AND ACCESSIBLE INFORMATION FOR A WORKFORCE SPREAD THROUGHOUT EASTERN MASSACHUSETTS. AT ITS PEAK, THE CENTRALIZED CALL CENTER HANDLED OVER 1,000 PHONE CALLS PER DAY.PATIENT VACCINATION NEARLY IMMEDIATELY UPON RECEIVING VACCINE SUPPLY THAT COULD BE USED FOR PATIENTS, BILH OPENED AND OPERATED 10 VACCINE ADMINISTRATION SITES ACROSS EASTERN MASSACHUSETTS. THE LOCATIONS WERE SELECTED BASED ON SEVERAL CRITERIA, INCLUDING PROXIMITY TO HARD-HIT COMMUNITIES AND EASE OF ACCESS IN TERMS OF TRANSPORTATION. THIS WAS A SIGNIFICANT LOGISTICAL FEAT IN LIGHT OF THE SHIFTING FORECASTS IN VACCINE SUPPLY AND SPECIAL HANDLING REQUIRED FOR THE PFIZER VACCINE. BILH DEVELOPED ITS OWN VACCINATION SCHEDULING TOOL, COVAX, TO SUPPORT STAFF AND PATIENT VACCINATION EFFORTS. THIS TOOL ENABLED BILH TO IDENTIFY PATIENTS ELIGIBLE FOR VACCINATION BASED ON STATE GUIDELINES, SCHEDULE APPOINTMENTS, AND TRACK VACCINATION ACTIVITY. BILH LED A TARGETED CAMPAIGN TO SUPPORT HEALTH EQUITY BY PRIORITIZING FOR VACCINATION BILH PATIENTS WHO RESIDED IN A COMMUNITY OR TOWN IDENTIFIED AS HAVING AMONG THE HIGHEST CUMULATIVE INCIDENCE OF COVID-19 WITHIN THE STATE OF MASSACHUSETTS. BILH ALSO COORDINATED WITH MULTIPLE COMMUNITY HEALTH CENTERS TO PROVIDE THEIR PATIENTS WITH PRIORITY ACCESS TO VACCINATION APPOINTMENTS. DUE TO THESE EFFORTS, BETH ISRAEL DEACONESS CARE ORGANIZATION ("BIDCO"), AN ACCOUNTABLE CARE ORGANIZATION ("ACO") WITHIN BILH,

Form and Line Reference	Explanation
	HAD THE HIGHEST COVID-19 VACCINATION RATE FOR MEDICAID MEMBERS AMONG ALL MEDICAID ACOS IN THE STATE. BILH ESTABLISHED THE COVID-19 HEALTH EQUITY ADVISORY COUNCIL ("THE COUNCIL") WITH A GOAL TO ADDRESS HEALTH DISPARITIES BROUGHT ON BY THE PANDEMIC, LANGUAGE BARRIERS, AND OTHER SOCIAL DETERMINANTS OF HEALTH. ITS MEMBERSHIP INCLUDED KEY BILH STAKEHOLDERS AND COMMUNITY HEALTH CENTER CHIEF MEDICAL OFFICERS. AS PART OF ITS RESPONSIBILITY, THE COUNCIL REVIEWED THE SYSTEM'S VACCINE ROLLOUT STRATEGY, INCLUDING THE PATIENT PRIORITIZATION AND SCHEDULING STRATEGY, CALL CENTER MODEL, VACCINE SITE LOCATION AND OPERATING MODEL, AND STAFF RESOURCES TO HELP COMMUNICATE AND ENGAGE WITH PATIENTS ABOUT VACCINE INFORMATION, CONCERNS, AND HESITANCY. TESTING IN FY 2021, BILH PERFORMED OVER 600,000 COVID-19 TESTS ACROSS ITS 10 HOSPITAL LABORATORIES FOR PATIENTS, HEALTHCARE PERSONNEL, AND OTHER PARTNERS, SUCH AS COMMUNITY HEALTH CENTERS AND CORRECTIONAL FACILITIES. IN JANUARY 2021, LAHEY HOSPITAL & MEDICAL CENTER BEGAN TESTING ON HIGH-THROUGHPUT THERMO FISHER INSTRUMENTS, GREATLY INCREASING THE SYSTEM'S CAPACITY FOR SAME-DAY TEST RESULTS. THESE INSTRUMENTS ALSO PROVIDED BACK-UP CAPACITY FOR OTHER LABS IN THE COMMUNITY, WHICH WERE EXPERIENCING HIGH VOLUME. THE THERMO FISHER INSTRUMENTS ADDED THE ABILITY TO RAPIDLY DETECT POTENTIAL COVID-19 VARIANTS (S-GENE DROPOUTS), A PROCESS PREVIOUSLY ONLY AVAILABLE THROUGH THE MASSACHUSETTS STATE LABORATORY. EVENTUALLY, BILH IMPLEMENTED SPECIFIC VARIANT PCR (POLYMERASE CHAIN REACTION) TESTING OF PATIENT SPECIMENS TO IDENTIFY SPECIFIC VARIANTS AND BETTER GUIDE DEVELOPMENT OF INFECTION PREVENTION RECOMMENDATIONS AND APPROPRIATE MONOCLONAL ANTIBODY TREATMENT SELECTION. THE SYSTEM MAINTAINED EIGHT DRIVE-THROUGH COVID-19 TESTING SITES ACROSS EASTERN MASSACHUSETTS TO ENABLE EASY ACCESS FOR PATIENTS AND STAFF, INCLUDING A STATE-SPONSORED "STOP THE SPREAD" SITE IN CHELSEA, MA. BILH PRIMARY CARE MADE POINT-OF-CARE COVID-19 TESTING AVAILABLE TO ITS PATIENTS IN APPROXIMATELY 20 PRACTICE SITES (25% OF TOTAL SITES) SPREAD THROUGHOUT BILH'S SERVICE AREA. INFECTION PREVENTION AND PERSONAL PROTECTIVE EQUIPMENT EFFORTS THROUGHOUT FY 2021, BILH INFECTION PREVENTION AND SUPPLY CHAIN STAFF CONTINUED TO PARTNER ON PROCURING PERSONAL PROTECTIVE EQUIPMENT ("PPE") AND OTHER RELATED SUPPLIES AND REPLENISHING BILH'S PANDEMIC SUPPLY WAREHOUSE. THIS ENSURED THE SYSTEM HAD AT LEAST 90 DAYS OF INVENTORY ON HAND FOR THE HIGHEST-UTILIZED PRODUCTS, SUCH AS GLOVES, GOWNS, FACEMASKS, AND EYE AND FACE SHIELDS. IN FY 2021, BILH SUPPLY CHAIN AND INFECTION PREVENTION COORDINATED A RESPIRATOR (N95 OR EQUIVALENT) FIT TESTING PROGRAM WITH A VENDOR TO FIT TEST MORE THAN 20,000 BILH EMPLOYEES TO BOTH DISPOSABLE AND REUSABLE RESPIRATORS. THIS UNIQUE PROGRAM INCORPORATING REUSABLE RESPIRATORS ENSURED THAT BILH STAFF WOULD NOT BE SUBJECT TO FLUCTUATIONS IN SUPPLY CHAIN DURING FUTURE WAVES OF COVID-19 OR OTHER RESPIRATORY VIRAL ILLNESSES AND MITIGATED WASTE RELATED TO DISPOSABLE RESPIRATORY PROTECTION. THROUGHOUT FY 2021, BILH INFECTION PREVENTION DEVELOPED AND UPDATED CLINICAL AND OPERATIONAL GUIDANCE INCLUDING POLICIES, TOOLS, AND EDUCATIONAL MATERIALS TO SUPPORT THE PREVENTION OF TRANSMISSION OF COVID-19. FOR EXAMPLE, BILH INFECTION PREVENTION DEVELOPED STAFF EDUCATION ON COVID-19 PREVENTION TO MEET THE OSHA COVID-19 EMERGENCY TEMPORARY STANDARD FOR USE BY ALL HOSPITAL/BUSINESS UNITS; CREATED SCREENING TOOLS FOR USE AT ALL POINTS OF ENTRY FOR PATIENTS AND VISITORS AND UPDATED CRITERIA AS NEEDED BASED ON LOCAL AND NATIONAL GUIDANCE; AND, UPDATED POLICIES FOR PREOPERATIVE AND PRE-PROCEDURAL TESTING AND PPE. TREATMENT BILH HOSPITALS CONTINUED TO PROVIDE TREATMENT TO ADMITTED PATIENTS WITH COVID-19, USING TREATMENTS AUTHORIZED FOR USE AT THE TIME. LEADERS ACROSS BILH HOSPITALS CONTINUED TO MEET AND SHARE INFORMATION TO ALLOW FOR APPROPRIATE RESOURCE ALLOCATION AND LOAD BALANCING TO ENSURE BILH WAS ABLE TO MEET PATIENT DEMAND. IN FY 2021, BILH BEGAN TO MAKE AVAILABLE TO AMBULATORY PATIENTS COVID-19 THERAPEUTICS (INTRAVENOUS MONOCLONAL ANTIBODIES AND REMDESEVIR) AND PROPHYLAXIS (EVUSHELD), WITH THESE EFFORTS EXPANDING ACROSS 2022. SAFETY NET AFFILIATE SUPPORT IN ORDER TO ENHANCE SITUATIONAL AWARENESS AND THE HEALTH SYSTEM'S UNDERSTANDING OF THE PANDEMIC'S IMPACT ON ITS SAFETY NET AFFILIATES ("SNAS"), BILH INCLUDED ITS SNAS IN DAILY HUDDLES AND INCIDENT COMMAND MEETINGS. THESE COLLABORATIVE FORUMS ENABLED BILH TO PROVIDE TARGETED, CONSISTENT SUPPORT, INCLUDING DISCUSSIONS ON PATIENT TRANSFER AVAILABILITY AND BED CAPACITY ACROSS BILH. THROUGH ITS COMMITMENT TO SUPPORTING LOCAL COMMUNITIES DEVASTATED BY THE PANDEMIC, BILH DONATED \$410,000 TO COMMUNITY GROUPS LOCATED IN BROCKTON AND \$600,000 TO THE CITY OF CHELSEA TO AID IN ADDRESSING PROBLEMS CREATED OR EXACERBATED BY THE PANDEMIC, INCLUDING TEMPORARY HOUSING FOR EVICTED PATRONS AND FOOD INSECURITY DUE TO LOSS OF INCOME.
BETH ISRAEL LAHEY HEALTH'S COVID-19 PANDEMIC RESPONSE	UNDERPINNING THESE MANY INITIATIVES WERE VARIOUS MULTI-ENTITY, INTERDISCIPLINARY COMMITTEES AND DATA COLLECTION EFFORTS TO ENSURE THAT BILH WAS PROACTIVELY MONITORING THE TRAJECTORY OF THE PANDEMIC AND NIMBLY PLANNING THE SYSTEM'S RESPONSE. THE HEALTH SYSTEM'S EFFORTS SPANNED THE CLINICAL CARE CONTINUUM, FROM PRIMARY CARE TO POST-ACUTE CARE, AS WELL AS BOTH CLINICAL AND ADMINISTRATIVE DEPARTMENTS, FROM INFECTIOUS DISEASE AND NURSING TO HUMAN RESOURCES AND INFORMATION SERVICES. BILH SUCCESSFULLY MARSHALLED ITS RESOURCES THROUGHOUT THE SYSTEM TO SERVE AS ONE OF THE PRIMARY HUBS FOR COVID-19 RELATED CARE IN MASSACHUSETTS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule I
(Form 990)

OMB No. 1545-0047

2020

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 Part 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Treasurer
BETH ISRAEL DEACONESS MEDICAL CENTER

Revenue Officer

Employer identification number
04-2103861

Part I

General Information on Grants and Assistance

1

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

Yes

No

2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AIDS ACTION COMMITTEE 75 AMORY STREET BOSTON, MA 02219	22-2707246	501(C)(3)	5,000				COMMUNITY SUPPORT
(2) BOSTON EMERGENCY MEDICAL SERVICES 785 ALBANY ST BOSTON, MA 02118		501(C)(3)		240,017			COMMUNITY SUPPORT
(3) BOSTON MEDICAL LIGHT 150 RANSOM DR BEDFORD, MA 01730	22-2582060	501(C)(3)	1,392,162				COMMUNITY SUPPORT
(4) BOSTON PUBLIC COMMISSION 1010 MASS AVE BOSTON, MA 02118	04-3316655	501(C)(3)	10,000				COMMUNITY SUPPORT
(5) CHARLES RIVER COMMUNITY HEALTH 495 WESTERN AVE BOSTON, MA 02135	23-7221597	501(C)(3)	197,980				COMMUNITY SUPPORT
(6) COMMUNITY CARE ALLIANCE 330 BROOKLINE AVE BOSTON, MA 02120	04-3756900	501(C)(3)	25,000				COMMUNITY SUPPORT
(7) CONFERENCE OF BOSTON TEACHING HOSPITALS 11 BEACON ST BOSTON, MA 02108	26-3583138	501(C)(3)	31,250				COMMUNITY SUPPORT
(8) DIMOCK COMMUNITY HEALTH CENTER 55 DIMOCK ST BOSTON, MA 02111	04-3487835	501(C)(3)	460,125				COMMUNITY SUPPORT
(9) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST BOSTON, MA 02120	04-2510564	501(C)(3)	624,000				COMMUNITY SUPPORT
(10) HEALTH RESOURCES ACTION 2 BOYLSTON ST BOSTON, MA 02116	04-2229839	501(C)(3)	296,491				COMMUNITY SUPPORT
(11) JEWISH VOCATIONAL CENTER 75 FEDERAL ST BOSTON, MA 02142	04-2104357	501(C)(3)	52,004				COMMUNITY SUPPORT
(12) MEDICAL ACADEMIC AND SCIENTIFIC COMMUNITY ORGANIZATION 375 LONGWOOD AVE BOSTON, MA 02120	04-2507445	501(C)(3)		54,025			COMMUNITY SUPPORT
(13) OUTER CAPE PRIMARY CARE 3150 STATE HIGHWAY ROUTE 6 WELLESLEY, MA 02467	04-2509828	501(C)(3)	61,000				COMMUNITY SUPPORT
(14) SOUTH COVE COMMUNITY HEALTH CENTER 145 SOUTH ST BOSTON, MA 02111	04-2501818	501(C)(3)	750,000				COMMUNITY SUPPORT
(15) THE PARTNERSHIP INC 155 SEAPORT BLVD BOSTON, MA 02210	04-2879910	501(C)(3)	17,000				COMMUNITY SUPPORT
(16) GREENROOFS INC 277 MAGWALL ST SUITE 1 CHELSEA, MA 02150	81-2718273	501(C)(3)					COMMUNITY SUPPORT
(17) ACEDONE 89 SOUTH ST STE 203 BOSTON, MA 02111	51-0419358	501(C)(3)	33,333				COMMUNITY SUPPORT
(18) KSAIT COMMUNITY DEVELOPMENT CORPORATION (ASIAN) 38 OAK STREET BOSTON, MA 02111	04-2988263	501(C)(3)	166,667				COMMUNITY SUPPORT
(19) BAGLEY INC PO BOX 960814 BOSTON, MA 02196	04-2785336	501(C)(3)	166,667				COMMUNITY SUPPORT
(20) BOSTON CHINATOWN NEIGHBORHOOD CENTER 38 ASH ST BOSTON, MA 02111	23-7209691	501(C)(3)	33,333				COMMUNITY SUPPORT
(21) BRIDGE OVER UNDERWATERS 47 WEST STREET BOSTON, MA 02111	04-2472126	501(C)(3)	333,333				COMMUNITY SUPPORT
(22) CHARLES RIVER COMMUNITY HEALTH 495 WESTERN AVENUE BOSTON, MA 02135	23-7221597	501(C)(3)	33,333				COMMUNITY SUPPORT
(23) CITY LIFE/VIDA URBANA PO BOX 300107 JAMAICA PLAIN, MA 02130	04-2660311	501(C)(3)	166,667				COMMUNITY SUPPORT
(24) COMMUNITY SERVICES 179 AMORY ST JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	166,667				COMMUNITY SUPPORT
(25) ENGLISH FOR NEW BOSTONIANS 105 CHAUNCEY STREET 4TH FLOOR BOSTON, MA 02111	46-3202177	501(C)(3)	166,667				COMMUNITY SUPPORT
(26) FATHERS' UPLIFT 12 SOUTHERN AVE DORCHESTER, MA 02124	46-1407932	501(C)(3)	166,667				COMMUNITY SUPPORT
(27) FENWAY COMMUNITY DEVELOPMENT CORPORATION (FENWAY) 70 BURBANK STREET BOSTON, MA 02115	04-2666507	501(C)(3)	166,667				COMMUNITY SUPPORT
(28) GREATER BOSTON NESESE GOLDEN AGE CENTER (GBGCAC) 75 KNEELAND STREET SUITE 204 BOSTON, MA 02111	23-7181452	501(C)(3)	33,333				COMMUNITY SUPPORT
(29) METRO HOUSING 1411 STATE STREET BOSTON, MA 02120	04-2775991	501(C)(3)	240,000				COMMUNITY SUPPORT
(30) OPPORTUNITY COMMUNITIES (OPPCO) 116 HUNTINGTON AVE BOSTON, MA 02116	82-3595539	501(C)(3)	33,333				COMMUNITY SUPPORT
(31) SOCIEDAD LATINA 135 MAIN STREET ROXBURY, MA 02120	04-2678255	501(C)(3)	33,333				COMMUNITY SUPPORT
(32) THE FAMILY VAN (PRESIDENT AND FELLOWS COLLEGE) 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	166,667				COMMUNITY SUPPORT
(33) NORTH SUFFOLK MENTAL HEALTH ASSOCIATION 301 BROADWAY CHELSEA, MA 02150	04-2317215	501(C)(3)	135,000				COMMUNITY SUPPORT
(34) FAMILY NURTURING CENTER 200 BOWDOIN STREET DORCHESTER, MA 02122	31-1626186	501(C)(3)	35,419				COMMUNITY SUPPORT
(35) GENERAL HOSPITAL BANK OF AMERICA BOSTON, MA 02241	04-1564655	501(C)(3)	5,518				RESEARCH-SUBAWARD
(36) JOSLIN DIABETES TECH TRANS CONSULTANT RM 503 BOSTON, MA 02215	04-2203836	501(C)(3)	5,628				RESEARCH-SUBAWARD
(37) CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD STE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	5,836				RESEARCH-SUBAWARD
(38) NEW ENGLAND NEBRASKA SERVICES INC 60 FIRST AVE WALTHAM, MA 02451	81-3650975	501(C)(3)	6,242				RESEARCH-SUBAWARD
(39) INDIANA UNIVERSITY DEPT 78867 DETROIT, MI 48278	35-6001673	501(C)(3)	6,500				RESEARCH-SUBAWARD
(40) BOSTON VA RESEARCH INSTITUTE INC 5 POST OFFICE SQUARE SUITE 16 28 BOSTON, MA 02109	04-3081524	501(C)(3)	6,728				RESEARCH-SUBAWARD
(41) UNIVERSITY OF SOUTHERN CALIFORNIA NORRIS MEDICAL LIBRARY LOS ANGELES, CA 90089	95-1642394		8,750				RESEARCH-SUBAWARD
(42) NORRIS CENTER FOR RES & EDUCATION INC 4150 CLEMENT ST 151NC SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	8,933				RESEARCH-SUBAWARD
(43) HERREW SENIORLIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	90-0183119	501(C)(3)	9,341				RESEARCH-SUBAWARD
(44) THE UNIVERSITY OF NEBRASKA MEDICAL CTR OFFICE OF SPONSORED PROG LINCOLN, NE 68583	44-0771713		10,193				RESEARCH-SUBAWARD
(45) THE COLLEGE OF WOOSTER ATTN ACCOUNTING MANAGER WOOSTER, OH 44691	34-0714654	501(C)(3)	11,481				RESEARCH-SUBAWARD
(46) HENRY FORD HEALTH SYSTEM ATTN JOE OHMER DETROIT, MI 48202	38-1357020		12,000				RESEARCH-SUBAWARD
(47) LAHEY HOSPITAL AND MEDICAL CENTER 41 HALL ROAD BURLINGTON, MA 01805	04-2704686	501(C)(3)	12,100				RESEARCH-SUBAWARD
(48) NORTHERN CALIFORNIA INST FOR RES & EDU 4150 CLEMENTS ST 151NC SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	15,770				RESEARCH-SUBAWARD
(49) OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CTR MASR COLUMBUS, OH 43210	31-6025986	501(C)(3)	15,880				RESEARCH-SUBAWARD
(50) NATIONAL KIDNEY FOUNDATION INC ATTN ACCOUNTS RECEIVABLE NEW YORK, NY 10016	13-1673104	501(C)(3)	16,097				RESEARCH-SUBAWARD
(51) RUTGERS NEW JERSEY MEDICAL SCHOOL 145 BEVER RD PISCATAWAY, NJ 08854	22-6001086		17,098				RESEARCH-SUBAWARD
(52) DANA FARBER CANCER INSTITUTE OFF OF RES TECH VENTURES BOSTON, MA 02215	04-2263040		19,604				RESEARCH-SUBAWARD
(53) WILLIAM BEAUMONT HOSPITAL 3811 W 13 MILE ROAD ROYAL OAK, MI 48073	38-1459362	501(C)(3)	20,640				RESEARCH-SUBAWARD
(54) UNIVERSITY OF FLORIDA BOARD OF TRUSTEES FINANCE ACCOUNTING- CONTRACTS GAINESVILLE, FL 32611	59-6002050	501(C)(3)	20,823				RESEARCH-SUBAWARD
(55) UNIVERSITY OF IOWA UI DIAGNOSTIC LABORATORIES IOWA CITY, IA 52242	42-6004813		20,838				RESEARCH-SUBAWARD
(56) UNIVERSITY OF WISCONSIN DEPT OF PATHOLOGY LABORATORY MEDICINE MADISON, WI 53706	39-6006492	501(C)(3)	21,169				RESEARCH-SUBAWARD
(57) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE MC107 ALBANY, NY 12208	14-1338310	501(C)(3)	21,201				RESEARCH-SUBAWARD
(58) BOARD OF REGENTS UNIVERSITY OF NEBRASKA UNIVERSITY OF NEBRASKA OSP LINCOLN, NE 68583	47-0049123	501(C)(3)	22,346				RESEARCH-SUBAWARD
(59) MAYO CLINIC 200 FIRST ST ROCHESTER, MA 55901	41-6011702	501(C)(3)	24,000				RESEARCH-SUBAWARD
(60) UNIVERSITY OF CONNECTICUT OFFICE OF THE VICE PRESIDENT FOR STORRS, CT 06269	06-0772160		25,249				RESEARCH-SUBAWARD
(61) UMASS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	25,675				RESEARCH-SUBAWARD
(62) AMERICAN COLLEGE OF CARDIOLOGY FOUND PO BOX 79406 BALTIMORE, MD 21279	36-2261602		25,982				RESEARCH-SUBAWARD
(63) UNIVERSITY OF TEXAS HEALTH SCIENCE CTR FINANCIAL ADMINISTRATIVE SUPPORT HOUSTON, TX 77216	74-1761309	501(C)(3)	28,000				RESEARCH-SUBAWARD
(64) THE CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193	91-2153073	501(C)(3)	30,085				RESEARCH-SUBAWARD
(65) HALE UNIVERSITY OFFICE OF CORPORATE RESEARCH NEW HAVEN, CT 06511	90-0230377	501(C)(3)	31,825				RESEARCH-SUBAWARD
(66) TRUSTEES OF DARTMOUTH COLLEGE INST FOR HEALTH POLICY CLINICAL PRA FRA LEBANON, NH 03766	02-0222111	501(C)(3)	32,285				RESEARCH-SUBAWARD
(67) WAYNE STATE UNIVERSITY 0701 WOUTER DR L435 DETROIT, MI 48235	38-6028429		32,667				RESEARCH-SUBAWARD
(68) FOUR CORNERS ACTION COALITION 367 WASHINGTON ST DORCHESTER, MA 02124	04-3363133		33,000				RESEARCH-SUBAWARD
(69) HUSK INSTITUTE FOR AGING RESEARCH 1200 CENTER STREET COSTON, MA 02115	90-0183119	501(C)(3)	35,737				RESEARCH-SUBAWARD
(70) BRIGHAM AND WOMEN'S HOSPITAL 1620 TREMONT ST SUITE 3030 BOSTON, MA 02120	04-2312909	501(C)(3)	36,934				RESEARCH-SUBAWARD
(71) GEORGETOWN UNIVERSITY OFFICE OF TECH LIC HARRIS BLDG STE 150 WASHINGTON, DC 20007	53-0196603	501(C)(3)	37,475				RESEARCH-SUBAWARD
(72) BROWN UNIVERSITY CASHIERS OFFICE BROWN BUS SERV CTR PROVIDENCE, RI 02912	26-3428781	501(C)(3)	41,516				RESEARCH-SUBAWARD
(73) HARVARD UNIVERSITY GENL ACCTS REC BOSTON, MA 02212	04-2103580	501(C)(3)	51,632				RESEARCH-SUBAWARD
(74) MCLEAN HOSPITAL EBASIS/MS112 BELMONT, MA 02478	04-2697981	501(C)(9)	53,132				RESEARCH-SUBAWARD
(75) CAL19 INC 313 ST MARKS AVENUE BROOKLYN, NY 11238			53,569				RESEARCH-SUBAWARD
(76) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM PO BOX 3881 BOSTON, MA 02241	04-3229679	501(C)(3)	55,080				RESEARCH-SUBAWARD
(77) TACONIC BIOSCIENCES INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104		58,525				RESEARCH-SUBAWARD
(78) PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING STATE COLLEGE, PA 16801	24-6000376	501(C)(3)	60,461				RESEARCH-SUBAWARD
(79) HENNEPIN HEALTHCARE RESEARCH INSTITUTE 701 PARK AVE MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	61,479				RESEARCH-SUBAWARD
(80) UNIVERSITY OF VERMONT GRANT CONTRACT ACCOUNTING SERVICES BURLINGTON, VT 05405	03-0179440	501(C)(3)	63,934				RESEARCH-SUBAWARD
(81) FLORIDA A&M UNIVERSITY ATTN CRYSTAL THOMAS TALLAHASSEE, FL 32307	59-0977035	501(C)(3)	65,770				RESEARCH-SUBAWARD
(82) AMERICAN SOCIETY FOR CLINICAL PATHOLOGY 33 WEST MONROE ST SUITE 1600 CHICAGO, IL 60603	36-2406080	501(C)(3)	67,250				RESEARCH-SUBAWARD
(83) UNIVERSITY OF COLORADO AT DENVER OFFICE OF GRANTS CONTRACTS F428 DENVER, CO 80201	84-6000555		72,727				RESEARCH-SUBAWARD
(84) UNIVERSITY OF CALIFORNIA CENTRAL CASHIER LA JOLLA, CA 92093	94-3067788		78,026				RESEARCH-SUBAWARD
(85) TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIVERSITY BOSTON, MA 02205	04-2103547	501(C)(3)	85,298				RESEARCH-SUBAWARD
(86) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH PO BOX 95008-7515 PHILADELPHIA, PA 19195	11-2673595	501(C)(3)	89,000				RESEARCH-SUBAWARD
(87) HOUSTON TREASURERS OFFICE HOUSTON, TX 77001	74-6001399		93,416				RESEARCH-SUBAWARD
(88) MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138	04-2103606	501(C)(3)	94,782				RESEARCH-SUBAWARD
(89) MASS GENERAL CORP SPONSORED RESEARCH LLC CHARLESTOWN, MA 02129	04-1564655	501(C)(3)	95,553				RESEARCH-SUBAWARD
(90) HONOR HEALTH 10510 N 92ND ST STE 302 SCOTTSDALE, AZ 85258	74-2355411		103,063				RESEARCH-SUBAWARD
(91) CATALENT PHARMA SOLUTIONS 25109 NETWORK PLACE CHICAGO, IL 60673	13-3523163		104,164				RESEARCH-SUBAWARD
(92) WHITEHEAD INSTITUTE 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	114,358				RESEARCH-SUBAWARD
(93) UNIVERSITY OF MIAMI DR CHARLAD PODACK MIAMI, FL 33136	59-0624458	501(C)(3)	116,824				RESEARCH-SUBAWARD
(94) HARVARD UNIV OFFICE OF SPONSORED RES HOLYOKE CENTER ROOM 620 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	124,677				RESEARCH-SUBAWARD
(95) UNIVERSITY OF MISSISSIPPI ATTN STACY ROSS/ACCT PAYABLE DEPT JACKSON, MS 39047	23-7310293		125,064				RESEARCH-SUBAWARD
(96) NEW MEXICO CONSORTIUM INC 4200 WEST JENNEZ RD STE 200 LOS ALAMOS, NM 87544	26-0370262	501(C)(3)	127,623				RESEARCH-SUBAWARD
(97) UNIVERSITY OF FLORIDA DEPT OF MEDICINE ADMIN GAINESVILLE, FL 32610	59-6002050		134,442				RESEARCH-SUBAWARD
(98) VANDERBILT UNIVERSITY MEDICAL CENTR DEPT OF FINANCE ATLANTA, GA 31192	35-2528741		140,990				RESEARCH-SUBAWARD
(99) STANFORD UNIVERSITY INTERLIBRARY SERVICES RM 161 GREEN LIBRARY STANFORD, CA 94305	94-1156365	501(C)(3)	155,696				RESEARCH-SUBAWARD
(100) REGENTS OF THE UNIVERSITY OF MICHIGAN UMHS C/O ALI JONES ANN ARBOR, MI 48109	38-6006309	501(C)(3)	157,662				RESEARCH-SUBAWARD
(101) JOHNS HOPKINS MEDICINE 12529 COLLECTION CENTER DR CHICAGO, IL 60693	52-0595110	501(C)(3)	162,465				RESEARCH-SUBAWARD
(102) HERREW REHABILITATION CENTER MARCUS INSTITUTE FOR AGING RESEARCH BOSTON, MA 02131	04-2104298	501(C)(3)	177,109				RESEARCH-SUBAWARD
(103) BAYLOR COLLEGE OF MEDICINE PO BOX 201307 DALLAS, TX 75303	74-1613878		183,444				RESEARCH-SUBAWARD
(104) BAIM INSTITUTE FOR CLINICAL RESEARCH 930 COMMONWEALTH AVE BOSTON, MA 02215	04-3521077	501(C)(3)	183,902				RESEARCH-SUBAWARD
(105) THE HENRY M JACKSON FOUNDATION FOR ADVANCEMENT OF MEDICAL SCIENCE BETHESDA, MD 20817	52-1317896	501(C)(3)	187,700				RESEARCH-SUBAWARD
(106) UNIVERSITY OF CINCINNATI LARRY REINOLD DEPT INFECTIOUS DISEASE CINCINNATI, OH 45267	31-6000989		190,197				RESEARCH-SUBAWARD
(107) JALKI INSTITUTE OF BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	229,006				RESEARCH-SUBAWARD
(108) WEILL CORNELL MEDICINE DEPT OF PATHOLOGY LAB MEDICINE NEW YORK, NY 10021	13-1623978		246,430				RESEARCH-SUBAWARD
(109) UNIVERSITY OF MASSACHUSETTS CENTER FOR STUDIES RESEARCH BOSTON, MA 02125	54-2084125	501(C)(3)	259,719				RESEARCH-SUBAWARD
(110) UNIVERSITY OF WASHINGTON 045 HUNTINGTRACT ACCOUNTING CHICAGO, IL 60693	94-3079432	501(C)(3)	264,516				RESEARCH-SUBAWARD
(111) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	270,253				RESEARCH-SUBAWARD
(112) UNIVERSITY OF ALABAMA AT BIRMINGHAM 845 19TH ST SOUTH BIRMINGHAM, AL 35294	63-6005396		273,468				RESEARCH-SUBAWARD
(113) BOSTON UNIVERSITY P O BOX 55057 BOSTON, MA 02205	04-2103547	501(C)(3)	293,734				RESEARCH-SUBAWARD
(114) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	367,150				RESEARCH-SUBAWARD
(115) MEDICAL UNIVERSITY OF SOUTH CAROLINA BURSARS OFFICE CHARLESTON, SC 29407	57-6028985	501(C)(3)	371,667				RESEARCH-SUBAWARD
(116) HARVARD MEDICAL SCHOOL 240 LONGWOOD AVE BOSTON, MA 02115	04-2103580		387,272				SUPPORT FOR HARVARD MEDICAL SCHOOL SPONSORSHIP.
(117) FRED HUNTINGTON CANCER RESEARCH CENTER 1100 AIRVIEW AVE N MS							

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

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TABB MD KEVIN CHIEF EXECUTIVE OFFICER AND DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,607,257	1,271,689	499,335	321,950	- 42,947	- 3,743,178	0
2 FISCHER STEVEN BILH CFO, TREASURER (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	824,811	345,240	154,549	20,155	- 34,545	- 1,379,300	0
3 LEWIS MD STANLEY M FMR. SVP, CHIEF SYSTEM DEVELOPMENT &	(i)	0	0	0	0	0	0	0
	(ii)	672,046	462,723	124,751	22,817	- 34,530	- 1,316,867	0
4 KATZ ESQ JAMIE BILH GEN. COUNSEL, CLERK (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	689,655	463,139	118,934	19,114	- 13,424	- 1,304,266	0
5 KIMBALL MD MPH ALEXA B DIRECTOR (EX-OFFICIO), PRESIDENT AND	(i)	0	0	0	0	0	0	0
	(ii)	751,162	178,878	5,244	45,600	- 38,311	- 1,019,195	0
6 HEALY PETER PRESIDENT & DIRECTOR (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	730,173	92,884	112,522	34,006	- 38,389	- 1,007,974	0
7 CHAIKOF MD PHD ELLIOT L DIRECTOR (EX-OFFICIO) & SURGERY CHIEF	(i)	428,347	500	3,714	23,558	19,334	475,453	0
	(ii)	428,347	500	3,714	23,558	- 19,334	- 475,453	0
8 STEVENSON MD MARY ANN CHIEF, RADIATION ONCOLOGY	(i)	392,248	0	2,622	26,719	5,742	427,331	0
	(ii)	392,248	0	2,622	26,719	- 5,742	- 427,331	0
9 KRUSKAL MD PHD JONATHAN B CHIEF OF RADIOLOGY	(i)	386,372	0	2,855	17,100	18,907	425,234	0
	(ii)	386,372	0	2,855	17,100	- 18,907	- 425,234	0
10 OLBRICHT MD SUZANNE CHIEF OF DERMATOLOGY	(i)	349,075	0	2,950	22,653	12,324	387,002	0
	(ii)	349,075	0	2,950	22,653	- 12,324	- 387,002	0
11 PURSLEY MD DEWAYNE M CHIEF OF NEONATOLOGY	(i)	334,431	6,105	3,783	28,500	9,598	382,417	0
	(ii)	334,431	6,105	3,783	28,500	- 9,598	- 382,417	0
12 RODRIGUEZ MD EDWARD KENNETH CHIEF ORTHOPEDIC SURGERY	(i)	320,516	0	3,783	28,500	17,827	370,626	0
	(ii)	320,516	0	3,783	28,500	- 17,827	- 370,626	0
13 SZABO MD PHD HON SCD GY DIRECTOR (EX-OFFICIO), CHIEF ACADEMI	(i)	0	0	0	0	0	0	0
	(ii)	596,707	59,978	7,110	53,438	- 19,196	- 736,429	0
14 SAFFITZ MD PHD JEFFREY E FORMER INTERIM CAO	(i)	334,155	0	3,245	17,100	10,348	364,848	0
	(ii)	334,155	0	3,245	17,100	- 10,348	- 364,848	0
15 ZEIDEL MD MARK L DIRECTOR (EX-OFFICIO) AND CHIEF (MED	(i)	325,364	0	3,455	15,675	12,424	356,918	0
	(ii)	325,364	0	3,455	15,675	- 12,424	- 356,918	0
16 MAURER RN MSN MARSHA CNO & SVP OF PATIENT CARE SERVICES	(i)	490,531	75,538	60,047	20,840	27,374	674,330	0
	(ii)	0	0	0	0	- 0	- 0	0
17 TANDON MANU BILH CIO; FORMER BIDMC CIO, SVP	(i)	262,561	0	41,586	46,041	26,185	376,373	0
	(ii)	151,691	59,793	1,057	0	- 8,905	- 221,446	0
18 CULLEN MICHAEL R CFO, SVP (FINANCE), ASST. TREASURER	(i)	444,122	74,734	49,533	15,240	2,490	586,119	0
	(ii)	0	0	0	0	- 0	- 0	0
19 BROWN KERRY FORMER ASSISTANT CLERK	(i)	0	0	0	0	0	0	0
	(ii)	376,746	129,252	33,069	10,642	- 11,493	- 561,202	0
20 SKURA SAMUEL CHIEF OPERATING OFFICER	(i)	369,376	52,659	27,783	34,143	35,562	519,523	0
	(ii)	0	0	0	0	- 0	- 0	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				
21BIEBER JUDI FMR. CHIEF HUMAN RESOURCES OFFICER;	(i)	365,452	0	102,822	20,840	27,933	517,047	0
	(ii)	0	0	0	0	- 0	- 0	0
22SCHWARTZSTEIN MD RICHARD M VICE PRESIDENT OF EDUCATION	(i)	0	0	0	0	0	0	0
	(ii)	434,691	27,906	3,744	31,350	- 19,196	- 516,887	0
23SHEEHAN RN MSN JAYNE FMR. SVP, SYSTEM INTEGRATION & CARE	(i)	0	0	0	0	0	0	0
	(ii)	328,229	74,346	28,559	19,846	- 24,883	- 475,863	0
24ARMSTRONG WALTER SVP - CAPITAL FACILITIES & ENGINEERI	(i)	331,166	50,611	35,461	19,440	7,667	444,345	0
	(ii)	0	0	0	0	- 0	- 0	0
25MARKSON MD MPH LAWRENCE J INTERIM CHIEF INFORMATION OFFICER	(i)	247,308	17,685	28,615	17,149	34,093	344,850	0
	(ii)	0	0	0	0	- 0	- 0	0
26AYOUB JO VP, HR	(i)	269,435	0	1,797	19,387	27,319	317,938	0
	(ii)	0	0	0	0	- 0	- 0	0
27ARMSTRONG ESQ EMILY ASST. CLERK, BIDMC	(i)	200,917	0	190	17,304	33,901	252,312	0
	(ii)	0	0	0	0	- 0	- 0	0

Part III

Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	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, 2021 IS CALENDAR YEAR 2020 DETAIL. DURING THE 2020 CALENDAR YEAR, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) 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.
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 401(K) RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403(B) 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 COMPLETE TITLES AND ADDITIONAL EXPLANATORY INFORMATION FOR OFFICERS, DIRECTOR/TRUSTEES, KEY EMPLOYEES AND THE ENTITIES FIVE HIGHEST PAID EMPLOYEES OTHER THAN ODTKH ARE LISTED BELOW ALPHABETICALLY: AIN, ARON DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ANDERSON, CAROL F. DIRECTOR AND BOARD CHAIR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO) CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL ARMSTRONG, ESQ., EMILY CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. ASSISTANT CLERK BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CLERK AND ASSISTANT SECRETARY MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP CLERK (EX OFFICIO) BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. MS. ARMSTRONG'S TERM AS CLERK AND ASSISTANT SECRETARY OF BETH ISRAEL DEACONESS MEDICAL CENTER BEGAN ON OCTOBER 1, 2020. ARMSTRONG, WALTER SENIOR VICE PRESIDENT, CAPITAL FACILITIES AND ENGINEERING BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE COMPENSATION FOR MR. ARMSTRONG INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$34,871. AYOUB, JO VICE PRESIDENT, HUMAN RESOURCES BETH ISRAEL DEACONESS MEDICAL CENTER, INC. BERMAN, ANN E. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. BIEBER, JUDI FORMER CHIEF HUMAN RESOURCES OFFICER, FORMER SENIOR VICE PRESIDENT HUMAN RESOURCES BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE COMPENSATION FOR MS. BIEBER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$28,790. BROWN, KERRY FORMER ASSISTANT CLERK BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHIEF OF STAFF BETH ISRAEL LAHEY HEALTH, INC. OTHER REPORTABLE COMPENSATION FOR MS. BROWN INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$30,047. CHAIKOF, M.D., PHD, ELLIOT L. 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 JOHNSON & JOHNSON PROFESSOR OF SURGERY HARVARD MEDICAL SCHOOL AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2020 CALENDAR YEAR INCLUDES PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. CHAIKOF'S POSITION AS CHIEF OF THE DEPARTMENT OF SURGERY AT BIDMC, CHAIR OF THE DEPARTMENT OF SURGERY AT HMFP AND JOHNSON & JOHNSON PROFESSOR OF SURGERY AT HARVARD MEDICAL SCHOOL' CHENG, JILL T. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CRONIN, MICHAEL F. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CULLEN, MICHAEL R. CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT (FINANCE) AND ASSISTANT TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND CHIEF FINANCIAL OFFICER BETH ISRAEL LAHEY HEALTH PHARMACY, INC. OTHER REPORTABLE COMPENSATION FOR MR. CULLEN INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$46,383. CUTLER, JOEL E. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DESIMONE, THOMAS DIRECTOR AND FIRST VICE CHAIR BETH ISRAEL DEACONESS MEDICAL CENTER
FISCHER, STEVEN	EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. MR. FISCHER RETIRED FROM HIS POSITION HELD AT BILH AS WELL AS THE POSITIONS DESCRIBED BELOW ON APRIL 2, 2021. UNLESS NOTED BELOW, MR. FISCHER HELD EACH POSITION THROUGH HIS DATE OF RETIREMENT. TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. O MR. FISCHER HELD THE TRUSTEE POSITION THROUGH DECEMBER 31, 2020. TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALMILTON TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALNEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALPLYMOUTH TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE AND TREASURER (EX-OFFICIO) JORDAN PHYSICIAN ASSOCIATES TRUSTEE AND TREASURER (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) ANNA JAQUES HOSPITAL TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND TREASURER (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. ASSISTANT TREASURER 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. TRUSTEE AND TREASURER (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE 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 (EX-OFFICIO) 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 & MEDICAL CENTER MANAGING DIRECTOR AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC. TREASURER CAREGROUP PARMENTER HOME CARE AND HOSPICE, INC. TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC. ALTHOUGH MR. FISCHER SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2020 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$117,139. FULP, CAROL DIRECTOR AND VICE CHAIR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. FULP'S TERM AS VICE CHAIR OF BETH ISRAEL DEACONESS MEDICAL CENTER BEGAN ON OCTOBER 1, 2020. HEALY, PETER UNLESS

	OTHERWISE NOTED BELOW, MR. HEALY HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2021. PRESIDENT AND DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION MANAGING DIRECTOR, CO-CHAIR - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC MR. HEALY SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2020 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. HEALY INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$131,413. OF THIS AMOUNT, \$22,833 IS UNVESTED AS OF SEPTEMBER 30, 2021. JICK, DANIEL J. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE BETH ISRAEL LAHEY HEALTH, INC. FORMER TRUSTEE (EX-OFFICIO) CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL JONES, KIMBERLY Y. DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. JONES' TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN ON OCTOBER 1, 2020. KATZ, J.D., JAMIE UNLESS OTHERWISE NOTED BELOW, MR. KATZ HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2021: GENERAL COUNSEL AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. O TRUSTEE TERM ENDED DECEMBER 31, 2020 CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CLERK BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC CLERK (EX-OFFICIO) MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALMILTON 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 HOSPITALPLYMOUTH CLERK (EX-OFFICIO) JORDAN PHYSICIANS ASSOCIATES, INC. CLERK (EX-OFFICIO) THE JORDAN HEALTH SYSTEM CLERK (EX-OFFICIO) ANNA JAQUES HOSPITAL CLERK (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND CLERK (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK (EX-OFFICIO) SEACOAST NURSING & REHABILITATION CENTER, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. CLERK (EX-OFFICIO) 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 &MEDICAL CENTER CLERK (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC CLERK (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK, LLC CLERK (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC. TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC. CLERK (EX-OFFICIO) WINCHESTER HOSPITAL MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2020 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. INCENTIVE COMPENSATION FOR MR. KATZ INCLUDES \$225,000 WHICH WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION. OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$87,861.
KERNDL, JOHN	UNLESS OTHERWISE NOTED BELOW, MR. KERNDL HELD THE FOLLOWING POSITIONS BEGINNING APRIL 5, 2021 THROUGH SEPTEMBER 30, 2021: EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC. TREASURER (EX-OFFICIO) COMMUNITY PHYSICIAN ASSOCIATES, INC. TREASURER CAREGROUP PARMENTER HOME CARE & HOSPICE, INC. TRUSTEE AND TREASURER - HEALTH AND EDUCATION HOUSING SERVICES, INC. TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEM, INC. TREASURER (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER TRUSTEE AND TREASURER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL ASSISTANT TREASURER (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TREASURER BID MILTON PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. TRUSTEE AND TREASURER (EX-OFFICIO) SEACOAST NURSING AND REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TREASURER (EX-OFFICIO) ANNA JAQUES HOSPITAL TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITALMILTON, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITALNEEDHAM, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITALPLYMOUTH, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. MANAGING DIRECTOR AND TRUSTEE- BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR AND TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC TREASURER (EX-OFFICIO) LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC TREASURER (EX-OFFICIO) LAHEY CLINICAL PERFORMANCE NETWORK, LLC ASSISTANT TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. AS MENTIONED ABOVE MR. KERNDL SERVED IN THE POSITIONS DETAILED ABOVE BEGINNING ON APRIL 5, 2021. ACCORDINGLY, SINCE COMPENSATION IS REQUIRED TO BE REPORTED IN THIS FORM 990 FOR CALENDAR YEAR 2020 AND MR. KERNDL RECEIVED NO COMPENSATION FROM BETH ISRAEL LAHEY HEALTH OR ITS AFFILIATES DURING CALENDAR YEAR 2020, NO COMPENSATION IS REPORTED IN THIS FILING. KIMBALL, M.D., MPH, ALEXA B. UNLESS OTHERWISE NOTED BELOW, DR. KIMBALL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2021: PRESIDENT, CHIEF EXECUTIVE OFFICER AND DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) AND PRESIDENT ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) AND PRESIDENT LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC. TRUSTEE BETH ISRAEL LAHEY HEALTH, INC. DIRECTOR (EX-OFFICIO), BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. 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 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, INC. DIRECTOR RADIATION ONCOLOGY FOUNDATION MANAGING DIRECTOR AND CO-CHAIR- BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR, CO-CHAIR - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC PROFESSOR OF DERMATOLOGY HARVARD MEDICAL SCHOOL BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. KNEZ, DEBRA S. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. KRUSKAL, M.D., PHD, JONATHAN B. CHIEF OF RADIOLOGY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. LADD, EDWARD DIRECTOR AND VICE CHAIR BETH ISRAEL DEACONESS MEDICAL CENTER MR. LADD'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD ENDED ON SEPTEMBER 30, 2021. LESSER, PAMELA DIRECTOR (EX-OFFICIO) AND CHAIR, BIDMC TRUSTEE ADVISORY BOARD BETH ISRAEL DEACONESS MEDICAL CENTER, INC.
LEWIS, M.D., STANLEY M.	CHIEF STRATEGY OFFICER - BETH ISRAEL LAHEY HEALTH DR. LEWIS RETIRED FROM HIS POSITION HELD AT BILH AS WELL AS THE POSITIONS DESCRIBED BELOW ON JUNE 30, 2021. UNLESS NOTED BELOW, DR. LEWIS HELD EACH POSITION THROUGH HIS DATE OF RETIREMENT. MANAGING DIRECTOR BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC O POSITION STARTED JULY 1, 2021 MANAGING DIRECTOR BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC O REMAINED IN THIS POSITION AFTER RETIREMENT. 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. 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 DR. LEWIS SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021 AND, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2020 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR DR. LEWIS INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$94,332. INCENTIVE COMPENSATION FOR DR. LEWIS INCLUDES \$225,000 WHICH WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION. LI, M.D., FACP, CHIANG J. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MARKSON, M.D., MPH, LAWRENCE J. VICE PRESIDENT AND CHIEF MEDICAL INFORMATION OFFICER; INTERIM CHIEF INFORMATION OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. MARKSON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$27,225. OF THIS AMOUNT, \$ 229 IS UNVESTED. MAURER, R.N., M.S.N., MARSHA CHIEF NURSING OFFICER AND SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE COMPENSATION FOR MS. MAURER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$56,506. MORTON, KAREN V. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. MORTON'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD BEGAN ON OCTOBER 1, 2020. OLBRICHT, M.D., SUZANNE CHIEF OF DERMATOLOGY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PURSLEY, M.D., DEWAYNE M. CHIEF OF NEONATOLOGY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. REHNERT, GEOFFREY DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. REMIS HACKEL, DANIELLE F. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. RODRIGUEZ, M.D., EDWARD KENNETH CHIEF OF ORTHOPEDIC SURGERY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) & CHAIR OF ORTHOPEDIC SURGERY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PRESIDENT, DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY, INC. ROTTENBERG, ALAN W. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. ROTTENBERG'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD ENDED ON SEPTEMBER 30, 2021. SAFFITZ, M.D., PHD, JEFFREY E. FORMER INTERIM CHIEF ACADEMIC OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) AND CHAIR OF PATHOLOGY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) AND PRESIDENT BIH PATHOLOGY FOUNDATION, INC. MALLINCKRODT PROFESSOR OF PATHOLOGY HARVARD MEDICAL SCHOOL SCHWARTZSTEIN, M.D., RICHARD M. VICE PRESIDENT OF EDUCATION BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO), AND EXECUTIVE DIRECTOR SHAPIRO INSTITUTE PHYSICIAN, PULMONARY AND CRITICAL CARE MEDICINE HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ELLEN AND MELVIN GORDON PROFESSOR OF MEDICAL EDUCATION HARVARD MEDICAL SCHOOL SHEEHAN, RN, MSN, JAYNE FORMER SENIOR VICE PRESIDENT, SYSTEM INTEGRATION & CARE COORDINATION BETH ISRAEL DEACONESS MEDICAL CENTER, INC. SENIOR VICE PRESIDENT MUSCULOSKELETAL NETWORK DEVELOPMENT NEW ENGLAND BAPTIST HOSPITAL SENIOR VICE PRESIDENT MUSCULOSKELETAL NETWORK DEVELOPMENT BETH ISRAEL LAHEY HEALTH, INC. OTHER REPORTABLE COMPENSATION FOR MS. SHEEHAN INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$26,324. SILVER, JENNIFER K. DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. SKURA, SAMUEL CHIEF OPERATING OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. EXECUTIVE DIRECTOR & FORMER CAO BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. SKURA INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$48,897. OF THIS AMOUNT, \$21,703 IS UNVESTED. STEVENSON, M.D., MARY ANN CHIEF OF RADIATION ONCOLOGY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. SZABO, M.D., PHD., HON., SCD., GYONGYI CHIEF ACADEMIC OFFICER BETH ISRAEL LAHEY HEALTH, INC. DIRECTOR (EX-OFFICIO) AND CHIEF ACADEMIC OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL TRUSTEE (EX-OFFICIO) BAIM INSTITUTE FOR CLINICAL RESEARCH, INC.
TABB, M.D., KEVIN	UNLESS OTHERWISE NOTED BELOW, DR. TABB HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2021: PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. (BILH) DIRECTOR (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO)- LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) -- LAHEY CLINIC, INC. TRUSTEE (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO), PRESIDENT (EX-OFFICIO), AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. DIRECTOR, PRESIDENT, CHIEF EXECUTIVE OFFICER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. O SERVED AS DIRECTOR AND PRESIDENT THROUGH DECEMBER 31, 2020. TERM FOR CHIEF EXECUTIVE OFFICER BEGAN AS OF JANUARY 1, 2021. TRUSTEE (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO), PRESIDENT (EX-OFFICIO) NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES O TRUSTEE (EX-OFFICIO) AND PRESIDENT THROUGH DECEMBER 18, 2020 TRUSTEE (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO), PRESIDENT, (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, PRESIDENT (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO) - SEACOAST NURSING & REHABILITATION CENTER, INC. CHIEF EXECUTIVE OFFICER WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER LAHEY CLINIC FOUNDATION, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC. TRUSTEE AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER BID-MILTON PHYSICIAN ASSOCIATES CHIEF EXECUTIVE OFFICER COMMUNITY PHYSICIANS ASSOCIATES CHIEF EXECUTIVE OFFICER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER (EX-OFFICIO) MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER THE JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER JORDAN PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER ANNA JAKUES HOSPITAL CHIEF EXECUTIVE OFFICER SEACOAST AFFILIATED GROUP PRACTICE 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 JAKUES HOSPITAL, INC. ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2020 COMPENSATION. INCENTIVE COMPENSATION FOR DR. TABB INCLUDES \$250,000 WHICH WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$546,890. OF THIS AMOUNT, \$62.475 IS UNVESTED AS OF SEPTEMBER 30, 2021. DEFERRED COMPENSATION IN THE AMOUNT OF \$250,000 INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2020, 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. TANDON, MANU BILH CIO; FORMER BIDMC CIO, SENIOR VICE PRESIDENT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHIEF INFORMATION OFFICER BETH ISRAEL LAHEY HEALTH, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. TANDON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$74,932. OF THIS AMOUNT, \$33,987 IS UNVESTED. ULLIAN, ELAINE DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER VORLICEK, MARTHA DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. VORLICEK'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD BEGAN ON OCTOBER 1, 2020. WEISS, M.D., M.B.A., MSC., ANTHONY P. CHIEF MEDICAL OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ZEIDEL, M.D. MARK L. UNLESS OTHERWISE NOTED BELOW, DR. ZEIDEL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2021. 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 LONGWOOD MEDICAL INTERNATIONAL FOUNDATION PRESIDENT AND DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPT. OF MEDICINE FOUNDATION TRUSTEE, EX OFFICIO - BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. 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 ALTHOUGH DR. ZEIDEL SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2020 COMPENSATION.

BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2020 CALENDAR YEAR INCLUDES PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. ZEIDEL'S POSITION AS CHIEF OF THE DEPARTMENT OF MEDICINE AT BIDMC, CHAIR OF THE DEPARTMENT OF MEDICINE AT HMFP AND HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL.

Additional Data

Return to Form

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
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	SEE PART VI		X		X		X

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired				13,740,000		7,900,000		38,265,000		28,000,000	
2	Amount of bonds legally defeased											
3	Total proceeds of issue				211,922,775		504,219,379		257,618,370		262,953,908	
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						378,819,077		19,006,493		94,764,737	
11	Other spent proceeds				208,991,638				236,095,988		160,202,232	
12	Other unspent proceeds						120,805,928					
13	Year of substantial completion				2019				2016		2021	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?					X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?					X		X	X		X	
16	Has the final allocation of proceeds been made?					X		X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		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?								

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?								
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
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: MDFA - SERIES 2016I DATE THE REBATE COMPUTATION WAS PERFORMED: 09/30/2021 ISSUER NAME: MDFA - LAHEY SERIES F DATE THE REBATE COMPUTATION WAS PERFORMED: 09/30/2021
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 \$24,625,005 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. PART IV, COLUMN C, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.
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-REMEDICATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART IV, COLUMN D, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 9/30/2021.
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-REMEDICATION 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-REMEDICATION 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 B, 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-REMEDICATION 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

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Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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	57,565,000		103,365,000				105,250,000	
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 2019, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
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 ▶	0.100 %		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 %			
6	Total of lines 4 and 5	0.100 %		0 %		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?								
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	5,510,000							
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 2019, a current refunding issue)?		X						
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
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?								
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) SUBSTANTIAL CONTRIBUTOR 37	SUBSTANTIAL CONTRIBUTOR	1,971,169	RS-9 NICU RENO - CONSTRUCTION		No
(2) SUBSTANTIAL CONTRIBUTOR 39	SUBSTANTIAL CONTRIBUTOR	917,141	CLEANING AND MAINTENANCE VARIOUS LOCATIONS		No
(3) SUBSTANTIAL CONTRIBUTOR 68	SUBSTANTIAL CONTRIBUTOR	9,601,406	VARIOUS CONSTRUCTION		No
(4) SUBSTANTIAL CONTRIBUTOR 132	SUBSTANTIAL CONTRIBUTOR	839,126	CONST SVCS, VARIOUS LOCATIONS		No
(5) SUBSTANTIAL CONTRIBUTOR 405	SUBSTANTIAL CONTRIBUTOR	4,809,677	FD - ELECTRICAL PENTHOUSE - CO		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (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

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	49	1,616,617	COST OR SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	4	32,164	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (MISCELLANEOUS ►)	X	2	24,803	OTHER
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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) (2020)

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):	SCHEDULE M, 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 OR BIDMC) 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 AND IS OBTAINED IN CONJUNCTION WITH ITS BETH ISRAEL LAHEY HEALTH AFFILIATES. 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), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN) AND THE BETH ISRAEL LAHEY HEALTH PHARMACY. 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 2021 REGARDING PATIENT VOLUME ARE IDENTIFIED BELOW: INPATIENT DISCHARGES 37,606 OUTPATIENT STATISTICS CLINIC ENCOUNTERS 803,315 EMERGENCY DEPARTMENT VISITS 47,780 RADIOLOGY EXAMS 372,897 AMBULATORY SURGERY CASES 13,468 RADIATION THERAPY TREATMENTS 25,369 ENDOSCOPY TREATMENTS 21,982 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 \$19,480,460 FOR THE PERIOD COVERED BY THIS FILING: CHARITY CARE, AT COST \$6,484,237 PAYMENTS TO HEALTH SAFETY NET TRUST (HSN)) \$25,247,500 PAYMENTS FROM HEALTH SAFETY NET TRUST \$(12,251,277) 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 \$28,953,553 IN THE FISCAL YEAR ENDED SEPTEMBER 30, 2021 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 \$45,826,725 IN THE FISCAL PERIOD COVERED BY THIS FILING, \$9,861,767 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

Return Reference	Explanation
	ONSITE PRIMARY CARE OFFICES AND \$35,964,958 OF WHICH IS REPORTED IN FORM 990 SCHEDULE H PART III LINE 7.
FORM 990, PART III, LINE 4B:	RESEARCH THE MEDICAL CENTER'S RESEARCH MISSION 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 1,800 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,400 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 260PRINCIPAL 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 60 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 785 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.
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, 2021. 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, 2021 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,

Return Reference	Explanation
	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, PART VI, SECTION A, LINE 2	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 4	DURING THE PERIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER, AMENDED ITS BY-LAWS. AS REQUIRED BY THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER, HAS SUMMARIZED THOSE CHANGES BELOW: THE GOAL OF THE BYLAW AMENDMENTS WAS TO PROVIDE CLARIFICATION AND TO ALIGN THE LANGUAGE WITH CURRENT/BEST GOVERNANCE PRACTICES. AS A REMINDER TO THE READER AND AS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL LAHEY HEALTH (BILH) SERVES AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. THE AMENDMENTS INCLUDE: 1. TECHNICAL CHANGES - AMENDS PURPOSES OF THE CORPORATION TO INCORPORATE DEEPER ARTICULATION OF THE BILH SYSTEM'S CORE VALUES. - CLARIFIES HOW THE BILH BOARD MAY FUNCTIONALLY TAKE ACTION IN ITS CAPACITY AS THE DIRECT SOLE CORPORATE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. 2. CLARIFICATIONS REGARDING BOARD OF TRUSTEES AND COMMITTEES - CLARIFIES THAT ANY TRUSTEES OR COMMITTEE MEMBERS WITH A TERM FEWER THAN OR MORE THAN THREE YEARS WILL BE CONSIDERED A FULL, THREE-YEAR TERM IF: (A) IT WAS TO ACHIEVE STAGGERING OR (B) DUE TO A TERM COMMENCING AT ANY TIME OTHER THAN OCTOBER 1 OF A GIVEN YEAR. - CLARIFIES THAT TRUSTEES AND COMMITTEE MEMBERS APPOINTED TO FILL VACANCIES WILL SERVE THE REMAINDER OF THE THREE-YEAR TERM VACATED AND WILL BE ELIGIBLE FOR UP TO TWO CONSECUTIVE THREE-YEAR TERMS FOLLOWING THE END OF SUCH VACATED TERM. - REMOVES (1) CHAIR OF ADVISORY BOARD AND (2) IMMEDIATE PAST CHAIR AS EX OFFICIO TRUSTEES. - ALIGNS BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD'S ANNUAL MEETING WITH THE BILH BOARD'S ANNUAL MEETING IN SEPTEMBER. - GIVES BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD FLEXIBILITY TO ESTABLISH THE OPTIONAL STANDING COMMITTEES LISTED IN THE BYLAWS WITHOUT BILH BOARD APPROVAL. - CLARIFIES THAT AD HOC COMMITTEES MAY BE ESTABLISHED NOT ONLY BY A MAJORITY OF THE TRUSTEES, BUT ALSO BY THE BOARD CHAIR (OR A COMMITTEE CHAIR IN CONSULTATION WITH THE BOARD CHAIR), AND THAT THESE COMMITTEES ARE INTENDED TO BE ESTABLISHED FOR SPECIFIC TASKS ON A SHORT-TERM BASIS. - CONFIRMS THAT BETH ISRAEL DEACONESS MEDICAL CENTER'S COMMUNITY BENEFITS COMMITTEE HAS BEEN DISBANDED AT BETH ISRAEL DEACONESS MEDICAL CENTER. THE COMMUNITY BENEFITS COMMITTEE WILL BE AT THE BILH BOARD LEVEL AND BETH ISRAEL DEACONESS MEDICAL CENTER WILL HAVE A COMMUNITY BENEFITS ADVISORY COMMITTEE AS STATUTORILY REQUIRED BY THE COMMONWEALTH OF MASSACHUSETTS WHICH IS NOT A BOARD COMMITTEE. - ADDS THE BOARD CHAIR AND PRESIDENT (OR THEIR RESPECTIVE DESIGNEES) EX OFFICIO TO ALL MANDATORY OR OPTIONAL STANDING COMMITTEES, EXCEPT THAT BIDMC WILL NOT ADD THE CHAIR TO THEIR MEDICAL STAFF APPOINTMENT COMMITTEE. - ADDS PRESIDENT AND CEO OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP), CHAIR OF THE MEDICAL EXECUTIVE COMMITTEE (MEC), CHAIR OF THE DEPARTMENT OF SURGERY, CHAIR OF THE DEPARTMENT OF MEDICINE, CHAIR OF AN ACADEMIC DEPARTMENT (TO ROTATE ANNUALLY AS APPOINTED BY THE MEC), AND VP OF EDUCATION AS EX OFFICIO MEMBERS OF THE QUALITY/PATIENT EXPERIENCE AND CARE ASSESSMENT COMMITTEE. - ADDS PRESIDENT AND CEO OF HMFP, CHAIR OF THE DEPARTMENT OF SURGERY, AND CHAIR OF THE DEPARTMENT OF MEDICINE AS EX OFFICIO MEMBERS OF THE MEDICAL STAFF APPOINTMENT COMMITTEE. - CLARIFIES THAT THE CHAIRS OF THE FINANCE, QUALITY, AND GOVERNANCE/NOMINATING COMMITTEES WILL ACT AS THE PRINCIPAL LIAISON TO THE CORRESPONDING BILH COMMITTEE. - GRANTS FLEXIBILITY TO THE GOVERNANCE/NOMINATING COMMITTEE TO OPERATE THROUGH ONE OR MORE SUBCOMMITTEES AND/OR GOVERNANCE/NOMINATING COMMITTEES. - MAKES THE PHILANTHROPY COMMITTEE A MANDATORY RATHER THAN AN OPTIONAL STANDING COMMITTEE OF THE BOARD. - PERMITS BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD TO DELEGATE THE APPROVAL/REMOVAL OF DEPARTMENT/DIVISIONAL CHAIRS TO THE MEDICAL APPOINTMENT COMMITTEE (TO THE EXTENT SUCH APPROVAL IS REQUIRED BY HOSPITAL'S MEDICAL STAFF BYLAWS). 3. CLARIFICATIONS REGARDING OFFICERS - CREATES TWO EX OFFICIO OFFICER POSITIONS: (1) ASSISTANT TREASURER (BETH ISRAEL DEACONESS MEDICAL CENTER'S CFO) AND (2) ASSISTANT CLERK (ATTORNEY ASSIGNED TO BETH ISRAEL DEACONESS MEDICAL CENTER BY BILH'S OFFICE OF GENERAL COUNSEL). - LIMITS OFFICERS TO THOSE ENUMERATED IN THE BYLAWS (CHAIR, VICE-CHAIR(S), PRESIDENT, TREASURER, CLERK, ASSISTANT TREASURER, ASSISTANT CLERK). - REQUIRES CHAIR AND VICE CHAIR TO BE INDEPENDENT TRUSTEES.
FORM 990, PART VI, SECTION A, LINE 6	THE FOLLOWING BETH ISRAEL DEACONESS OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS AND/OR FAMILY RELATIONSHIPS: PRELIMINARY BIDMC LISTCAROL 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 FOR

Return Reference	Explanation
	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 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) 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.

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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, 2021, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2020 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 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

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	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 20 OVERLAND STREET, SUITE 514 BOSTON, MA 02215
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 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, 2021, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2020 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 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 IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 6,901,026. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,901,026. MD FEES: PROGRAM SERVICE EXPENSES 94,836,358. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 94,836,358. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 147,206,410. MANAGEMENT AND GENERAL EXPENSES 69,546,436. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 216,752,846.
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED FROM RESTRICTION 0. UNREALIZED CHG IN EQUITY INTEREST IN LIMITED PARTNERSHIP 53,332,200. CHANGE IN FUNDED STATUS OF EMPLOYEES BENEFIT PLANS 41,780,462. TRANSFER (TO) FROM AFFILIATE -37,195,876. NET ASSETS RELEASED FOR CAPITAL 0. NET ASSETS RELEASED FOR OTHER CHANGES IN NET ASSETS OR FUND BALANCES: PLEDGE VALUATION ADJUSTMENTS

Additional Data

[Return to Form](#)

Software ID: Software Version:	
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SCHEDULE R
(Form 990)

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

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?
						YesNo
(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)ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVENUE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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	BETH ISRAEL DEACONESS MEDICAL CENTER (50) AND HARVARD MEDICAL FACULTY PHYSI	Yes
(5)BETH ISRAEL ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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 CORPORATION 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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(18)BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVENUE BOSTON, MA 02215 2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(19)BID PHYSICIAN ORGANIZATION LLC DBA BID CARE ORGANIZATON LLC 247 STATION DRIVE NW 1 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, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(21)BETH ISRAEL LAHEY HEALTH PHARMACY INC 80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I	BETH ISRAEL LAHEY HEALTH INC	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 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 INC 199 REEDSDALE ROAD MILTON, MA 02186 22-2566792		MA			BETH ISRAEL DEACONESS HOSPITAL - MILTON	No
(25)BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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)CPHCH INC DBA BILH AT HOME - WATERTOWN 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 47-3111453	ALL ASSET AND LIABILITIES OF CPHCH WERE TRANSFERRED TO NPRN ON 9/30/2020. GO	MA	501(C)(3)	12A, I	NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA LAHEY HEALTH AT HOME	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 EDUCATION PROGRAM INC DBA BID-DEPT OF PSYCHIATRY FOUNDATION 330 BROOKLINE AVENUE BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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 & 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 PHYSICIAN ASSOCIATES INC 275 SANDWICH STREET PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	Yes
(34)LAHEY CLINIC CANADIAN FOUNDATION 130 KING STREET WEST TORONTO, ONTARIO CA	FUNDRSG ORG	CA	NON-US		N/A	No
(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 HOSPITAL & 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 INTERNATIONAL FOUNDATION INC 375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(40)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	BETH ISRAEL LAHEY HEALTH PRIMARY CARE INC	Yes
(41)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
(42)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	MOUNT AUBURN HOSPITAL	Yes
(43)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
(44)NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVENUE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes
(45)NORTHEAST BEHAVIORAL HEALTH CORPORATION 199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes
(46)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
(47)NORTHEAST HOSPITAL CORPORATION 85 HERRICK STREET BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(48)NORTHEAST MEDICAL PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes
(49)NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA LAHEY HEALTH AT HOME 600 CUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION	Yes
(50)NORTHEAST SENIOR HEALTH CORPORATION 600 CUMMINGS CENTER BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)		LAHEY HEALTH SHARED SERVICES INC	Yes
(51)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
(52)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
(53)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
(54)THE JORDAN STREET SYSTEMS INC 275 SANDWICH STREET PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(55)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
(56)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
(57)WINCHESTER HOSPITAL 41 HIGHLAND AVENUE WINCHESTER, MA 018900000 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(58)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
(59)BETH ISRAEL DEACONESS DEPARTMENT OF RADIATION ONCOLOGY FOUNDATION INC 330 BROOKLINE AVENUE BOSTON, MA 02215 87-3655583	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

Part III

Identification of Related Organizations Taxable as a Partnership.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BIDCO PHYSICIAN LLC 600 UNICORN PARK DRIVE 4TH FLOOR WOBURN, MA 01801 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A					No			No	
(2) 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	-3,783,058	473,693		No			No	46.720 %
(3) CAREGROUP CLINICAL RESEARCH LLC 20 OVERLAND STREET SUITE 514 BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A	EXCLUDED				No			No	
(4) BILH INVESTMENT PARTNERSHIP LLP (FKA CAREGROUP INVESTMENT PARTNERSHIP LLP) 20 OVERLAND STREET SUITE 514 BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER INC	EXCLUDED	106,320,720	718,718,074		No	-192,334		No	62.880 %
(5) PHYSICIAN PROFESSIONAL SERVICES LLP 200 RIVERS EDGE DRIVE MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A					No			No	
(6) RADIATION THERAPY OF WINCHESTER LLC 700 CONGRESS ST SUITE 204 QUINCY, MA 02169 20-5330549	MRI SERVICES	MA	N/A					No			No	
(7) SHIELDS IMAGING AT ANNA JAKUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA	N/A					No			No	
(8) HAVERHILL MOB LLC 50 CHESTNUT ST NEEDHAM, MA 02492 81-2856118	MEDICAL OFFICE BUILDING	MA	N/A					No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C					No
(2)HUNTINGFIELD CORPORATION C/O LAHEY CLINIC FOUNDATION INC 41 BURLINGTON, MA 01805	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C					No
(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					No
(4)LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C					No
(5)LEDGEWOOD HEALTH CARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	KY	N/A	C					No
(6)NORTHEAST PROPRIETARY CORP 100 POWERS STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C					No
(7)WINCHESTER HEALTHCARE ENTERPRISES INC 611 MAIN STREET WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C					No
(8)WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C					No

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c No

1d Yes

1e Yes

1f No

1g No

1h No

1i No

1j Yes

1k No

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

1s Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ANNA JAQUES HOSPITAL	Q	51,700	FMV
(2)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	P	3,672,464	FMV
(3)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	J	392,451	FMV
(4)MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	Q	163,421	FMV
(5)BETH ISRAEL DEACONESS HOSPITAL MILTON INC	Q	520,293	FMV
(6)BETH ISRAEL DEACONESS HOSPITAL MILTON INC	L	275,912	FMV
(7)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	P	1,597,993	FMV
(8)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	Q	1,532,712	FMV
(9)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	Q	185,583	FMV
(10)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC	P	167,510	FMV
(11)BETH ISRAEL LAHEY HEALTH INC	P	97,056,534	FMV
(12)BETH ISRAEL LAHEY HEALTH INC	P	6,933,250	FMV
(13)BETH ISRAEL LAHEY HEALTH INC	Q	19,619,917	FMV
(14)BETH ISRAEL LAHEY HEALTH INC	S	9,132,022	FMV
(15)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	L	3,357,402	FMV
(16)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	M	9,400,700	FMV
(17)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	L	3,627,709	FMV
(18)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	M	5,287,281	FMV
(19)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	1,568,283	FMV
(20)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	Q	84,024,635	FMV
(21)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	N	762,091	FMV
(22)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	Q	1,784,380	FMV
(23)LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITAL & MEDICAL CENTER)	P	1,344,953	FMV
(24)LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITAL & MEDICAL CENTER)	Q	710,693	FMV
(25)LAHEY CLINIC HOSPITAL INC (LAHEY HOSPITAL & MEDICAL CENTER)	P	745,645	FMV
(26)MOUNT AUBURN HOSPITAL	Q	172,086	FMV
(27)NORTHEAST HOSPITAL CORPORATION	Q	648,560	FMV
(28)BETH ISRAEL LAHEY HEALTH PHARMACY INC	Q	143,799,058	FMV
(29)BETH ISRAEL LAHEY HEALTH PHARMACY INC	Q	11,639,681	FMV
(30)BETH ISRAEL LAHEY HEALTH PHARMACY INC	Q	8,519,778	FMV
(31)WINCHESTER HOSPITAL	Q	147,784	FMV

Schedule R (Form 990) 2020

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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: