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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023

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 INC

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

D Employer identification number
04-2103881

E Telephone number
(617) 667-8000

G Gross receipts $ 2,699,694,638

F Name and address of principal officer:
CINDY RIOS
330 BROOKLINE AVENUE
BOSTON,MA 02215

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.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

1 Briefly describe the organization's mission or most significant activities:
TERTIARY CARE ACADEMIC MEDICAL CENTER

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	14,047
6	Total number of volunteers (estimate if necessary)	**6**	219
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,939,834
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	33,133,125	34,280,115
9	Program service revenue (Part VIII, line 2g)	1,915,452,445	2,193,142,415
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,842,875	9,357,342
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	463,604,180	452,161,800
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,446,032,625	2,688,941,672
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,258,141	41,048,761
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	839,806,530	894,865,770
16a	Professional fundraising fees (Part IX, column (A), line 11e)	247,540	162,039
b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,289,094		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,510,067,275	1,638,125,697
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,390,379,486	2,574,202,267
19	Revenue less expenses. Subtract line 18 from line 12	55,653,139	114,739,405

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,995,847,018	3,108,358,082
21	Total liabilities (Part X, line 26)	1,710,446,151	1,648,551,769
22	Net assets or fund balances. Subtract line 21 from line 20	1,285,400,867	1,459,806,313

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 — Date: 2024-08-14

CINDY RIOS TREASURER, BETH ISRAEL LAHEY HEALTH
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00244342

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200
INDIANAPOLIS, IN 46204 — Phone no. (317) 464-8600

May the IRS discuss this return with the preparer shown above? See Instructions. ☐ Yes ☑ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 $ 2,291,548,023 including grants of $ 41,048,761) (Revenue $ 2,618,983,554)

SEE SCHEDULE O-PATIENT CARE

4b (Code:) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O-RESEARCH

4c (Code:) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O-TEACHING

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 2,291,548,023

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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	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 line 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? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	480		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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**	14,047		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," 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**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
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**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	26		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
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** Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AK, CO, DC, FL, IL, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NV, NY, OH, OK, OR, SC, TN, UT, WA, WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶KAREN WOLFSON AVP TAXATION BILH SCHRAFFTS CITY CENTER 4TH CHARLESTOWN, MA 02129 (781) 744-8924

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) AIN ARON TRUSTEE	1.00 0.00	X						0	0	0
(2) BERMAN ANN E TRUSTEE & VICE CHAIR	1.00 0.00	X		X				0	0	0
(3) CHAIKOF MD PHD ELLIOT L TTEE (EXOFF)/SURG CHF; HMFP SURG CHR	32.00 30.00	X						603,080	603,080	114,696
(4) CHENG JILL T TRUSTEE	1.00 0.00	X						0	0	0
(5) CRONIN MICHAEL F TRUSTEE	1.00 0.00	X						0	0	0
(6) CUTLER JOEL E TRUSTEE	1.00 0.00	X						0	0	0
(7) DESIMONE THOMAS TRUSTEE AND CHAIR	1.00 1.00	X		X				0	0	0
(8) EVERHARTT PAMELA D TRUSTEE	1.00 0.00	X						0	0	0
(9) FISH MD GUY L TRUSTEE	1.00 1.00	X						0	0	0
(10) FULP CAROL TRUSTEE AND VICE CHAIR	1.00 0.00	X		X				0	0	0
(11) HEALY PETER PRESIDENT & TRUSTEE (EX-OFFICIO)	60.00 5.00	X		X				1,095,437	0	112,309
(12) JONES KIMBERLY Y TRUSTEE	1.00 0.00	X						0	0	0
(13) KIMBALL MD MPH ALEXA B TTEE (EX-OFF), PRES & CEO OF HMFP	1.00 64.00	X						0	1,062,716	103,627
(14) KLARMAN BETH TRUSTEE	1.00 0.00	X						0	0	0
(15) KNEZ DEBRA S TRUSTEE	1.00 0.00	X						0	0	0
(16) LESSER PAMELA TRUSTEE	1.00 0.00	X						0	0	0
(17) LI MD FACP CHIANG J TRUSTEE; PHYSICIAN-SCIENTIST	1.00 25.00	X						0	56,000	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) MORTON KAREN V	1.00	x						0	0	0
TRUSTEE	0.00									
(19) REHNERT GEOFFREY S	1.00	x						0	0	0
TRUSTEE	2.00									
(20) REMIS HACKEL DANIELLE F	1.00	x		X				0	0	0
TRUSTEE & VICE CHAIR	0.00									
(21) SAGAN PAUL L	1.00	x						0	0	0
TRUSTEE	0.00									
(22) SILVER JENNIFER K	1.00	x						0	0	0
TRUSTEE	0.00									
(23) SZABO MD PHD HON SCD GYONGYI	1.00	x						0	700,229	81,877
TTEE (EXOFF), CHIEF ACADEMIC OFFICER	58.00									
(24) TABB MD KEVIN	1.00	x		X				0	2,507,235	299,917
CEO AND TTEE (EX-OFF)	64.00									
(25) VORLICEK MARTHA	1.00	x						0	0	0
TRUSTEE	0.00									
(26) ZEIDEL MD MARK L	34.00	x						438,895	438,895	84,230
TTEE (EXOFF)/MED CHIEF; HMFP MED CHR	30.00									
(27) ARMSTRONG ESQ EMILY	1.00			X				36,412	231,806	37,005
ASST CLERK(EX-OFF), AVP,ASST DEP GC	63.00									
(28) FRANCIOLI CARL	1.00			X				0	0	0
ASST TREAS (EX-OFF) & CFO	1.00									
(29) HURN IRWIN	55.00			X				254,800	0	0
INTERIM ASST TREAS (EX-OFF) & CFO	0.00									
(30) KATZ ESQ JAMIE	1.00			X				0	898,193	15,864
CLERK (EX-OFFICIO)	64.00									
(31) KERNDL JOHN	1.00			X				0	1,301,463	34,409
TREAS (EX-OFF) (EVP & CFO, BILH)	64.00									
(32) RIOS CINDY	1.00			X				0	802,046	220,936
TREAS (EX-OFF) (INTERIM CFO, BILH)	64.00									
(33) AYOUB JO	65.00				X			321,848	0	39,795
VP, HUMAN RESOURCES BUSINESS PARTNER	1.00									
(34) AZOCAR MD RUBEN	65.00				X			579,921	0	91,682
VP, PERIOPERATIVE SERVICES	1.00									
(35) DORE JARROD	55.00				X			186,253	0	7,859
VP, CAPITAL FACILITIES & ENGINEERING	0.00									
(36) FLANAGAN DAVID	55.00				X			303,859	0	27,670
SVP, CAPITAL FACILITIES& ENGINEERING	0.00									
(37) FOLEY DNP MHA RN JANE	55.00				X			241,510	0	29,453
INTERIM CNO & SVP, PATIENT CARE SVCS	0.00									
(38) MAURER RN MSN MARSHA	55.00				X			521,161	0	30,917
CNO & SVP OF PATIENT CARE SERVICES	0.00									
(39) SCHWARTZSTEIN MD RICHARD M	30.00				X			0	457,060	56,970
VP, EDUCATION; PHYS, PULMONARY MED	30.00									
(40) VOLPE ELLEN	55.00				X			298,649	0	41,414
VICE PRESIDENT, AMBULATORY SERVICES	0.00									
(41) WEISS MD MBA MSC ANTHONY P	65.00				X			595,560	0	96,252
CHIEF MEDICAL OFFICER	1.00									
(42) KRUSKAL MD PHD JONATHAN B	30.00					X		417,154	417,154	71,826
CHIEF (RAD), BIDMC; CHAIR (RAD),HMFP	30.00									
(43) PURSLEY MD DEWAYNE M	30.00					X		370,529	370,529	88,846
DIR EXOFF, VC, NEO CHR;BIDMC NEO CHF	30.00									
(44) RODRIGUEZ MD EDWARD KENNETH	32.00					X		490,668	490,668	107,922
CHIEF OF ORTHO SURGERY	30.00									
(45) STEVENSON MD PHD MARY ANN	30.00					X		428,458	428,458	72,020
CHF,RAD ONC BIDMC; CHR, RADONC, HMFP	30.00									
(46) TALMOR MD MPH DANIEL	32.00					X		431,694	431,694	97,368
CHIEF OF ANESTHESIA	30.00									
(47) CULLEN MICHAEL R	55.00						X	553,043	0	278,275
FORMER CFO, BIDMC	0.00									
(48) ARMSTRONG WALTER	0.00						X	230,639	0	1,338
FRMR SVP, CAP FACILITIES/ENGINEERING	0.00									
(49) SKURA SAMUEL	0.00						X	317,329	0	28,429
FORMER CHIEF OPERATING OFFICER	0.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,716,899	11,197,226	2,272,906

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,147

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERISOURCE BERGEN-MANSFIELD DIV PO BOX 29808 NEW YORK, NY 100879808	PHARMACEUTICAL DISTRIBUTION	343,139,045
HARVARD MEDICAL FACULTY PHYS AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215	PHYSICIAN SERVICES	202,971,712
BETH ISRAEL LAHEY HEALTH INC 20 UNIVERSITY ROAD CAMBRIDGE, MA 02138	MGMT., PROFESSIONAL, OTHER SERVICES	189,870,169
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE SUITE 200 BOSTON, MA 02210	CONSTRUCTION	110,279,430
FIDELITY PO BOX 73307 CHICAGO, IL 60674	EMPLOYEE RETIREMENT BENEFIT SVCS	81,097,563

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 ▶ 723

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c	319,931			
d Related organizations 1d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1f	33,960,184			
g Noncash contributions included in lines 1a - 1f:$ 1g	2,532,293			
h **Total.** Add lines 1a-1f . . . . . ▶	34,280,115			
Program Service Revenue — Business Code				
2a NET PATIENT SERVICES 541700	1,899,054,279	1,899,054,279		
b FED SPONSORED RESEARCH 541700	175,737,041	175,737,041		
c OTHER SPONSORED RESEAR 541700	61,626,978	61,626,978		
d GRADUATE MEDICAL EDU 611710	49,040,598	49,040,598		
e SERVICES TO AFFILIATES 561499	7,683,519	7,683,519		
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	2,193,142,415			
3 Investment income (including dividends, interest, and similar amounts)	8,182,288		2,334,107	5,848,181
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶	206,207			206,207
	(i) Real	(ii) Personal		
6a Gross rents 6a	14,610,795			
b Less: rental expenses 6b	10,752,966			
c Rental income or (loss) 6c	3,857,829			
d Net rental income or (loss) . . . . . ▶	3,857,829		4,143,685	-285,856
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	1,175,054			
b Less: cost or other basis and sales expenses 7b	0			
c Gain or (loss) 7c	1,175,054			
d Net gain or (loss) . . . . . ▶	1,175,054		1,175,054	
8a Gross income from fundraising events (not including $ 319,931 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	0			
b Less: direct expenses 8b	0			
c Net income or (loss) from fundraising events . . ▶	0			
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 . . ▶				
Other Revenue — Business Code				
11a PHARMACY 456110	416,953,422	416,953,422		
b PARKING REVENUE 812930	12,808,323			12,808,323
OtherRevenueMiscAmt — c REBATES AND REFUNDS 900099	8,560,907	8,560,907		
d All other revenue	9,775,112	326,810	5,286,988	4,161,314
e **Total.** Add lines 11a–11d . . . . . ▶	448,097,764			
12 **Total revenue.** See instructions . . . . ▶	2,688,941,672	2,618,983,554	12,939,834	22,738,169

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	39,015,607	39,015,607		
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.	2,033,154	2,033,154		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,861,348	2,530,289	331,059	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	904,817	800,129	104,688	
7 Other salaries and wages	727,303,343	643,154,111	84,149,232	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,070,846	32,781,737	4,289,109	
9 Other employee benefits	56,589,703	50,042,256	6,547,447	
10 Payroll taxes	70,135,713	62,020,988	8,114,725	
11 Fees for services (non-employees):				
a Management	159,707,246	15,986,928	137,593,263	6,127,055
b Legal	1,377,091	344,273	1,032,818	
c Accounting	22,500		22,500	
d Lobbying	131,937		131,937	
e Professional fundraising services. See Part IV, line 17	162,039			162,039
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)	331,075,382	321,628,202	9,447,180	
12 Advertising and promotion	2,598,199	2,338,886	259,313	
13 Office expenses	7,380,323	5,709,928	1,670,395	
14 Information technology				
15 Royalties				
16 Occupancy	61,496,625	54,855,630	6,640,995	
17 Travel	1,118,112	1,006,519	111,593	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	25,559,904	25,559,904		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,957,011	87,957,011		
23 Insurance	12,096,123	12,096,123		
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 PHARMACEUTICALS	441,784,110	441,784,110		
b MEDICAL SUPPLIES	188,398,620	188,398,620		
c DIRECT RESEARCH EXPENSE	174,227,677	174,227,677		
d LEASES	67,853,971	54,478,294	13,375,677	
e All other expenses	75,340,866	72,797,647	2,543,219	
25 **Total functional expenses.** Add lines 1 through 24e	2,574,202,267	2,291,548,023	276,365,150	6,289,094
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	-50,984,330
	2	Savings and temporary cash investments		524,987,971	2	677,511,840
	3	Pledges and grants receivable, net		72,328,078	3	54,182,417
	4	Accounts receivable, net		172,151,840	4	265,837,944
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	-50,508
	8	Inventories for sale or use		33,836,208	8	49,942,056
	9	Prepaid expenses and deferred charges		26,208,390	9	6,429,753
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,364,325,453			
	b	Less: accumulated depreciation	10b 2,275,905,078	1,026,344,936	10c	1,088,420,375
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		257,081,878	12	249,605,319
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		882,907,717	15	767,463,216
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,995,847,018	16	3,108,358,082
Liabilities	17	Accounts payable and accrued expenses		297,441,829	17	208,339,343
	18	Grants payable			18	1,132,083
	19	Deferred revenue		78,290,085	19	87,042,167
	20	Tax-exempt bond liabilities		971,352,201	20	953,573,317
	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		363,362,036	25	398,464,859
	26	**Total liabilities.** Add lines 17 through 25		1,710,446,151	26	1,648,551,769
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		923,564,397	27	1,150,075,998
	28	Net assets with donor restrictions		361,836,470	28	309,730,314
		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		1,285,400,867	32	1,459,806,313
	33	Total liabilities and net assets/fund balances		2,995,847,018	33	3,108,358,082

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,688,941,672
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,574,202,267
3	Revenue less expenses. Subtract line 2 from line 1	3	114,739,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,285,400,867
5	Net unrealized gains (losses) on investments	5	67,936,613
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	-8,270,572
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,459,806,313

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number
04-2103881

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f) divided by line 11, column (f)) 14

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

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2022.** 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 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-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
BETH ISRAEL DEACONESS MEDICAL CENTER INC	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 33$^{1}/_{3}$% 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).

Name of organization	**Employer identification number**
BETH ISRAEL DEACONESS MEDICAL CENTER INC	04-2103881

Part I **Contributors** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(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.)

Name of organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number
04-2103881

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	**Employer identification number**
BETH ISRAEL DEACONESS MEDICAL CENTER INC	04-2103881

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

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

(a) No. from Part I	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	**(b) Purpose of gift**	**(c) Use of gift**	**(d) Description of how gift is held**
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

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

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.		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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) Yes	(a) No	(b) 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		131,937
j	Total. Add lines 1c through 1i			131,937
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 $131,937 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number
04-2103881

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	361,836,472	384,225,348	337,811,145	320,834,479	317,881,417
b Contributions . . .	12,249,985	32,723,293	29,758,444	9,338,360	25,588,786
c Net investment earnings, gains, and losses	28,365,359	-27,392,415	24,091,677	11,060,325	22,615,726
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	-92,721,501	27,719,754	7,435,918	3,422,020	45,251,450
f Administrative expenses					
g End of year balance	309,730,316	361,836,472	384,225,348	337,811,144	320,834,479

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

- **a** Board designated or quasi-endowment ▶ 0 %
- **b** Permanent endowment ▶ 30.000 %
- **c** Term endowment ▶ 70.000 %

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:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**	Yes	
(ii) Related organizations . . . . . **3a(ii)**	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **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		1,598,247,744	851,864,691	746,383,053
c Leasehold improvements		65,543,762	63,249,818	2,293,944
d Equipment		1,601,090,544	1,350,596,993	250,493,551
e Other		75,160,524	10,193,576	64,966,948
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				1,088,420,375

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	249,605,319	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	249,605,319	

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

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

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	482,778,284
(2)DEPOSITS	1,565,766
(3)PROF LIABILITY INSURANCE RECOVERY	56,139,754
(4)DEFERRED COMPENSATION	3,033,297
(5)OPERATING LEASED ASSETS	172,558,240
(6)OTHER RECEIVABLES	13,939,266
(7)OTHER CURRENT ASSETS	37,448,609
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	767,463,216

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	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	398,464,859

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	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. ACCORDINGLY, NO PROVISION HAS BEEN RECORDED FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. 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 FOR THE YEARS ENDED SEPTEMBER 30, 2023 AND 2022, RESPECTIVELY.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

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 and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☑ **No**

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC		19	PROGRAM SERVICES	AIDS PATIENS CARE AND RESEARCH	2,890,520
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		55,485
(3) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANTMAKING		321,402
(4) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			GRANTMAKING		336,533
(5) SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,			GRANTMAKING		118,992
(6) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANTMAKING		1,161,544
(7) CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		27,508
(8) SOUTH AMERICA			GRANTMAKING		11,690
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	19			4,923,674
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	19			4,923,674

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	55,485	ELECTRONIC FUND/WIRE TRANSFER	0		
(2)			EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	RESEARCH SUB-AWARD	321,402	ELECTRONIC FUND/WIRE TRANSFER	0		
(3)			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	RESEARCH SUB-AWARD	336,533	ELECTRONIC FUND/WIRE TRANSFER	0		
(4)			SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	RESEARCH SUB-AWARD	118,992	ELECTRONIC FUND/WIRE TRANSFER	0		
(5)			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH SUB-AWARD	1,161,544	ELECTRONIC FUND/WIRE TRANSFER	0		
(6)			CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH SUB-AWARD	27,508	ELECTRONIC FUND/WIRE TRANSFER	0		
(7)			SOUTH AMERICA	RESEARCH SUB-AWARD	11,690	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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
PART I, LINE 2 GRANT MONITORING	AS NOTED IN BOTH SCHEDULES H, HOSPITALS, AND SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS IN THE UNITED STATES, AS PART OF THE MEDICAL CENTER'S COMMITMENT TO THE COMMUNITIES IT SERVES, THE MEDICAL CENTER PARTNERS WITH COMMUNITY LEADERS AND COMMUNITY-BASED ORGANIZATIONS WHO SERVE AS LINKS TO THE COMMUNITY AND TEACHERS OF HOW THE MEDICAL CENTER CAN BETTER SERVE THESE POPULATIONS. IN ADDITION, THE MEDICAL CENTER COLLABORATES WITH A WIDE VARIETY OF ORGANIZATIONS BOTH WITHIN AND OUTSIDE OF THE UNITED STATES BECAUSE HEALTHCARE SERVICES BY THEMSELVES ARE NOT ADEQUATE TO MAXIMIZE IMPROVEMENT OF HEALTH STATUS. AS SUCH, THE MEDICAL CENTER'S INVOLVEMENT WITH ITS COMMUNITY IS ON-GOING AND PART OF THAT ON-GOING RELATIONSHIP INCLUDES REPORTING ON HOW GRANT FUNDS ARE EXPENDED. 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 IS 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 SPONSORS' GRANT REQUIREMENTS AS WELL THROUGH A GROUP OF DEDICATED RESEARCH ADMINISTRATIVE PROFESSIONALS THAT REPORT UP THROUGH THE OFFICE OF ACADEMIC AFFAIRS. THIS REPORTING STRUCTURE FURTHER ENHANCES INTERNAL CONTROLS. GRANTS TO ENTITIES OUTSIDE THE UNITED STATES ARE RELATED TO AND FURTHER THE MEDICAL CENTER'S MISSION TO IMPROVE THE HEALTH OF ALL PATIENTS AND TO ENGAGE IN CUTTING EDGE RESEARCH. FUND RECIPIENTS PROVIDE THE MEDICAL CENTER WITH REPORTS DOCUMENTING THE USE OF SUCH FUNDS.
PART IV, LINE 1	BETH ISRAEL DEACONESS MEDICAL CENTER HAS REVIEWED ALL DOCUMENTATION TO DETERMINE THAT IT WAS A U.S. TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION DURING THE TAX YEAR AND HAS FILED FORMS 926 WHERE REQUIRED.
SCHEDULE F, PART IV QUESTION 3 RE: FILING FORM 5471	ALTHOUGH BIDMC HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUIRED TO FILE FORM 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS.
SCHEDULE F, PART IV QUESTION 4 RE: FILING FORM 8621:	BETH ISRAEL DEACONESS MEDICAL CENTER HAS REVIEWED ALL DOCUMENTATION TO DETERMINE THAT IT WAS A DIRECT OR INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR A QUALIFIED ELECTING FUND DURING THE TAX YEAR AND HAS FILED ALL THE FORMS 8621 REQUIRED.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

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? Yes	**(iii)** No	**(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
1	DOING GOOD DIGITAL LLC 668 N COAST HWY 224 LAGUNA BEACH, CA 92651	MARKETING CONSULTING		No	0	30,613	-30,613
2	RAISE THE BAR LLC 36 RANGELEY ROAD NEWTON, MA 02465	REPORTING CONSULTING		No	0	50,685	-50,685
3	ZURI GROUP LLC 331 PARK AVENUE S TH FLOOR NY, NY 10010	STRATEGY CONSULTING		No	0	80,741	-80,741
4							
5							
6							
7							
8							
9							
10							
Total ▶						162,039	-162,039

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

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

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

		(a) Event #1 BOSTON MARATHON (event type)	(b) Event #2 (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	319,931			319,931
	2 Less: Contributions	319,931			319,931
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

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

Return Reference	Explanation
PART II	THE BOSTON MARATHON EVENT REPORTED IN THIS FORM 990 SCHEDULE G IS COORDINATED BY THE BETH ISRAEL LAHEY HEALTH ("BILH") DEVELOPMENT TEAM AS AN EVENT FOR THE BILH HEALTHCARE SYSTEM. RUNNERS PARTICIPATE IN THE MARATHON AND RAISE FUNDS FOR A SPECIFIC ENTITY WITHIN THE BILH SYSTEM. BILH REPORTS ALL EXPENSES FOR THE MARATHON ON ITS FORM 990, WHILE CONTRIBUTIONS RAISED BY RUNNERS ARE REPORTED AS REVENUE ON THE FORM 990 FOR EACH HOSPITAL OR OTHER HEALTHCARE ORGANIZATION DESIGNATED BY PARTICIPATING RUNNERS.

Additional Data Return to Form

Software ID:

Software Version:

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Employer identification number
04-2103881

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:	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 40000.0000000000 %			
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:	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	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)			32,363,529	8,514,916	23,848,613	0.930 %
b Medicaid (from Worksheet 3, column a)			94,449,440	75,119,938	19,329,502	0.750 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			126,812,969	83,634,854	43,178,115	1.680 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			15,070,498	6,701,351	8,369,147	0.330 %
f Health professions education (from Worksheet 5)			136,447,947	49,040,598	87,407,349	3.400 %
g Subsidized health services (from Worksheet 6)			67,276,851	33,460,630	33,816,221	1.310 %
h Research (from Worksheet 7)			320,009,189	237,364,019	82,645,170	3.210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,488,406	49,800	10,438,606	0.410 %
j **Total.** Other Benefits			549,292,891	326,616,398	222,676,493	8.660 %
k **Total.** Add lines 7d and 7j			676,105,860	410,251,252	265,854,608	10.340 %

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						
9 Other						
10 Total						

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	10,435,175		
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	535,288,657
6	Enter Medicare allowable costs of care relating to payments on line 5	6	563,816,104
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,527,447
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Facility reporting group		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215 WWW.BIDMC.ORG VL42	X	X		X		X	X	X	TERTIARY CARE ACADEMIC MEDICAL CENTER

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BETH ISRAEL DEACONESS MEDICAL CENTER

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
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?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): SEE PART VI			
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)			
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 21			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): SEE PART VI			
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

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13** Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400.000000000000 % and FPG family income limit for eligibility for discounted care of 40000.000000000000 %		
b ☐	Income level other than FPG (describe in Section C)		
c ☑	Asset level		
d ☑	Medical indigency		
e ☐	Insurance status		
f ☐	Underinsurance discount		
g ☐	Residency		
h ☐	Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	**14** Yes	
15	Explained the method for applying for financial assistance?	**15** Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☑	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐	Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	**16** Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☑	The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION		
b ☐	The FAP application form was widely available on a website (list url):		
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 other measures reasonably calculated to attract patients' attention		
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 bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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.		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
BETH ISRAEL DEACONESS MEDICAL CENTER	PART V, SECTION B, LINE 5: FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H, PART V, SECTION B PLEASE SEE SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION
BETH ISRAEL DEACONESS MEDICAL CENTER	PART V, SECTION B, LINE 11: FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H, PART V, SECTION B PLEASE SEE SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION

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, SECTION C:	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION BFINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS-COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSBETH ISRAEL DEACONESS MEDICAL CENTER AFFILIATIONBETH ISRAEL LAHEY HEALTH (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC). BILH IS A PURPOSE-DRIVEN, VALUES-BASED ORGANIZATION THAT UNITES 38,000 PEOPLE WHO PROVIDE EXCEPTIONAL HEALTH CARE TO EVERYONE WE SERVE. THE BILH NETWORK OF AFFILIATES IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND PARTS OF SOUTHERN NEW HAMPSHIRE 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 AND ADDICTION TREATMENT PROGRAMS. THE BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,800 PHYSICIANS AND 38,000 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.BILH'S PURPOSE STATEMENT ARTICULATES THE IMPACT BILH AND EACH AFFILIATE STRIVES TO MAKE IN THE COMMUNITIES SERVED. BILH'S SHARED VALUES GUIDE DAILY EFFORTS, KEEP BILH AND EACH AFFILIATE ALIGNED IN THE PURSUIT OF PURPOSE AND SHOW HOW BILH CARES FOR PATIENTS, EACH OTHER AND OUR COMMUNITIES.PURPOSE STATEMENT: BILH CREATES HEALTHIER COMMUNITIES - ONE PERSON AT A TIME - THROUGH SEAMLESS CARE AND GROUND-BREAKING SCIENCE, DRIVEN BY EXCELLENCE, INNOVATION AND EQUITY.BETH ISRAEL DEACONESS MEDICAL CENTER COMMUNITY BENEFITS MISSION STATEMENT THE MISSION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS TO SERVE OUR PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. OUR MISSION IS SUPPORTED BY OUR COMMITMENT TO PERSONALIZED, EXCELLENT PATIENT CARE FOR PATIENTS; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION; AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH. THE MEDICAL CENTER IS ALSO COMMITTED TO BEING ACTIVE IN THE COMMUNITY AS WELL. SERVICE TO THE COMMUNITY IS AT THE CORE AND AN IMPORTANT PART OF OUR MISSION. WE HAVE A COVENANT TO CARE FOR THE UNDERSERVED AND TO WORK TO CHANGE DISPARITIES IN ACCESS TO CARE. WE KNOW TO BE SUCCESSFUL WE NEED TO LEARN FROM THOSE WE SERVE. BIDMC'S COMMUNITY BENEFITS MISSION IS FULFILLED BY: - INVOLVING BIDMC STAFF, INCLUDING ITS LEADERSHIP AND DOZENS OF COMMUNITY PARTNERS, IN THE CHNA PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT OF THE THREE-YEAR IMPLEMENTATION STRATEGY; - ENGAGING AND LEARNING FROM RESIDENTS THROUGHOUT THE HOSPITAL'S COMMUNITY BENEFITS SERVICE AREA (CBSA) IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, WITH SPECIAL ATTENTION 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 UNDERSTAND UNMET HEALTH-RELATED AND IDENTIFY COMMUNITIES AND POPULATIONS SEGMENTS DISPROPORTIONATELY IMPACTED BY HEALTH ISSUES AND OTHER SOCIAL, ECONOMIC AND SYSTEMIC FACTORS; - IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES IN BIDMC'S CBSA THAT ADDRESS THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO ACCESSING CARE, AS WELL AS PROMOTE HEALTH EQUITY TO IMPROVE THE HEALTH STATUS OF THOSE WHO ARE OFTEN DISADVANTAGED, FACE DISPARITIES IN HEALTH-RELATED OUTCOMES, EXPERIENCE POVERTY, AND HAVE BEEN HISTORICALLY UNDERSERVED; - 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, HEALTHCARE 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

Form and Line Reference	Explanation
	TO COMMUNITY GROUPS OF $18,807,753 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNITY BENEFITS LEADERSHIP/TEAMBIDMC'S BOARD OF TRUSTEES ALONG WITH ITS CLINICAL AND ADMINISTRATIVE STAFF IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS THROUGHOUT ITS CBSA AND BEYOND. WORLD-CLASS CLINICAL EXPERTISE, EDUCATION AND RESEARCH ALONG WITH AN UNDERLYING COMMITMENT TO HEALTH EQUITY ARE THE PRIMARY TENETS OF ITS MISSION. BIDMC'S COMMUNITY BENEFITS DEPARTMENT, UNDER THE DIRECT OVERSIGHT OF BIDMC'S BOARD OF TRUSTEES, IS DEDICATED TO COLLABORATING WITH COMMUNITY PARTNERS AND RESIDENTS AND WILL CONTINUE TO DO SO IN ORDER TO MEET ITS COMMUNITY BENEFITS OBLIGATIONS. HOSPITAL SENIOR LEADERSHIP IS ACTIVELY ENGAGED IN THE DEVELOPMENT AND IMPLEMENTATION OF BIDMC'S IMPLEMENTATION STRATEGY, ENSURING THAT HOSPITAL POLICIES AND RESOURCES ARE ALLOCATED TO SUPPORT PLANNED ACTIVITIES. THE 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. IT IS THE RESPONSIBILITY OF THESE LEADERS TO ENSURE THAT COMMUNITY BENEFITS IS ADDRESSED BY THE ENTIRE ORGANIZATION AND THAT THE NEEDS OF COHORTS WHO HAVE BEEN HISTORICALLY UNDERSERVED ARE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES, AND PROGRAM DEVELOPMENT. THE BIDMC COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) WORKS IN COLLABORATION WITH BIDMC'S HOSPITAL LEADERSHIP, INCLUDING THE HOSPITAL'S GOVERNING BOARD AND SENIOR MANAGEMENT TO SUPPORT BIDMC'S COMMUNITY BENEFITS MISSION TO SERVE ITS PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM, THEIR FAMILIES, AND BIDMC'S COMMUNITY. THE CBAC PROVIDES INPUT INTO THE DEVELOPMENT AND IMPLEMENTATION OF BIDMC'S COMMUNITY BENEFITS PROGRAMS IN FURTHERANCE OF BIDMC'S COMMUNITY BENEFITS MISSION. THE MEMBERSHIP OF BIDMC'S CBAC ASPIRES TO BE REPRESENTATIVE OF THE CONSTITUENCIES AND PRIORITY COHORTS SERVED BY BIDMC'S PROGRAMMATIC ENDEAVORS, INCLUDING THOSE FROM DIVERSE RACIAL AND ETHNIC BACKGROUNDS, AGE, GENDER, SEXUAL ORIENTATION AND GENDER IDENTITY, AS WELL AS THOSE FROM CORPORATE AND NON-PROFIT COMMUNITY ORGANIZATIONS.
BIDMC'S CBAC MEMBERS INCLUDE:	- FLOR AMAYA, DIRECTOR OF PUBLIC HEALTH, CITY OF CHELSEA - ELIZABETH BROWNE, CHIEF EXECUTIVE OFFICER, CHARLES RIVER COMMUNITY HEALTH - ALEXANDRA CHRY DORRELUS, CO-EXECUTIVE DIRECTOR, LOUIS D. BROWN PEACE INSTITUTE - LYNNE COURTNEY, PROGRAM ADMINISTRATOR, BILH WORKFORCE DEVELOPMENT - SHONDELL DAVIS, COMMUNITY TRAUMA HEALING SPECIALIST, CORY JOHNSON CENTER FOR POST-TRAUMATIC HEALING (COMMUNITY RESIDENT REPRESENTATIVE) - PAMELA EVERHART, SENIOR VICE PRESIDENT, REGIONAL PUBLIC AFFAIRS AND COMMUNITY RELATIONS, FIDELITY INVESTMENTS (BILH BOARD OF TRUSTEES DESIGNEE) - PAT FOLCARELLI, RN, MA, PHD BIDMC, NURSING AND PATIENT CARE SERVICES (BIDMC PRESIDENT DESIGNEE) - LAUREN GABOVITCH, COMMUNITY RESOURCE SPECIALIST, BIDMC - RICHARD GIORDANO, DIRECTOR OF POLICY AND COMMUNITY PLANNING, FENWAY COMMUNITY DEVELOPMENT CORPORATION - SHANTEL GOODEN, SENIOR DIRECTOR OF BEHAVIORAL HEALTH ADMINISTRATION AND OPERATIONS, THE DIMOCK CENTER - NANCY KASEN, VICE PRESIDENT OF COMMUNITY BENEFITS AND COMMUNITY RELATIONS, BILH - BARRY KEPPARD, DIRECTOR OF PUBLIC HEALTH, METROPOLITAN AREA PLANNING COUNCIL - ANGIE LIOU, EXECUTIVE DIRECTOR, ASIAN COMMUNITY DEVELOPMENT CORPORATION - SANDY NOVACK, SOCIAL WORKER, UNIVERSAL ACCESS COUNCIL - ALEX OLIVER-DVILA, EXECUTIVE DIRECTOR, SOCIEDAD LATINA - KELINA (KELLY) ORLANDO, EXECUTIVE DIRECTOR, AMBULATORY OPERATIONS, BIDMC - TRINIESE POLK, DIRECTOR OF RACIAL EQUITY AND COMMUNITY ENGAGEMENT, BOSTON PUBLIC HEALTH COMMISSION - JANE POWERS, CHIEF OF STAFF AND EXECUTIVE VICE PRESIDENT OF STRATEGIC INITIATIVES, FENWAY HEALTH - RICHARD ROUSE, ADVISORY BOARD MEMBER, MISSION HILL MAIN STREETS - SAMANTHA TAYLOR, EXECUTIVE DIRECTOR, BOWDOIN STREET HEALTH CENTER - ROBERT TORRES, DIRECTOR OF COMMUNITY BENEFITS, BIDMC - LASHONDA WALKER-ROBINSON, COMMUNITY RESOURCE SPECIALIST, BIDMC - FRED WANG, TRUSTEE ADVISOR EMERITUS, BIDMCCOMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGYMOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT-INTERNAL 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 (IS OR CHIP) 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 2022. THAT CHNA WAS APPROVED BY THE BIDMC BOARD OF TRUSTEES ON SEPTEMBER 21, 2022. THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO ADOPTED BY THE BOARD ON SEPTEMBER 21, 2022, WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER 501(R).THE CHNA AND THE ASSOCIATED IS 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.COMMUNITY HEALTH NEEDS ASSESSMENT-PRIORITY GEOGRAPHY AND COHORTSAS NOTED ABOVE, BIDMC COMPLETED ITS LAST ASSESSMENT IN SEPTEMBER 2022. THE GEOGRAPHICAL FOCUS OF BIDMC'S MOST RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ENCOMPASSES THE BOSTON NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL AND ROXBURY, THE CITY OF CHELSEA, AND THE MUNICIPALITIES OF BROOKLINE, BURLINGTON, LEXINGTON, NEEDHAM, NEWTON (CHESTNUT HILL) AND PEABODY. THE CHNA 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

Form and Line Reference	Explanation
	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.COMMUNITY HEALTH ISSUES AND PRIORITY COHORTS FOR BIDMC'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COLLABORATIVE COMMUNITY ENGAGEMENT AND PLANNING PROCESS FROM A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R).BIDMC'S COMMUNITY BENEFITS INVESTMENTS AND RESOURCES FOCUS ON IMPROVING THE HEALTH STATUS OF THOSE WHO ARE MEDICALLY-UNDERSERVED, EXPERIENCED POVERTY OR FACE THE GREATEST HEALTH DISPARITIES IN THE CITY OF CHELSEA AND THE CITY OF BOSTON NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL, AND ROXBURY, AS FOLLOWS: - YOUTH - LOW-RESOURCED POPULATIONS - LGBTQIA+ - OLDER ADULTS - RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE POPULATIONS - FAMILIES AFFECTED BY VIOLENCE AND/OR INCARCERATION
COMMUNITY HEALTH NEEDS ASSESSMENT - SUMMARY OF APPROACH AND METHODS	BIDMC'S CHNA APPROACH INVOLVED EXTENSIVE DATA COLLECTION ACTIVITIES, SUBSTANTIAL EFFORTS TO ENGAGE THE HOSPITAL'S PARTNERS AND COMMUNITY RESIDENTS, AND THOUGHTFUL PRIORITIZATION, PLANNING, AND REPORTING PROCESSES. THROUGHOUT THE CHNA PROCESS, EFFORTS WERE MADE TO UNDERSTAND THE NEEDS OF THE COMMUNITIES ENCOMPASSING BIDMC'S CBSA, ESPECIALLY THE POPULATION SEGMENTS THAT ARE OFTEN DISADVANTAGED, FACE DISPARITIES IN HEALTH-RELATED OUTCOMES, AND WHO HAVE BEEN HISTORICALLY UNDERSERVED. BIDMC'S UNDERSTANDING OF THESE COMMUNITIES' NEEDS IS DERIVED FROM COLLECTING A WIDE RANGE OF QUANTITATIVE DATA TO IDENTIFY DISPARITIES AND CLARIFY THE NEEDS OF SPECIFIC COMMUNITIES AND COMPARING IT AGAINST DATA COLLECTED AT THE REGIONAL, STATE AND NATIONAL LEVELS WHEREVER POSSIBLE TO SUPPORT ANALYSIS AND THE PRIORITIZATION PROCESS, AS WELL AS EMPLOYING A VARIETY OF STRATEGIES TO ENSURE COMMUNITY MEMBERS WERE INFORMED, CONSULTED, INVOLVED, AND EMPOWERED THROUGHOUT THE ASSESSMENT PROCESS. THE CHNA AND IS DEVELOPMENT PROCESS WAS GUIDED BY THE FOLLOWING PRINCIPLES: EQUITY, COLLABORATION, ENGAGEMENT, CAPACITY BUILDING, AND INTENTIONALITY.2022 COMMUNITY HEALTH NEEDS ASSESSMENT-SUMMARY OF APPROACH AND METHODSBIDMC'S 2022 CHNA APPROACH INVOLVED EXTENSIVE DATA COLLECTION ACTIVITIES, SUBSTANTIAL EFFORTS TO ENGAGE THE HOSPITAL'S PARTNERS AND COMMUNITY RESIDENTS, AND THOUGHTFUL PRIORITIZATION, PLANNING, AND REPORTING PROCESSES. THROUGHOUT THE CHNA PROCESS, EFFORTS WERE MADE TO UNDERSTAND THE NEEDS OF THE COMMUNITIES ENCOMPASSING BIDMC'S CBSA, ESPECIALLY THE POPULATION SEGMENTS THAT ARE OFTEN DISADVANTAGED, FACE DISPARITIES IN HEALTH-RELATED OUTCOMES, AND WHO HAVE BEEN HISTORICALLY UNDERSERVED. BIDMC'S UNDERSTANDING OF THESE COMMUNITIES' NEEDS IS DERIVED FROM COLLECTING A WIDE RANGE OF QUANTITATIVE DATA TO IDENTIFY DISPARITIES AND CLARIFY THE NEEDS OF SPECIFIC COMMUNITIES AND COMPARING IT AGAINST DATA COLLECTED AT THE REGIONAL, STATE AND NATIONAL LEVELS WHEREVER POSSIBLE TO SUPPORT ANALYSIS AND THE PRIORITIZATION PROCESS, AS WELL AS EMPLOYING A VARIETY OF STRATEGIES TO ENSURE COMMUNITY MEMBERS WERE INFORMED, CONSULTED, INVOLVED, AND EMPOWERED THROUGHOUT THE ASSESSMENT PROCESS. THE CHNA AND IS DEVELOPMENT PROCESS WAS GUIDED BY THE FOLLOWING PRINCIPLES: EQUITY, COLLABORATION, ENGAGEMENT, CAPACITY BUILDING, AND INTENTIONALITY.BETWEEN OCTOBER 2021 AND FEBRUARY 2022, BIDMC, IN COLLABORATION WITH THREE OTHER REGIONAL ASSESSMENT EFFORTS, CONDUCTED 85 ONE-ON-ONE INTERVIEWS WITH KEY COLLABORATORS IN THE COMMUNITY, FACILITATED 22 FOCUS GROUPS WITH SEGMENTS OF THE POPULATION FACING THE GREATEST HEALTH-RELATED DISPARITIES, AND COMMUNITY LISTENING SESSIONS THAT ENGAGED 226 PARTICIPANTS. IN ADDITION, BIDMC'S BILH PARTNERS, BID NEEDHAM AND LAHEY HOSPITAL & MEDICAL CENTER (LHMC), CONDUCTED A COMMUNITY HEALTH SURVEY, WHICH GATHERED INFORMATION FROM MORE THAN 1,400 COMMUNITY RESIDENTS FROM BID NEEDHAM'S AND LHMC'S CBSAS, INCLUDING 346 RESIDENTS FROM NEEDHAM, 155 RESIDENTS OF BURLINGTON, AND 180 RESIDENTS OF PEABODY. BID NEEDHAM AND LHMC SHARED THIS INFORMATION WITH BIDMC. THE BOSTON PUBLIC HEALTH COMMISSION FIELDED A COVID-19 HEALTH EQUITY SURVEY IN DECEMBER 2020/JANUARY 2021; AS SUCH, BIDMC, BASED ON RECOMMENDATIONS FROM THE BOSTON CHNA- COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) COLLABORATIVE STEERING COMMITTEE, OPTED NOT TO FIELD THE BILH COMMUNITY HEALTH SURVEY IN BOSTON. THE BOSTON PUBLIC HEALTH COMMISSION COVID-19 HEALTH EQUITY SURVEY INCLUDED A RANDOM SAMPLE OF OVER 1,650 RESIDENTS IN MULTIPLE LANGUAGES AND EXAMINED ISSUES RELATED TO JOB LOSS, FOOD INSECURITY, ACCESS TO SERVICES, MENTAL HEALTH, VACCINATION, AND PERCEPTIONS OF RISK AROUND COVID-19. THE NORTH SUFFOLK PUBLIC HEALTH COLLABORATIVE ALSO FIELDED A COMMUNITY HEALTH SURVEY. THE SURVEY COLLECTED DATA FROM 1,401 RESPONDENTS FROM CHELSEA, REVERE, AND WINTHROP. RESULTS WERE STRATIFIED BY COMMUNITY, AGE GROUP, GENDER, RACE, ETHNICITY, AND LANGUAGE. IN ADDITION, BIDMC'S BILH PARTNERS, BID NEEDHAM AND LHMC, CONDUCTED A COMMUNITY HEALTH SURVEY, WHICH GATHERED INFORMATION FROM MORE THAN 1,400 COMMUNITY RESIDENTS FROM BID NEEDHAM'S AND LHMC'S CBSAS, INCLUDING 346 RESIDENTS FROM NEEDHAM, 155 RESIDENTS OF BURLINGTON, AND 180 RESIDENTS OF PEABODY. BID NEEDHAM AND LHMC SHARED THIS INFORMATION WITH BIDMC. COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-DETAIL 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 SEVERAL SOURCES INCLUDING PRIMARY QUANTITATIVE AND QUALITATIVE DATA, AND SECONDARY DATA. EXAMPLES OF SECONDARY DATA SOURCES THAT BIDMC LEVERAGED INCLUDED: - U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2016-2020) - U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY POPULATION CHANGE (2010-2020) - U.S. CENSUS BUREAU, COVID-19 HOUSEHOLD PULSE SURVEY (2021) - BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY (2019) - MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: SCHOOL AND DISTRICT PROFILES (2020-2021) - FBI UNIFORM CRIME REPORTS (2019) - MASSACHUSETTS DEPARTMENT OF ECONOMIC RESEARCH, LABOR MARKET INFORMATION (2020-2021) - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2019) - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2015-2017) - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, COVID-19 DASHBOARD (2021) - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, COVID-19 COMMUNITY IMPACT SURVEY (2021) - MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2019) - MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA)

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	HOSPITAL DISCHARGES (2019) - MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2020) - MASSACHUSETTS INSTITUTE OF TECHNOLOGY, EVICTION LAB (2018) - ROBERT WOOD JOHNSON COUNTRY HEALTH RANKINGS (2019, 2020, 2021)2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-KEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5)BETWEEN OCTOBER 2021 AND FEBRUARY 2022, BIDMC WORKED WITH COLLABORATORS TO CONDUCT 85 KEY INFORMANT INTERVIEWS THAT ENGAGED COMMUNITY-BASED ORGANIZATIONS, CLINICAL AND SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH OFFICIALS, ELECTED/APPOINTED OFFICIALS AND OTHER KEY COLLABORATORS THROUGHOUT BIDMC'S CBSA. 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 A 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 VIRTUALLY USING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING THE BIGGEST HEALTH-RELATED CONCERNS/ISSUES, AS WELL AS THE BARRIERS AND/OR CHALLENGES FOR ACCESSING RESOURCES AND SERVICES AMONG THOSE THEY SERVE AND/OR THOSE LIVING IN THE COMMUNITY, INCLUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS.
COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-	FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5)ACROSS ALL FOUR COMPONENTS OF THE CHNA, BIDMC CONDUCTED 22 COMMUNITY FOCUS GROUPS AND HELD COMMUNITY LISTENING SESSIONS THAT ENGAGED 226 RESIDENTS IN BIDMC'S COMMUNITY BENEFITS SERVICE AREA (CBSA) TO GATHER CRITICAL COMMUNITY INPUT FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. THESE FOCUS GROUPS AND LISTENING SESSIONS WERE ORGANIZED IN COLLABORATION WITH THE BOSTON CHNA-CHIP COLLABORATIVE, NORTH SUFFOLK INTEGRATED CHNA AND OTHER BILH HOSPITALS.BIDMC WAS INTENTIONAL IN ENSURING THAT VARIED EXPERIENCES AND PERSPECTIVES, REFLECTIVE OF BIDMC'S CBSA AND THE COMMUNITY AT LARGE, WERE SHARED THROUGHOUT THE CHNA AND IS PROCESS. TO REACH A BROAD RANGE OF COMMUNITY MEMBERS, ALL COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH A FOCUS ON COMMUNITY REPRESENTATIVENESS. FOR EXAMPLE, THE SURVEY WAS ADMINISTERED ONLINE AND VIA HARD COPY IN TWELVE LANGUAGES. FURTHERMORE, EXTENSIVE OUTREACH WAS CONDUCTED VIA SOCIAL MEDIA, INSTITUTIONAL NEWSLETTERS, EMAILS TO LARGE NETWORKS, PUBLIC LIBRARIES, COMMUNITY EVENTS AND LARGE APARTMENT BUILDINGS TO HELP ENSURE DIVERSE REPRESENTATION IN THE CHNA. THE BIDMC COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) WAS ALSO INTEGRALLY INVOLVED IN PROVIDING INPUT ON COMMUNITY NEEDS AND PRIORITIZING THE LEADING HEALTH ISSUES. THE CBAC MET FIVE TIMES DURING THE COURSE OF THE ASSESSMENT. THEY PROVIDED INPUT REGARDING THE CHNA OVERALL AND GUIDED THE PRIORITIZATION AND PLANNING PHASE, CONDUCTING OUTREACH TO COMMUNITY VOICES THAT HAVE HISTORICALLY BEEN LEFT OUT OF SIMILAR PROCESSES. COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-REVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE CHNA PROCESS WAS DIVIDED INTO THREE PHASES. THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS: - REVIEW OF THE ASSESSMENT'S MAJOR FINDINGS WITH THE BIDMC COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) AND HELD A VIRTUAL COMMUNITY FORUM PRESENTING RESULTS. - IDENTIFY BIDMC'S COMMUNITY BENEFITS PRIORITY COHORTS, GEOGRAPHIC FOCUS, AND COMMUNITY HEALTH PRIORITIES. - ANALYZE BIDMC'S EXISTING COMMUNITY BENEFITS ACTIVITIES INFORMED BY THE 2019 CHNA AND SUBSEQUENT 2020 2022 IMPLEMENTATION STRATEGY COMPLETED BY BIDMC DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). - 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, 2022 (TAX YEAR 2021).COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-KEY FINDINGSTHE KEY PRIORITY COHORTS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDING SEPTEMBER 30, 2022, WERE: - YOUTH - LOW-RESOURCED POPULATIONS - LGBTQIA+ - OLDER ADULTS - RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE POPULATIONS - FAMILIES AFFECTED BY VIOLENCE AND/OR INCARCERATIONBIDMC'S CHNA RESULTED IN KEY FINDINGS IN THE FOLLOWING AREAS: - EQUITABLE ACCESS TO CARE: INDIVIDUALS IDENTIFIED A NUMBER OF BARRIERS TO ACCESSING AND NAVIGATING THE HEALTHCARE SYSTEM. MANY OF THESE BARRIERS WERE AT THE SYSTEM LEVEL, MEANING THE ISSUES STEM FROM HOW THE SYSTEM DOES OR DOES NOT FUNCTION. SYSTEM LEVEL ISSUES INCLUDED PROVIDERS NOT ACCEPTING NEW PATIENTS, LONG WAIT LISTS, AND AN INHERENTLY COMPLICATED HEALTHCARE SYSTEM THAT IS DIFFICULT FOR MANY TO NAVIGATE. THERE WERE ALSO INDIVIDUAL LEVEL BARRIERS TO ACCESS AND NAVIGATION. INDIVIDUALS MAY BE UNINSURED OR UNDERINSURED, WHICH MAY LEAD THEM TO FOREGO OR DELAY CARE. INDIVIDUALS MAY ALSO EXPERIENCE LANGUAGE OR CULTURAL BARRIERS - RESEARCH SHOWS THAT THESE BARRIERS CONTRIBUTE TO HEALTH DISPARITIES, MISTRUST BETWEEN PROVIDERS AND PATIENTS, INEFFECTIVE COMMUNICATION, AND ISSUES OF PATIENT SAFETY. - 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 SOCIAL DETERMINANTS OF HEALTH ARE THE CONDITIONS IN THE ENVIRONMENTS WHERE PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE THAT AFFECT A WIDE RANGE OF HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE OUTCOMES AND RISKS. THESE CONDITIONS INFLUENCE AND DEFINE QUALITY OF LIFE FOR MANY SEGMENTS OF THE POPULATION IN THE CBSA. RESEARCH SHOWS THAT SUSTAINED SUCCESS IN COMMUNITY HEALTH IMPROVEMENT AND ADDRESSING HEALTH DISPARITIES RELIES ON ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH THAT LEAD TO POOR HEALTH OUTCOMES AND DRIVE HEALTH INEQUITIES. THE ASSESSMENT GATHERED A RANGE OF INFORMATION RELATED TO ECONOMIC INSECURITY, EDUCATION, FOOD INSECURITY, ACCESS TO CARE/NAVIGATION ISSUES, AND OTHER IMPORTANT SOCIAL FACTORS. THERE IS LIMITED QUANTITATIVE DATA ON SOCIAL DETERMINANTS OF HEALTH. DESPITE THIS, INFORMATION GATHERED THROUGH INTERVIEWS, FOCUS GROUPS, SURVEY, AND LISTENING SESSIONS SUGGESTED THAT THESE ISSUES HAVE THE GREATEST IMPACT ON HEALTH STATUS AND ACCESS TO CARE IN THE REGION - ESPECIALLY ISSUES RELATED TO HOUSING, FOOD SECURITY/NUTRITION, AND ECONOMIC STABILITY. - HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY AND STRESS). ANXIETY, CHRONIC

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	STRESS, DEPRESSION, AND SOCIAL ISOLATION WERE LEADING TO COMMUNITY HEALTH CONCERNS. THE ASSESSMENT IDENTIFIED SPECIFIC CONCERNS ABOUT THE IMPACT OF MENTAL HEALTH ISSUES FOR YOUTH AND YOUNG ADULTS, THE MENTAL HEALTH IMPACTS OF RACISM, DISCRIMINATION, AND TRAUMA, AND SOCIAL ISOLATION AMONG OLDER ADULTS. THESE DIFFICULTIES WERE EXACERBATED BY COVID-19. IN ADDITION TO THE OVERALL BURDEN AND PREVALENCE OF MENTAL HEALTH ISSUES, RESIDENTS IDENTIFIED A NEED FOR MORE PROVIDERS AND TREATMENT OPTIONS, ESPECIALLY INPATIENT AND OUTPATIENT TREATMENT, CHILD PSYCHIATRISTS, PEER SUPPORT GROUPS, AND MENTAL HEALTH SERVICES. SUBSTANCE USE CONTINUED TO HAVE A MAJOR IMPACT ON THE CBSA; THE OPIOID EPIDEMIC CONTINUED TO BE AN AREA OF FOCUS AND CONCERN, AND THERE WAS RECOGNITION OF THE LINKS AND IMPACTS ON OTHER COMMUNITY HEALTH PRIORITIES, INCLUDING MENTAL HEALTH, HOUSING, AND HOMELESSNESS. INDIVIDUALS ENGAGED IN THE ASSESSMENT IDENTIFIED STIGMA AS A BARRIER TO TREATMENT AND REPORTED A NEED FOR PROGRAMS THAT ADDRESS COMMON CO-OCCURRING ISSUES (E.G., MENTAL HEALTH ISSUES, HOMELESSNESS). - HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). CHRONIC CONDITIONS SUCH AS CANCER, DIABETES, CHRONIC LOWER RESPIRATORY DISEASE, STROKE, AND CARDIOVASCULAR DISEASE CONTRIBUTE TO 56% OF ALL MORTALITY IN THE COMMONWEALTH AND OVER 53% OF ALL HEALTH CARE EXPENDITURES ($30.9 BILLION A YEAR). PERHAPS MOST SIGNIFICANTLY, CHRONIC DISEASES ARE LARGELY PREVENTABLE DESPITE THEIR HIGH PREVALENCE AND DRAMATIC IMPACT ON INDIVIDUALS AND SOCIETY.THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, 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, 2023, SEPTEMBER 30, 2024, AND SEPTEMBER 30, 2025.
COMMUNITY HEALTH NEEDS ASSESSMENT	MAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVAILABLEBIDMC STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY.AS NOTED ABOVE, BIDMC COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2022 (TAX YEAR 2021). 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/BIDMC-2022-COMMUNITY-HEALTH-NEEDS-ASSSESSMENT-093022.PDFIN ADDITION TO THE CHNA, BIDMC COMPLETED ITS MOST RECENT IMPLEMENTATION STRATEGY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2022 (TAX YEAR 2021). 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/BIDMC-2023-2025-IMPLEMENTATION-STRATEGY-101122.PDFBIDMC COMPLETED ITS PREVIOUS CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). 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/CHNA-REPORT93019FINAL.PDFFINALLY, THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE CHNA COMPLETED DURING BIDMC'S FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018) 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.PDFEACH OF THESE DOCUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A).
COMMUNITY HEALTH NEEDS ASSESSMENT	ADDRESSING COMMUNITY HEALTH NEEDS (SCHEDULE H, PART V, SECTION B, LINE 11)AS NOTED ABOVE, BIDMC'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 AND A SUMMARY OF BIDMC'S COMMUNITY BENEFITS ACTIVITIES THAT ADDRESS THE NEEDS IDENTIFIED IN THAT CHNA 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 COMMUNITY HEALTH PRIORITIES 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 - ENHANCE THE BUILT, SOCIAL, AND ECONOMIC ENVIRONMENT WHERE PEOPLE LIVE, WORK, PLAY, AND LEARN TO IMPROVE HEALTH AND QUALITY-OF-LIFE OUTCOMES.PRIORITY AREA 2: CHRONIC AND COMPLEX CONDITIONS - IMPROVE HEALTH OUTCOMES AND REDUCE DISPARITIES FOR INDIVIDUALS AT-RISK FOR OR LIVING WITH CHRONIC AND/OR COMPLEX CONDITIONS AND CAREGIVERS BY ENHANCING ACCESS TO SCREENING, REFERRAL SERVICES, COORDINATED HEALTH AND SUPPORT SERVICES, MEDICATIONS, AND OTHER RESOURCES.PRIORITY AREA 3: ACCESS TO CARE - PROVIDE EQUITABLE AND COMPREHENSIVE ACCESS TO HIGH-QUALITY HEALTH CARE SERVICES INCLUDING PRIMARY CARE AND SPECIALTY CARE, AS WELL AS URGENT AND EMERGING CARE, PARTICULARLY FOR THOSE WHO FACE CULTURAL, LINGUISTIC AND ECONOMIC BARRIERS. PRIORITY AREA 4: MENTAL HEALTH AND SUBSTANCE USE - PROMOTE SOCIAL AND EMOTIONAL WELLNESS BY FOSTERING RESILIENT COMMUNITIES AND BUILDING EQUITABLE, ACCESSIBLE, AND SUPPORTIVE SYSTEMS OF CARE TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE ISSUES AND CONDITIONS.COMMUNITY HEALTH NEEDS ASSESSMENT - APPROACH 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 ITS CBSA. BELOW IS A SUMMARY OF SOME OF THE COMMUNITY BENEFITS PROGRAMS AND INITIATIVES BIDMC OPERATES AND SUPPORTS TO IMPROVE HEALTH OUTCOMES AMONG ITS FOCUS COHORTS THROUGHOUT ITS 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 BILH'S OFFICE OF WORKFORCE DEVELOPMENT, DEVELOPMENT OF INSTITUTIONAL METRICS TO MEASURE BIDMC'S SHRINKING CARBON FOOTPRINT, AND TRANSPORTATION RESOURCES TO IMPROVE ACCESS TO HEALTHCARE. THROUGH CVPR, BIDMC HAS LED THE WAY IN DEVELOPING A CONTINUUM OF EDUCATION, OUTREACH, AND TREATMENT INTERVENTIONS TO RESPOND TO VICTIMS OF INTERPERSONAL, SEXUAL, COMMUNITY VIOLENCE, AND HOMICIDE BEREAVEMENT. IT IS ALSO ONE OF THE LEADERS IN DEVELOPING PROGRAMMING TO

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	ADDRESS SECONDARY TRAUMATIC STRESS AMONG DOMESTIC VIOLENCE AND MEDICAL SERVICE PROVIDERS. IN FY23, BIDMC PROVIDED SERVICES TO 702 SURVIVORS OF DOMESTIC, SEXUAL AND COMMUNITY VIOLENCE. 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 FY23 BILH'S OFFICE OF WORKFORCE DEVELOPMENT OFFERED 10 DIFFERENT CAREER PIPELINE PROGRAMS THAT SERVED 101 PEOPLE. ADDITIONALLY, 26 YOUTH WERE EMPLOYED IN PAID SUMMER JOBS AT BIDMC AND AN ADDITIONAL EIGHT YOUTH RECEIVED STIPENDS THROUGH A SCHOOL-YEAR PROGRAM RUN IN PARTNERSHIP WITH THE YMCA. 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 ITS 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 ITS FIVE AFFILIATED AND/OR LICENSED CHCS' CAPACITY 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 BIDMC'S CANCER PATIENT NAVIGATORS AND BSHC'S HEALTHY IN THE CITY. 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 BSHC'S HEALTHY IN THE CITY THAT ADDRESSES 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, SCREENING PATIENTS AT BIDMC AND CONNECTING THEM TO APPROPRIATE SERVICES. FOR EXAMPLE, BSHC CONTINUES TO INTEGRATE BEHAVIORAL HEALTH SERVICES INTO ITS 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 TIME AND RESOURCES TO RESPOND TO NEEDS RELATED TO COVID-19 AND OTHER EMERGING ISSUES, SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, AND ACCESS TO CARE. BOWDOIN STREET HEALTH CENTER DISTRIBUTED BAGS OF FRESH FOOD TO HEALTH CENTER PATIENTS AND COMMUNITY MEMBERS WHO IDENTIFIED AS FOOD INSECURE. A FULL UPDATE ON BIDMC'S HEALTH PRIORITIES AND ASSOCIATED GOALS IS INCLUDED BELOW.FY23 SCHEDULE H-IMPLEMENTATION STRATEGY UPDATEKEY: BASELINE-2023, YEAR 1-2024, YEAR 2-2025PRIORITY 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: ENHANCE THE BUILT, SOCIAL, AND ECONOMIC ENVIRONMENTS	WHERE PEOPLE LIVE, WORK, PLAY, AND LEARN TO IMPROVE HEALTH AND QUALITY-OF-LIFE OUTCOMES.STRATEGIES 1.1 SUPPORT EVIDENCE-BASED PROGRAMS AND STRATEGIES TO REDUCE HOMELESSNESS, REDUCE DISPLACEMENT, AND INCREASE HOME OWNERSHIP BY LOW-INCOME INDIVIDUALS AND FAMILIES. 1.2 SUPPORT EVIDENCE-BASED PROGRAMS, STRATEGIES, AND PARTNERSHIPS TO INCREASE EMPLOYMENT AND EARNINGS AND INCREASE FINANCIAL SECURITY. 1.3 PROMOTE THRIVING NEIGHBORHOODS AND ENHANCE COMMUNITY COHESION AND RESILIENCE. 1.4 INCREASE MENTORSHIP, LEADERSHIP, TRAINING, AND EMPLOYMENT OPPORTUNITIES FOR YOUTH AND YOUNG ADULTS RESIDING IN THE COMMUNITIES BIDMC SERVES. 1.5 ADVOCATE FOR AND SUPPORT POLICIES AND PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. 1.6 CONSERVE NATURAL RESOURCES, REDUCE CARBON EMISSIONS, AND FOSTER A CULTURE OF SUSTAINABILITY TO CREATE A HEALTHY ENVIRONMENT FOR RESIDENTS. 1.7 BUILD COMMUNITY AWARENESS, ADVOCATE FOR POLICY CHANGE, AND PROVIDE SUPPORTIVE CARE FOR VICTIMS OF VIOLENCE AND TRAUMA. 1.8 PROMOTE HEALTHY EATING AND ACTIVE LIVING BY INCREASING OPPORTUNITIES FOR PHYSICAL ACTIVITY AND PROVIDING HEALTHY FOOD RESOURCES TO PATIENTS AND COMMUNITY RESIDENTS.INITIATIVES TO ADDRESS THE PRIORITY - INVESTMENTS IN HOUSING PROGRAMS TO STABILIZE OR CREATE ACCESS TO AFFORDABLE HOUSING - INVESTMENTS IN JOBS AND FINANCIAL SECURITY PROGRAMS TO STRENGTHEN THE LOCAL WORKFORCE AND ADDRESS UNDEREMPLOYMENT -

Form and Line Reference	Explanation
	COMMUNITY HIRING - HEALTHY NEIGHBORHOODS INITIATIVE - THE WELLNESS CENTER AT BOWDOIN STREET HEALTH CENTER - VILLAGE IN PROGRESS (VIP) - NEIGHBORHOOD TRAUMA TEAM - PLACEMAKING ACTIVITIES AND NEIGHBORHOOD IMPROVEMENT - YOUTH SUMMER JOBS PROGRAM - BIDMC YOUTH ADVISORS - ENVIRONMENTAL SUSTAINABILITY - THE CENTER FOR VIOLENCE PREVENTION AND RECOVERY (CVPR) - THE WELLNESS CENTER AT BOWDOIN STREET HEALTH CENTER - GROCERY STORE GIFT CARD DISTRIBUTION PROGRAM - FITNESS IN THE CITY (NOW KNOWN AS HEALTHY IN THE CITY) - EXPLORE INSTALLATION OF FREIGHT FARMSMETRICS AND STATUS UPDATE:* BASED ON DATA COLLECTED BETWEEN JULY 1, 2021 AND SEPT 30, 2023 - *HOUSING: - HOUSING SATISFACTION: (FY23: ON AVERAGE, PARTICIPANTS REPORTED HIGHER LEVELS OF SATISFACTION WITH THEIR HOUSING SITUATION AT ENDPOINT COMPARED TO WHEN THEY ENROLLED; THIS RESULT WAS STATISTICALLY SIGNIFICANT. THE OVERALL AVERAGE LEVEL OF HOUSING SATISFACTION INCREASED SIGNIFICANTLY FROM 2.9 AT BASELINE TO 3.2 AT ENDPOINT.) - HOUSING CONTROL: (FY23: ON AVERAGE, PARTICIPANTS REPORTED A HIGHER LEVEL OF CONTROL OF THEIR HOUSING SITUATION AT ENDPOINT COMPARED TO WHEN THEY ENROLLED; THIS RESULT WAS STATISTICALLY SIGNIFICANT. THE AVERAGE LEVEL OF HOUSING CONTROL INCREASED FROM 2.8 AT BASELINE TO 3.1 AT ENDPOINT.) - HOUSING SITUATION: (FY23: THE MAJORITY OF PARTICIPANTS (85.0%) DID NOT HAVE ANY CHANGE IN THEIR HOUSING SITUATION BETWEEN BASELINE AND ENDPOINT). NOTE: GIVEN THAT THE BOSTON HOUSING MARKET IS ONE OF THE MOST EXPENSIVE IN THE US, THIS STABILITY IN DESCRIPTION OF HOUSING SITUATION CAN BE INTERPRETED AS A POSITIVE RESULT. - ADVOCACY: (FY23: 2,689 ADVOCACY EFFORTS AMONG FOUR GRANTEES FOR POLICY CHANGE RELATED TO HOUSING AFFORDABILITY) - # OF YOUTHS HOUSED: (FY23: 24) - *FINANCIAL CAPABILITY AND HOPE: - FY23: 334 PARTICIPANTS FROM SIX GRANTEES ACHIEVED A POSITIVE INCREASE IN FINANCIAL HABITS AND SIGNIFICANT IMPROVEMENTS IN FINANCIAL CAPABILITY. - MORE THAN HALF IDENTIFIED AS HISPANIC, LATINX, OR OF SPANISH DESCENT (53.6%); A THIRD IDENTIFIED AS BLACK OR AFRICAN AMERICAN (33.2%); THREE OUT OF 5 PARTICIPANTS WERE FEMALE (60.4%) AND OVER A THIRD WERE MALE (36.6%). - FY23: (1.7% INCREASE IN THE PROPORTION OF PARTICIPANTS REPORTING THEY HAD A PERSONAL BUDGET, SPENDING PLAN, OR FINANCIAL PLAN, FROM 39.9% AT BASELINE TO 51.6% AT ENDPOINT. (ADULT HOPE SCALE)) - COLLECTIVE RELATIONSHIPS AND COHESION (FY23: DATA NOT YET AVAILABLE) - VILLAGE IN PROGRESS AND NEIGHBORHOOD TRAUMA TEAM - # OF NEIGHBORHOOD INCIDENTS RESPONDED TO (FY23: 12 INCIDENTS THAT WERE LEVEL 4 OR 5) - # OF THERAPEUTIC SESSIONS PROVIDED (FY23: 534) - YOUTH SUMMER JOBS PROGRAM AND BIDMC YOUTH ADVISORS - # OF YOUTH INVOLVED (FY23: 34) - # OF POLICIES REVIEWED AND SUPPORTED (FY23: BILH CONDUCTED DIRECT ADVOCACY FOR TWO POLICIES: AN ACT PROVIDING AFFORDABLE AND ACCESSIBLE HIGH-QUALITY EARLY EDUCATION AND CARE TO PROMOTE CHILD DEVELOPMENT AND WELL-BEING AND SUPPORT THE ECONOMY IN THE COMMONWEALTH AND AN ACT TO ADVANCE HEALTH EQUITY) - ENVIRONMENTAL SUSTAINABILITY - GREENHOUSE GAS EMISSIONS (FY23: BIDMC REDUCED ORGANIZATIONAL EMISSIONS BY 11.9% IN FY23 FROM A BASELINE OF 2016) - % LOCAL FOOD AND BEVERAGE SPEND (FY23: PURCHASED 17.3% SUSTAINABLE AND LOCAL FOOD & BEVERAGE IN FY23, AN INCREASE OF 0.2% FROM FY22) - WASTE DIVERSION (FY23: ACHIEVED 56.8% DIVERSION, AN INCREASE OF 6.7% FROM FY22) - THE CENTER FOR VIOLENCE PREVENTION AND RECOVERY (CVPR) - # SEXUAL ASSAULT VICTIMS RECEIVING SERVICES (FY23: 702) - # OF SERVICES PROVIDED TO SEXUAL ASSAULT VICTIMS IN THE EMERGENCY DEPARTMENT (ED) (FY23: 66) - # OF EDUCATION AND OUTREACH SERVICES - FY23: CVPR PROVIDED 27 TRAININGS TO 662 EMPLOYEES IN HEALTH CENTERS, COLLEGES AND UNIVERSITIES, AND OTHER COMMUNITY GROUPS AROUND SEXUAL ASSAULT, INTERPERSONAL VIOLENCE, COMMUNITY VIOLENCE, SECONDARY TRAUMATIC STRESS, AND HUMAN TRAFFICKING - FY23: CVPR PROVIDED TWO GROUPS WITH 8 SESSIONS OF SERVICE TO COMMUNITY GROUPS AROUND SECONDARY TRAUMATIC STRESS. - # OF SAFE BED OVERNIGHT STAYS (FY23: 6) - # OF HEALING CIRCLES (FY23: 32, AND 390 TOTAL ATTENDEES) - HEALTHY EATING AND ACTIVE LIVING - # OF PARTICIPANTS IN HEALTHY IN THE CITY (FY23: 43) - # OF UNITS OF FOOD DISTRIBUTED (FY23: 1590 BAGS THROUGH FAIR FOODS WERE DISTRIBUTED FOR FREE TO PATIENTS AND COMMUNITY MEMBERS AND 276 MEALS WERE DONATED TO FOOD FOR FREE) - # OF FARMER'S MARKET COUPONS, BPHC PROVIDED THAT COULD BE USED AT ANY CITY OF BOSTON FARMER'S MARKET TO PATIENTS AND COMMUNITY MEMBERS (FY23: 609)PRIORITY AREA 2: CHRONIC AND COMPLEX CONDITIONSHIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). CHRONIC CONDITIONS SUCH AS CANCER, DIABETES, CHRONIC LOWER RESPIRATORY DISEASE, STROKE, AND CARDIOVASCULAR DISEASE CONTRIBUTE TO 56% OF ALL MORTALITY IN THE COMMONWEALTH AND OVER 53% OF ALL HEALTH CARE EXPENDITURES ($30.9 BILLION A YEAR). PERHAPS MOST SIGNIFICANTLY, CHRONIC DISEASES ARE LARGELY PREVENTABLE DESPITE THEIR HIGH PREVALENCE AND DRAMATIC IMPACT ON INDIVIDUALS AND SOCIETY.GOAL: IMPROVE HEALTH OUTCOMES AND REDUCE DISPARITIES FOR INDIVIDUALS AT-RISK FOR OR LIVING WITH CHRONIC AND/OR COMPLEX CONDITIONS AND CAREGIVERS BY ENHANCING ACCESS TO SCREENING, REFERRAL SERVICES, COORDINATED HEALTH AND SUPPORT SERVICES, MEDICATIONS, AND OTHER RESOURCES.STRATEGIES 2.1 PROVIDE PREVENTIVE HEALTH INFORMATION, SERVICES, AND SUPPORT FOR THOSE AT RISK FOR COMPLEX AND/ OR CHRONIC CONDITIONS AND SUPPORT EVIDENCE-BASED CHRONIC DISEASE TREATMENT AND SELF-MANAGEMENT PROGRAMS. 2.2 ADDRESS THE HEALTH-RELATED SOCIAL NEEDS (HRSN) OF PATIENTS IN ORDER TO SUPPORT ACCESS TO CARE. 2.3 PROVIDE AND PROMOTE CAREER SUPPORT SERVICES AND CAREER MOBILITY PROGRAMS TO HOSPITAL EMPLOYEES. 2.4 PROMOTE ACCESS TO HEALTH INSURANCE, PATIENT FINANCIAL COUNSELORS, AND NEEDED MEDICATIONS FOR PATIENTS WHO ARE UNINSURED OR UNDERINSURED. 2.5 ADVOCATE FOR AND SUPPORT POLICIES AND PROGRAMS THAT ADDRESS HEALTHCARE ACCESS. 2.6 SUPPORT RESEARCH AIMED AT PROVIDING MORE EQUITABLE CARE FOR PATIENTS AND COMMUNITY MEMBERS. 2.7 PROVIDE AND SUPPORT RESIDENTS WITH TRANSPORTATION ACCESS, PUBLIC SAFETY, EMERGENCY CARE, PUBLIC HEALTH AND EMERGENCY PREPAREDNESS.INITIATIVES TO ADDRESS THE PRIORITY - COMMUNITY CARE ALLIANCE (CCA) AND SUPPORT FOR COMMUNITY-BASED PRIMARY AND SPECIALTY CARE - NETWORK/IT INTEGRATION AND ACCESS FOR CCA HEALTH CENTERS - CARE CONNECTION - BOSTON HEALTHY START INITIATIVE - RESIDENCY TRAINING PROGRAM - COMMUNITY HEALTH WORKER PROGRAM - BIDMC SOCIAL WORK DEPARTMENT SERVICES - PIPELINE PROGRAMS - CAREER AND ACADEMIC ADVISING - HOSPITAL-SPONSORED COMMUNITY COLLEGE COURSES - HOSPITAL-SPONSORED ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) CLASSES - DIVERSE TALENT PROMOTION AND ACQUISITION - FINANCIAL COUNSELING - PHARMACY PROGRAMS - CENTER FOR DIVERSITY, EQUITY, AND INCLUSION - MEDICAL AND CRITICAL

Form and Line Reference	Explanation
	CARE TRANSPORTATION - TRAUMA, EMERGENCY MANAGEMENT, AND PUBLIC HEALTH SURVEILLANCE - PUBLIC SAFETY
METRICS AND STATUS UPDATES:	- # OF PATIENTS SERVED AT CCA HEALTH CENTERS, AFFILIATED FQHC'S AND OUTER CAPE HEALTH SERVICES (FY23: 122,800) - # OF MEDICAL CARE SERVICE VISITS (INCLUDING VIRTUAL) PROVIDED AT CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY23: 386,100) - PERCENTAGE OF CCA FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND OUTER CAPE HEALTH SERVICES PATIENTS WITH DIABETES WITH HBA1C < 9 CONTROLLED (FY23: 75%). - PERCENTAGE OF CCA FQHC AND OUTER CAPE HEALTH SERVICES PATIENTS WITH HYPERTENSION WHO HAD A BLOOD PRESSURE < 140/90 CONTROLLED (FY23: 65%) - # OF SUPPORT GROUPS (FY23: 9 SUPPORT GROUPS MET REGULARLY AND A TOTAL OF 252 MEETINGS WERE HELD) - # OF PATIENTS ATTENDING SUPPORT GROUPS (FY23: AVERAGE OF 6 PATIENTS ATTENDED EACH SUPPORT GROUP MEETING) - # OF PATIENTS RECEIVING EARLY DETECTION LUNG CANCER SCREENING (FY23: 1,250 PATIENTS) - # OF POLICIES REVIEWED AND SUPPORTED (FY23: BILH CONDUCTED DIRECT ADVOCACY FOR ONE POLICY: AN ACT RELATIVE TO BREAST CANCER EQUITY AND EARLY DETECTION)PRIORITY AREA 3: EQUITABLE ACCESS TO CARE INDIVIDUALS IDENTIFIED SEVERAL BARRIERS TO ACCESSING AND NAVIGATING THE HEALTHCARE SYSTEM. MANY OF THESE BARRIERS WERE AT THE SYSTEM LEVEL, MEANING THE ISSUES STEM FROM HOW THE SYSTEM DOES OR DOES NOT FUNCTION. SYSTEM LEVEL ISSUES INCLUDED PROVIDERS NOT ACCEPTING NEW PATIENTS, LONG WAIT LISTS, AND AN INHERENTLY COMPLICATED HEALTHCARE SYSTEM THAT IS DIFFICULT FOR MANY TO NAVIGATE. THERE WERE ALSO INDIVIDUAL LEVEL BARRIERS TO ACCESS AND NAVIGATION. INDIVIDUALS MAY BE UNINSURED OR UNDERINSURED, WHICH MAY LEAD THEM TO FOREGO OR DELAY CARE. INDIVIDUALS MAY ALSO EXPERIENCE LANGUAGE OR CULTURAL BARRIERS - RESEARCH SHOWS THAT THESE BARRIERS CONTRIBUTE TO HEALTH DISPARITIES, MISTRUST BETWEEN PROVIDERS AND PATIENTS, INEFFECTIVE COMMUNICATION, AND ISSUES OF PATIENT SAFETY.GOAL: PROVIDE EQUITABLE AND COMPREHENSIVE ACCESS TO HIGH-QUALITY HEALTH CARE SERVICES INCLUDING PRIMARY CARE AND SPECIALTY CARE, AND URGENT AND EMERGING CARE, PARTICULARLY FOR THOSE WHO FACE CULTURAL, LINGUISTIC AND ECONOMIC BARRIERS.STRATEGIES 3.1 PROMOTE EQUITABLE CARE, HEALTH EQUITY, HEALTH LITERACY, AND CULTURAL HUMILITY FOR PATIENTS ACROSS BIDMC AND BILH'S LICENSED AND/OR AFFILIATED HEALTH CENTERS, ESPECIALLY THOSE WHO FACE CULTURAL AND LINGUISTIC BARRIERS. 3.2 INCREASE ACCESS TO PRIMARY CARE AND SPECIALTY CARE SERVICES, INCLUDING OB/GYN AND MATERNAL CHILD HEALTH SERVICES.INITIATIVES TO ADDRESS THE PRIORITY - # OF BIDMC STAFF COMPLETING SOGI TRAINING (FY23: 2,135) - # OF UNDERREPRESENTED IN MEDICINE (URIM) CLINICIANS RECRUITED; % CHANGE OVER TIME (FY23: 38 URIM TRAINEES (RESIDENTS AND FELLOWS) MATCHED TO BIDMC AND 21 URIM FACULTY WERE RECRUITED) - # OF PATIENTS ASSISTED WITH INTERPRETER SERVICES (FY23: 53,442) - # OF INTERPRETER SERVICES PROVIDED (FY23: 298,022) - # OF LANGUAGES PROVIDED (FY23: 72) - # OF DEI TRAININGS (FY23: 8) - # OF SPECIALISTS AT CCA HEALTH CENTERS (FY23: 36) - # OF PATIENTS SEEN AT AFFILIATED FQHCS (FY23: 95,934) - # OF VISITS PROVIDED AT AFFILIATED FQHCS (FY23: 305,353) - # OF PATIENTS WITHOUT INSURANCE SERVED AT FQHC CCA HEALTH CENTERS (FY23: 5,977). - # OF PATIENTS ASSISTED WITH HEALTH-RELATED SOCIAL NEED (HRSN) - # OF PATIENTS PROVIDED WITH HOUSING SUPPORT (FY23: DATA NOT AVAILABLE) - # OF PATIENTS PROVIDED EMERGENCY FOOD OR GIFT CARDS (FY23: DATA NOT AVAILABLE) - # OF PATIENTS PROVIDED CLOTHING (FY23: DATA NOT AVAILABLE) - # OF EMPLOYEES WHO PARTICIPATED IN CAREER SUPPORT AND CAREER MOBILITY PROGRAMS: (FY23: 111) - # OF EMPLOYEES WHO WERE PROMOTED (FY23: DATA NOT AVAILABLE) - # OF PATIENTS SCREENED FOR ELIGIBILITY (FY23: 315,578) - # OF PATIENTS ENROLLED INTO ENTITLEMENT PROGRAMS (FY23: 31,251) - # OF PATIENTS ENROLLED IN MASSHEALTH (FY23: 15,703) - # OF PATIENTS ENROLLED IN HEALTH SAFETY NET (HSN): (FY23: 6,639) - # OF POLICIES REVIEWED AND SUPPORTED (FY23: BILH CONDUCTED DIRECT ADVOCACY FOR SIX POLICIES: AN ACT RELATIVE TO EMERGENCY RESPONSE AND PREPAREDNESS IN THE EVENT OF A SURGE IN PEDIATRIC OR ADULT HOSPITALIZATIONS, AN ACT EXPANDING COVERAGE OF DENTAL PROCEDURES, AN ACT ESTABLISHING A TASK FORCE TO STUDY THE SUSTAINABILITY OF EMERGENCY MEDICAL SERVICES, AN ACT RELATIVE TO PHARMACEUTICAL ACCESS, COSTS AND TRANSPARENCY, AN ACT RELATIVE TO REDUCING ADMINISTRATIVE BURDEN, AND AN ACT IMPROVING HEALTHCARE DELIVERY FOR UNDERSERVED RESIDENTS OF THE COMMONWEALTH) -AMOUNT OF FUNDING DEDICATED TO DISPARITIES RESEARCH (FY23: $4,860,470) - # OF PATIENTS ASSISTED WITH TRANSPORTATION (DATA NOT AVAILABLE) - # TAXI OR RIDE-SHARING VOUCHERS PROVIDED (FY23: 5,660)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). ANXIETY, CHRONIC STRESS, DEPRESSION, AND SOCIAL ISOLATION WERE LEADING TO COMMUNITY HEALTH CONCERNS. THE ASSESSMENT IDENTIFIED SPECIFIC CONCERNS ABOUT THE IMPACT OF MENTAL HEALTH ISSUES FOR YOUTH AND YOUNG ADULTS, THE MENTAL HEALTH IMPACTS OF RACISM, DISCRIMINATION, AND TRAUMA, AND SOCIAL ISOLATION AMONG OLDER ADULTS. THESE DIFFICULTIES WERE EXACERBATED BY COVID-19. IN ADDITION TO THE OVERALL BURDEN AND PREVALENCE OF MENTAL HEALTH ISSUES, RESIDENTS IDENTIFIED A NEED FOR MORE PROVIDERS AND TREATMENT OPTIONS, ESPECIALLY INPATIENT AND OUTPATIENT TREATMENT, CHILD PSYCHIATRISTS, PEER SUPPORT GROUPS, AND MENTAL HEALTH SERVICES. SUBSTANCE USE CONTINUED TO HAVE A MAJOR IMPACT ON THE CBSA; THE OPIOID EPIDEMIC CONTINUED TO BE AN AREA OF FOCUS AND CONCERN, AND THERE WAS RECOGNITION OF THE LINKS AND IMPACTS ON OTHER COMMUNITY HEALTH PRIORITIES, INCLUDING MENTAL HEALTH, HOUSING, AND HOMELESSNESS. INDIVIDUALS ENGAGED IN THE ASSESSMENT IDENTIFIED STIGMA AS A BARRIER TO TREATMENT AND REPORTED A NEED FOR PROGRAMS THAT ADDRESS COMMON CO-OCCURRING ISSUES (E.G., MENTAL HEALTH ISSUES, HOMELESSNESS).GOAL: PROMOTE SOCIAL AND EMOTIONAL WELLNESS BY FOSTERING RESILIENT COMMUNITIES AND BUILDING EQUITABLE, ACCESSIBLE, AND SUPPORTIVE SYSTEMS OF CARE TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE ISSUES AND CONDITIONS.STRATEGIES 1.1 SUPPORT AND IMPLEMENT EVIDENCE-BASED PROGRAMS THAT INCREASE ACCESS TO HIGH-QUALITY AND CULTURALLY AND LINGUISTICALLY APPROPRIATE MENTAL HEALTH AND SUBSTANCE USE SERVICES. 1.2 ADVOCATE FOR AND SUPPORT POLICIES AND PROGRAMS THAT ADDRESS MENTAL HEALTH AND SUBSTANCE USE. 1.3 IMPLEMENT TRAUMA-INFORMED CARE (TIC) PRINCIPLES AND OTHER PREVENTION STRATEGIES TO IMPROVE CARE FOR ALL, ESPECIALLY THOSE WITH A HISTORY OF ADVERSITY.INITIATIVES TO ADDRESS THE PRIORITY - INVESTMENTS IN COMMUNITY BEHAVIORAL HEALTH SERVICES THROUGH SCREENING, MONITORING, COUNSELING, NAVIGATION, AND TREATMENT - COMMUNITY-BASED PRIMARY AND SPECIALTY CARE

Form and Line Reference	Explanation
	(SUPPORT FOR LICENSED AND/OR AFFILIATED COMMUNITY HEALTH CENTERS) - SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT - INTEGRATIVE CARE MODEL - COLLABORATIVE CARE MODEL - OPIOID CARE COMMITTEE - THE DIMOCK CENTER SUBSTANCE USE CLINICAL STABILIZATION - EXPANSION OF TRAUMA-INFORMED CARE (TIC)- TRAINING ACROSS HOSPITAL METRICS AND STATUS UPDATES* BASED ON DATA COLLECTED BETWEEN JULY 1, 2021 AND SEPT 30, 2023 - *# OF BEHAVIORAL HEALTH PATIENTS REACHED (FY23: 748) - *# OF BEHAVIORAL HEALTH COUNSELING SESSIONS (FY23: 1,603) - *MENTAL HEALTH SYMPTOMS: (FY23: MORE THAN 3 OF EVERY 5 PARTICIPANTS EXPERIENCED IMPROVEMENT IN THEIR MENTAL HEALTH SYMPTOMS BETWEEN BASELINE AND ENDPOINT (61.9%).) USING PHQ-8; PHQ-9; PSYCHLOPS SCALE - *STIGMA (RECOVERY ASSESSMENT SCALE (RAS-DS): (FY23: ON AVERAGE, THERE WAS A STATISTICALLY SIGNIFICANT INCREASE IN PARTICIPANT CONFIDENCE AND SELF-EFFICACY RELATED TO MANAGING LIFE STRESSORS AND MENTAL HEALTH FROM BASELINE TO ENDPOINT. THE AVERAGE RAS-DS SCORE INCREASED FROM 2.9 AT BASELINE TO 3.2 AT ENDPOINT). - *GENERAL HELP-SEEKING QUESTIONNAIRE (GHSQ): (FY23: ON AVERAGE, PARTICIPANTS REPORTED A STATISTICALLY SIGNIFICANT INCREASE IN LIKELIHOOD OF SEEKING HELP AT ENDPOINT COMPARED TO BASELINE. THESE INCREASED LIKELIHOODS WERE STATISTICALLY SIGNIFICANT FOR EACH OF THE LISTED INDIVIDUALS, WITH THE EXCEPTION OF AN INTIMATE PARTNER). - *NEARLY HALF OF PARTICIPANTS IN A BEHAVIORAL HEALTH PROGRAM IDENTIFIED AS BLACK OR AFRICAN AMERICAN (45.7%) - ONE THIRD IDENTIFIED AS ASIAN (33.2%) - A SMALLER GROUP IDENTIFIED AS HISPANIC, LATINX, OR OF SPANISH DESCENT (13.3%). - MOST PARTICIPANTS IN THIS PRIORITY AREA SPOKE ENGLISH AS THEIR PRIMARY LANGUAGE (59.6%); ALMOST ONE THIRD NOTED THEIR PRIMARY LANGUAGE AS CHINESE (31.8%). - MOST BEHAVIORAL HEALTH PARTICIPANTS WERE MALE (61.6%) AND A THIRD WERE FEMALE (35.3%). - # OF INTEGRATED BEHAVIORAL HEALTH CONSULTATIONS PROVIDED IN BSHC PRIMARY CARE CLINIC (FY23: 399) - # OF PRACTICES USING THE COLLABORATIVE CARE/INTEGRATIVE CARE MODEL (FY23: 5)
COMMUNITY PARTNERS	BIDMC 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: - A BETTER CITY - ABOUT FRESH - ACEDONE - ACTION FOR BOSTON COMMUNITY DEVELOPMENT (ABCD) - ADCARE TREATMENT CENTER - AFRICAN BRIDGE NETWORK - AIDS ACTION COMMITTEE - AIDS SUPPORT GROUP OF CAPE COD - ALZHEIMER'S ASSOCIATION OF MA (WALTHAM) - AMERICA CANCER SOCIETY - AMERICAN CHINESE CHRISTIAN EDUCATION & SOCIAL SERVICES, INC. - ASIAN AMERICAN CIVIC ASSOCIATION - ASIAN COMMUNITY DEVELOPMENT CORPORATION - ATRIUS HEALTH - AUDUBON CIRCLE NEIGHBORHOOD - BAGLY, INC. - BAMSI, INC. - BETH ISRAEL DEACONESS HEALTHCARE - BLUE CROSS BLUE SHIELD OF MASSACHUSETTS - BOSTON AREA RAPE CRISIS CENTER (BARCC) - BOSTON CENTER FOR INDEPENDENT LIVING - BOSTON CHILDREN'S HOSPITAL - BOSTON COMPREHENSIVE TREATMENT CENTER - BOSTON CHINATOWN NEIGHBORHOOD CENTER - BOSTON COMPREHENSIVE TREATMENT CENTER - BOSTON ELDER SERVICES - BOSTON EMERGENCY MEDICAL SERVICES - BOSTON FIRE DEPARTMENT - BOSTON GREEN ACADEMY - BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM - BOSTON HOUSING AUTHORITY - BOSTON LIVING CENTER - BOSTON MEDICAL CENTER - BOSTON MEDFLIGHT - BOSTON POLICE DEPARTMENT - BOSTON PUBLIC HEALTH COMMISSION - BOSTON PUBLIC SCHOOLS - BOSTON UNIVERSITY LAW CLINIC - BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH - BOWDOIN GENEVA MAIN STREETS - BOWDOIN STREET HEALTH CENTER - BOYS AND GIRLS CLUB OF BOSTON - BRIDGE OVER TROUBLED WATERS - BRIGHAM AND WOMEN'S HOSPITAL - BRIGID'S HOUSE OF HOPE - BUNKER HILL COMMUNITY COLLEGE - CAMBRIDGE COMMUNITY LEARNING CENTER - CAMBRIDGE HEALTH ALLIANCE - CAPE VERDEAN ASSOCIATION OF BOSTON - CAPIC, INC. - CASA MYRNA - CATHOLIC CHARITIES BOSTON - CHARLES RIVER COMMUNITY HEALTH - CHELSEA BLACK COMMUNITY - CHELSEA COMMUNITY CONNECTIONS - CHINATOWN MAIN STREET - CHINATOWN RESIDENT ASSOCIATION - CIRCLE OF HOPE - CITY LIFE/VIDA URBANA - CITY OF BOSTON EMERGENCY MANAGEMENT OFFICE - CITY OF BOSTON'S GREEN RIBBON COMMISSION - COMMUNITY PARTNERS REFERENCE - CONFERENCE OF BOSTON TEACHING HOSPITALS (COBTH) - COMMUNITY RESEARCH INITIATIVE - COMMUNITY SERVINGS - COMMUNITY WORK SERVICES - CRADLES TO CRAYONS - DANA FARBER CANCER INSTITUTE - DEPARTMENT OF TRANSITIONAL ASSISTANCE - DIMOCK HEALTH CENTER - DORCHESTER CATHOLIC PARISHES - DORCHESTER FOOD CO-OP - ELLIE FUND - ENGLISH FOR NEW BOSTONIANS - EVERSOURCE - FAIR FOODS (BOSTON) - FAMILY NURTURING CENTER - FATHER BILL'S AND MAINSPRING - FATHERS' UPLIFT - FENWAY ALLIANCE - FENWAY CIVIC ASSOCIATION - FENWAY COMMUNITY CENTER - FENWAY COMMUNITY DEVELOPMENT CORPORATION - FENWAY HEALTH - FIRST SOURCE - FOOD FOR FREE - FOUND IN TRANSLATION - FRIENDS OF GENEVA CLIFFS - FRIENDS OF RONAN PARK - GLAAD - GREATER BOSTON CHINESE GOLDEN AGE CENTER - GREATER BOSTON EMPLOYMENT COLLABORATIVE - GREATER BOSTON FOOD BANK - GREATER BOSTON YMCA - GREATER BOWDOIN GENEVA NEIGHBORHOOD ASSOCIATION - GREATER FOUR CORNERS ACTION COALITION - GREENROOTS - HACK DIVERSITY - HARVARD MEDICAL SCHOOL - HEALTH CARE FOR ALL - HEALTH IMPERATIVES - HEALTH LAW ADVOCATES - HEALTHCARE WITHOUT HARM - HOSPITALITY HOMES - INTERNATIONAL INSTITUTE OF NEW ENGLAND - JANE DOE INC. - JASMINE GRACE OUTREACH - JEWISH COMMUNITY CENTER (JCC) OF GREATER BOSTON - JEWISH FAMILY AND CHILDREN'S SERVICES - JEWISH VOCATIONAL SERVICES - JOE ANDRUZZI CANCER FUND - JOSIAH QUINCY ELEMENTARY SCHOOL - JOSLIN DIABETES CENTER - JUST A START - JUSTICE RESOURCE INSTITUTE (JRI) IN BOSTON - LAALIANZAHISPANA - LA COLABORATIVA - LEUKEMIA & LYMPHOMA SOCIETY - LOUIS D. BROWN PEACE INSTITUTE - MADISON PARK TECHNICAL HIGH SCHOOL MA PROGRAM - MASS COLLEGE OF ART AND DESIGN (MASSART) - MASSACHUSETTS COMMISSION FOR THE DEAF AND HARD OF HEARING - MASSACHUSETTS DEPARTMENT OF CHILDREN AND FAMILIES - MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION (MASSDEP) - MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE - MASSACHUSETTS DEPARTMENT OF TRANSPORTATION (MASSDOT) - MASSACHUSETTS GENERAL HOSPITAL - MASS HIRE BOSTON - MASS HIRE DOWNTOWN - MASSACHUSETTS HEALTH INFORMATION HIGHWAY - MASSACHUSETTS HIV DRUG ASSISTANCE PROGRAM - MASSACHUSETTS IMMIGRANT AND REFUGEE ADVOCACY COALITION(MIRA) - MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MASSACHUSETTS INSURANCE COMMISSION - MASSACHUSETTS REHABILITATION COMMISSION - MASSACHUSETTS STATE POLICE - MEDICAL ACADEMIC AND SCIENTIFIC COMMUNITY ORGANIZATION (MASCO) - MEETINGHOUSE HILL CIVIC ASSOCIATION - METRO

Form and Line Reference	Explanation
	HOUSING|BOSTON - MILLENNIUM TRAINING INSTITUTE - MOUNT AUBURN HOSPITAL - NEW ENGLAND AIDS EDUCATION AND TRAINING CENTER - NEW ENGLAND LIFE FLIGHT INC. (DBA BOSTON MEDFLIGHT) - NORTHEASTERN UNIVERSITY - NORTH SHORE COMMUNITY COLLEGE - NUESTRA COMMUNIDAD DEVELOPMENT CORPORATION - OPERATION ABLE OF GREATER BOSTON - OPERATION P.E.A.C.E. - OPPORTUNITY COMMUNITIES - OUTER CAPE HEALTH SERVICES - PARTNERS FOR WORLD HEALTH - PEER HEALTH EXCHANGE (PHE) - PINE STREET INN - PINK REVOLUTION - POLITICAL ASYLUM AND IMMIGRANT'S RIGHTS (PAIR) PROJECT - PRACTICE GREEN HEALTH - PRIVATE INDUSTRY COUNCIL - PROJECT HOME AGAIN - RIA, INC. - RIVERSIDE COMMUNITY CARE - ROOM TO GROW - ROSE KENNEDY GREENWAY CONSERVANCY - ROXBURY COMMUNITY COLLEGE - ROXBURY TENANTS OF HARVARD - RYAN WHITE DENTAL PROGRAM - SCALE (SOMERVILLE PUBLIC SCHOOLS) - SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM - SEXUAL ASSAULT UNIT OF DISABLED PERSONS PROTECTION COMMISSION - SOCIEDAD LATINA - SOUTH COVE COMMUNITY HEALTH CENTER - SPORTSMEN TENNIS AND ENRICHMENT CENTER - STEPS TO SUCCESS - ST. PETER'S TEEN CENTER - THE FAMILY VAN - THE LATINO MEDICAL STUDENT ASSOCIATION - THE NEIGHBORHOOD DEVELOPERS - THE NETWORK/LA RED - THE PARTNERSHIP, INC. - THE STUDENT NATIONAL MEDICAL ASSOCIATION, NATIONAL AND NE CHAPTER - TRUSTEES OF RESERVATIONS - TUFTS MEDICAL CENTER - UNITED CEREBRAL PALSY - UP ACADEMY DORCHESTER SCHOOL - U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) - UNITED CEREBRAL PALSY OF METROBOSTON - VICTIM RIGHTS LAW CENTER - VICTORY PROGRAMS - VINFEN CORPORATION - VIRIDIAN APARTMENTS - WENTWORTH INSTITUTE OF TECHNOLOGY - WILMERHALELEGAL SERVICES (ALSO KNOWN AS THE LEGAL SERVICE CENTER) - WONDERFUND OF MASSACHUSETTS - WORK OPPORTUNITIES UNLIMITED - YMCA OF GREATER BOSTON - YMCA TRAINING, INC.
AS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE	H, BIDMC IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF ITS COMMUNITY. HOWEVER, IN RESPONSE TO SCHEDULE H, PART V, SECTION B, QUESTION 11, THERE WERE SOME NEEDS IDENTIFIED IN THE MOST RECENT CHNA THAT ARE NOT INCLUDED IN THE IS FISCAL PERIODS ENDING SEPTEMBER 30, 2023, SEPTEMBER 30, 2024 AND SEPTEMBER 30, 2025. EXAMPLES OF IDENTIFIED NEEDS THAT WILL NOT BE MET IN THESE YEARS ARE ADDRESSING THE DIGITAL DIVIDE (I.E., PROMOTING EQUITABLE ACCESS TO THE INTERNET) AND SUPPORTING EDUCATION ACROSS THE LIFESPAN. IN ADDITION, THERE WERE SOME NEEDS IDENTIFIED IN THE 2019 CHNA. IN THE FY 2023 - 2025 IS, WHICH WILL GUIDE THE BIDMC'S COMMUNITY BENEFITS ACTIVITIES THAT ARE NOT INCLUDED IN THE 2019 IS AND WHICH HAVE GUIDED THE BIDMC'S COMMUNITY BENEFITS ACTIVITIES FOR THE FISCAL PERIOD COVERED BY THIS FILING. WHILE THESE ISSUES ARE IMPORTANT, BIDMC'S CBAC AND SENIOR LEADERSHIP TEAM DECIDED THAT THESE ISSUES WERE OUTSIDE OF THE MEDICAL CENTER'S SPHERE OF INFLUENCE AND INVESTMENTS IN OTHER AREAS WERE BOTH MORE FEASIBLE AND LIKELY TO HAVE GREATER IMPACT. AS A RESULT, BIDMC RECOGNIZED THAT OTHER PUBLIC AND PRIVATE ORGANIZATIONS IN ITS CBSA, BOSTON, AND THE COMMONWEALTH WERE BETTER POSITIONED TO FOCUS ON THESE ISSUES. BIDMC REMAINS OPEN AND WILLING TO WORK WITH COMMUNITY RESIDENTS, OTHER HOSPITALS, AND OTHER PUBLIC AND PRIVATE PARTNERS TO ADDRESS THESE ISSUES, PARTICULARLY AS PART OF A BROAD, STRONG COLLABORATIVE. AS NOTED IN DETAIL ABOVE, THE BIDMC'S PRIMARY TOOL FOR ASSESSING THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND IS (SCHEDULE H PART VI QUESTION 2).
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, 10.33% OF BIDMC'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST. COMMUNITY BENEFITS - ANNUAL COMMUNITY BENEFITS REPORTAS PREVIOUSLY NOTED IN THIS FILING, BIDMC'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7). THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT HTTPS://WWW.BIDMC.ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-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 BENEFITS	CHARITY 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 $23,848,613 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A.AS PREVIOUSLY NOTED IN THIS FORM 990, BIDMC IS ONE OF ELEVEN 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 $73,152,852 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REPORTED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, FOR THE PERIOD COVERED BY THIS FILING, 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 CARE-MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, BIDMC ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM

Form and Line Reference	Explanation
	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 $75,119,938 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BIDMC FOR SUCH SERVICES BY $19,329,502 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. DURING THE FISCAL PERIOD COVERED BY THIS FILING, 12.9 % OR 121,854 OF BIDMC'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS. IN ADDITION. 46.5% OR 439,241 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 $535,288,657 RELATED TO TREATING MEDICARE PATIENTS. THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY $28,527,447. OF THESE AMOUNTS, REVENUE OF $6,281,625 IS RELATED TO THE PROVISION OF PSYCHIATRY INPATIENT CARE, CARE AT THE BOWDOIN STREET COMMUNITY HEALTH CENTER AND THE PROVISION OF URGENT CARE IN URGENT CARE CENTERS 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 $7,714,819. IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH BIDMC CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H. INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, BIDMC HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED. HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE 11.4%.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. COSTS FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF $10,435,175 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. (BILH) AND AFFILIATES FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023 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 JAQUES HOSPITAL (AJH), BETH ISRAEL LAHEY HEALTH PHARMACY, JOSLIN DIABETES CENTER AND THEIR AFFILIATES. THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP). FINALLY, EFFECTIVE JULY 1, 2023, BILH BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES, INC. (EHRI) AND THREE MONTHS OF EHRI'S ACTIVITY AS WELL AS THREE MONTHS OF EHRI'S AFFILIATES' ACTIVITY, INCLUDING EXETER HOSPITAL, ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF BILH AND AFFILIATES.
PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTS	THE SYSTEM'S PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE SYSTEM EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING MANAGED CARE PAYERS AND GOVERNMENT PROGRAMS), AND OTHERS AND INCLUDE AN ESTIMATE OF VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS, AND INVESTIGATIONS. GENERALLY, THE SYSTEM BILLS THE PATIENTS AND THIRD-PARTY PAYORS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DISCHARGED FROM THE SYSTEM'S FACILITY.EMERGENCY CARE ACCESSBETH ISRAEL DEACONESS MEDICAL CENTER IS A TERTIARY CARE LICENSED ACADEMIC MEDICAL CENTER, PROVIDING MEDICAL AND SURGICAL CARE, TEACHING AND RESEARCH AND AS NOTED ELSEWHERE IN THIS RETURN, PROVIDES 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. THE 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 POLICY-INTERNAL REVENUE CODE SECTION 501(R)(4)FINANCIAL ASSISTANCE POLICY PURPOSE BIDMC IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTHCARE 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

Form and Line Reference	Explanation
	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 AN AUTHORIZED BODY AS REQUIRED PURSUANT TO THE IRC SECTION 501(R) TREASURY REGULATIONS EFFECTIVE ON OR ABOUT AUGUST 15, 2020FINANCIAL ASSISTANCE POLICY-APPLYING 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 POLICY-ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE. (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13). IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3). FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM. OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP. (SCHEDULE H PART I QUESTIONS 3C).FINANCIAL ASSISTANCE-PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE.HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP). SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS.THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS. THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN. FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR. INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION.
FINANCIAL ASSISTANCE POLICY-TRANSLATIONS	THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY 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 1000 PERSONS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R). BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES: SPANISH, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE, VIETNAMESE, FRENCH, HAITIAN CREOLE, HINDI, ITALIAN, JAPANESE, CAPE VERDEAN, AND ARABIC. (SCHEDULE H PART V SECTION B QUESTION 16I)FINANCIAL ASSISTANCE POLICY-WIDELY PUBLICIZING AND AVAILABILITYCOPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CHARGE AND/OR ON THE HOSPITAL'S WEBSITE: (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) AT

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	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 OR DISCHARGE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G). FINANCIAL ASSISTANCE POLICY-PLAIN 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 RELATED DOCUMENTS	THE 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 CHARGES - INTERNAL REVENUE CODE SECTION 501(R)(5)	LIMITATION ON CHARGESAS REQUIRED BY IRC SECTION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASSISTANCE-ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE AMOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES. AMOUNTS GENERALLY BILLED - LOOK BACK METHODTHE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS FISCAL YEAR. CALCULATED AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE REGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SECTION 501(R)(5). (SCHEDULE H PART V SECTION B QUESTION 22). PATIENT REFUNDS FOR CHARGES IN EXCESS OF AMOUNTS GENERALLY BILLEDTHE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED $5.00. BILLING AND COLLECTIONS-501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE. IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS. (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19).APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS RESEARCHAS PREVIOUSLY NOTED IN THIS FORM 990, PART III, PART OF THE MEDICAL CENTER'S MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF OUR LOCAL AND EXTENDED COMMUNITIES. THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS AND TREATMENTS THAT IMPROVE THE QUALITY OF LIFE.THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP TIER OF INDEPENDENT HOSPITALS IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING. THE MEDICAL CENTER SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACT THE LIVES OF OUR PATIENTS AND IMPROVE THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,220 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,500 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 280 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY. THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS, VACCINE DEVELOPMENT AND VIROLOGY, INFECTION CONTROL AND 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

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	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 INFLAMMATION O CARDIOVASCULAR MEDICINE O CENTER FOR VASCULAR BIOLOGY RESEARCH O CENTER FOR VIROLOGY AND VACCINE RESEARCH O CLINICAL INFORMATICS O CLINICAL NUTRITION O ENDOCRINOLOGY O EXPERIMENTAL MEDICINE O GASTROENTEROLOGY O GENERAL MEDICINE AND PRIMARY CARE O GENETICS O GERONTOLOGY O HEMATOLOGY AND ONCOLOGY O HEMOSTASIS AND THROMBOSIS O IMMUNOLOGY O INFECTIOUS DISEASE O INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGY O MOLECULAR AND VASCULAR MEDICINE O NEPHROLOGY O PULMONOLOGY O RHEUMATOLOGY O SIGNAL TRANSDUCTION O TRANSLATIONAL RESEARCH O TRANSPLANT IMMUNOLOGY - NEONATOLOGY - NEUROLOGY - OBSTETRICS AND GYNECOLOGY - ORTHOPAEDIC SURGERY - PATHOLOGY - PSYCHIATRY - RADIOLOGY - SURGERY O CARDIAC SURGERYO CENTER FOR MINIMALLY INVASIVE SURGERYO NEUROSURGERYO PLASTIC AND RECONSTRUCTIVE SURGERYO VASCULAR SURGERY-TRANSPLANT INSTITUTEDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED $82,645,170 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 3.19% OF THE MEDICAL CENTER'S TOTAL EXPENSES. ADDITIONALLY, THE MEDICAL CENTER REPORTED $ 237,364,019 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.RESEARCH ENGAGED IN AT THE MEDICAL CENTERTHE REAL CORNERSTONES OF THE MEDICAL CENTER'S SUCCESS CAN BE DESCRIBED IN THREE KEY WORDS: INNOVATION, CULTIVATION, AND TRANSFORMATION. BEGINNING WITH SUPPORT OF BOLD AND INNOVATIVE IDEAS, EXTENDING TO CULTIVATION AND NURTURING OF PROMISING YOUNG SCIENTISTS, AND CULMINATING IN THE TRANSFORMATION OF NOVEL DISCOVERIES INTO THERAPIES AND DIAGNOSTICS, THE MEDICAL CENTER'S RESEARCH PROGRAM HAS EMERGED AS A UNIQUE AND SUCCESSFUL MODEL FOR TODAY'S RAPIDLY CHANGING HEALTH CARE LANDSCAPE.EXAMPLES OF THE RESEARCH ENGAGED IN AT BIDMCBELOW IS INFORMATION RELATED TO JUST A HANDFUL OF THE CUTTING-EDGE RESEARCH STUDIES AND PRINCIPAL INVESTIGATORS AT THE MEDICAL CENTER. THE DETAIL BELOW IS DESIGNED TO PROVIDE THE READER WITH A TASTE OF THE MANY CONTRIBUTIONS THE MEDICAL CENTER IS MAKING TO PATIENT CARE TODAY AND TOMORROW. EXPENSES FROM THE RESEARCH ACTIVITIES NOTED BELOW ARE INCLUDED IN FORM 990 SCHEDULE H, PART I LINE 7H COLUMN C AND MAY OR MAY NOT BE QUANTIFIED IN FORM 990 SCHEDULE H, PART I, LINE 7H COLUMN E, DEPENDING ON FUNDING SOURCE. DETAIL ON RESEARCH EFFORTS WHICH WERE UNDERTAKEN AT BIDMC DURING THE FISCAL PERIOD COVERED BY THIS FILING ARE BELOW. 1. A POTENTIAL NEW WEAPON IN THE WAR AGAINST SUPERBUGS"THE END OF MODERN MEDICINE AS WE KNOW IT." THAT'S HOW THE THEN-DIRECTOR GENERAL OF THE WORLD HEALTH ORGANIZATION CHARACTERIZED THE CREEPING PROBLEM OF ANTIMICROBIAL RESISTANCE IN 2012. WITHOUT ANTIBIOTICS TO MANAGE COMMON BACTERIAL INFECTIONS, SMALL INJURIES AND MINOR INFECTIONS BECOME POTENTIALLY FATAL ENCOUNTERS. IN 2019, MORE THAN 2.8 MILLION ANTIMICROBIAL-RESISTANT INFECTIONS OCCURRED IN THE UNITED STATES, AND MORE THAN 35,000 PEOPLE DIED AS A RESULT, ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). A REPORT FROM THE UNITED NATIONS ISSUED EARLIER THIS YEAR WARNED THAT NUMBER COULD RISE TO TEN MILLION GLOBAL DEATHS ANNUALLY IF NOTHING IS DONE TO COMBAT ANTIMICROBIAL RESISTANCE.
FOR NEARLY 25 YEARS, JAMES KIRBY, MD, DIRECTOR OF	THE CLINICAL MICROBIOLOGY LABORATORY AT BIDMC, HAS WORKED TO ADVANCE THE FIGHT AGAINST INFECTIOUS DISEASES BY FINDING AND DEVELOPING NEW, POTENT ANTIMICROBIALS, AND BY BETTER UNDERSTANDING HOW DISEASE-CAUSING BACTERIA MAKE US SICK. IN A RECENT PAPER PUBLISHED IN PLOS BIOLOGY, KIRBY AND COLLEAGUES INVESTIGATED A NATURALLY OCCURRING ANTIMICROBIAL AGENT DISCOVERED MORE THAN 80 YEARS AGO. USING LEADING-EDGE TECHNOLOGY, KIRBY'S TEAM DEMONSTRATED THAT CHEMICAL VARIANTS OF THE ANTIBIOTIC, CALLED STREPTOTHRICINS, SHOWED POTENCY AGAINST SEVERAL CONTEMPORARY DRUG-RESISTANT STRAINS OF BACTERIA. WHAT'S MORE, THEY SHOWED THE ANTIBIOTIC HAD A THERAPEUTIC EFFECT IN AN ANIMAL MODEL AT NON-TOXIC CONCENTRATIONS."A SINGLE DOSE CLEARED THIS ORGANISM FROM AN INFECTED ANIMAL MODEL WHILE AVOIDING ANY TOXICITY," KIRBY SAID. "IT WAS REALLY REMARKABLE." THE RESEARCHERS ALSO REVEALED THE UNIQUE MECHANISM BY WHICH STREPTOTHRICIN FIGHTS OFF BACTERIAL INFECTIONS. "WE SHOWED THAT NOURSEOTHRICIN ACTS IN A COMPLETELY NEW WAY COMPARED TO ANY OTHER TYPE OF ANTIBIOTIC, BY INHIBITING THE ABILITY OF THE ORGANISM TO PRODUCE PROTEINS IN A VERY SNEAKY WAY," KIRBY EXPLAINED. "WHEN A CELL MAKES PROTEINS, IT MAKES THEM OFF A BLUEPRINT THAT TELLS THE CELL WHAT AMINO ACIDS TO LINK TOGETHER TO BUILD THE PROTEIN. OUR STUDY HELPS EXPLAIN HOW THIS ANTIBIOTIC CONFUSES THE MACHINERY SO THAT THE MESSAGE IS READ INCORRECTLY, AND IT STARTS TO PUT TOGETHER GIBBERISH. ESSENTIALLY THE BACTERIAL CELL GETS POISONED BECAUSE IT'S PRODUCING JUNK."STREPTOTHRICIN'S UNIQUE ACTION IS VERY POWERFUL BECAUSE IT MEANS BACTERIA ARE CURRENTLY HELPLESS AGAINST IT; THAT IS, THERE'S NO ENVIRONMENTAL RESERVOIR OF POTENTIAL RESISTANCE MECHANISMS, KIRBY SAID. THAT GIVES HUMANITY MORE TIME BEFORE PATHOGENS EVOLVE DEFENSE MECHANISMS AGAINST THIS BRAND-NEW CLASS OF ANTIBIOTIC."WE'RE STILL IN THE VERY EARLY STAGES OF DEVELOPMENT, BUT I THINK WE'VE VALIDATED THAT THIS IS A COMPOUND THAT'S WORTH INVESTING IN FURTHER STUDIES TO FIND EVEN BETTER VARIANTS THAT

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	EVENTUALLY WILL MEET THE PROPERTIES OF A HUMAN THERAPEUTIC," KIRBY SAID. JANUARY 20, 20202. SEVERE COVID-19 LINKED WITH MOLECULAR SIGNATURES OF BRAIN AGING, RESEARCHERS FINDSCIENTISTS AT BIDMC FOUND THAT GENE USAGE IN THE BRAINS OF PATIENTS WITH COVID-19 IS SIMILAR TO THOSE OBSERVED IN AGING BRAINS. USING A MOLECULAR PROFILING TECHNIQUE CALLED RNA SEQUENCING TO MEASURE THE LEVELS OF EVERY GENE EXPRESSED IN A PARTICULAR TISSUE SAMPLE, THE SCIENTISTS ASSESSED CHANGES IN GENE EXPRESSION PROFILES IN THE BRAINS OF COVID-19 PATIENTS AND COMPARED THEM TO THOSE CHANGES OBSERVED IN THE BRAINS OF UNINFECTED INDIVIDUALS. THE TEAM'S ANALYSIS, PUBLISHED IN NATURE AGING, SUGGESTED THAT MANY BIOLOGICAL PATHWAYS THAT CHANGE WITH NATURAL AGING IN THE BRAIN ALSO CHANGED IN PATIENTS WITH SEVERE COVID-19.CO-FIRST AND CO-CORRESPONDING AUTHOR MARIA MAVRIKAKI, PHD, AN INSTRUCTOR OF PATHOLOGY AT BIDMC, AND COLLEAGUES ANALYZED A TOTAL OF 54 POSTMORTEM HUMAN FRONTAL CORTEX TISSUE SAMPLES FROM ADULTS 22 TO 85 YEARS OLD. "WE OBSERVED THAT GENE EXPRESSION IN THE BRAIN TISSUE OF PATIENTS WHO DIED OF COVID-19 CLOSELY RESEMBLED THAT OF UNINFECTED INDIVIDUALS 71 YEARS OLD OR OLDER," SAID CO-FIRST AUTHOR JONATHAN LEE, PHD, A POSTDOCTORAL RESEARCH FELLOW AT BIDMC."GIVEN THESE FINDINGS, WE ADVOCATE FOR NEUROLOGICAL FOLLOW-UP OF RECOVERED COVID-19 PATIENTS," SAID SENIOR AND CO-CORRESPONDING AUTHOR FRANK SLACK, PHD, DIRECTOR OF THE INSTITUTE FOR RNA MEDICINE AT BIDMC AND THE SHIELDS WARREN MALLINCKRODT PROFESSOR OF MEDICAL RESEARCH AT HARVARD MEDICAL SCHOOL. "WE ALSO EMPHASIZE THE POTENTIAL CLINICAL VALUE IN MODIFYING THE FACTORS ASSOCIATED WITH THE RISK OF DEMENTIA - SUCH AS CONTROLLING WEIGHT AND REDUCING EXCESSIVE ALCOHOL CONSUMPTION - TO REDUCE THE RISK OR DELAY THE DEVELOPMENT OF AGING-RELATED NEUROLOGICAL PATHOLOGIES AND COGNITIVE DECLINE."BETTER UNDERSTANDING OF THE MOLECULAR MECHANISMS UNDERLYING BRAIN AGING AND COGNITIVE DECLINE IN COVID-19 COULD LEAD TO THE DEVELOPMENT OF NOVEL THERAPEUTICS TO ADDRESS COGNITIVE DECLINE OBSERVED IN COVID-19 PATIENTS. THE TEAM IS NOW TRYING TO UNDERSTAND WHAT DRIVES THE AGING-LIKE EFFECTS IN THE BRAINS OF COVID-19 PATIENTS.3.. RESEARCH SUGGESTS POLITICAL EVENTS IMPACT SLEEP: STUDY FINDS ASSOCIATION BETWEEN ELECTIONS AND SLEEP, ALCOHOL CONSUMPTION AND OVERALL PUBLIC MOODIN A PAPER PUBLISHED IN THE NATIONAL SLEEP FOUNDATION'S JOURNAL SLEEP HEALTH, RESEARCHERS AT BIDMC SHOWED THAT MAJOR SOCIOPOLITICAL EVENTS CAN HAVE GLOBAL IMPACTS ON SLEEP THAT ARE ASSOCIATED WITH SIGNIFICANT FLUCTUATIONS IN THE PUBLIC'S COLLECTIVE MOOD, WELL-BEING, AND ALCOHOL CONSUMPTION. AS PART OF A LARGER STUDY EXPLORING THE SLEEP AND PSYCHOLOGICAL REPERCUSSIONS OF THE COVID-19 PANDEMIC, THE TEAM SURVEYED 437 PARTICIPANTS IN THE UNITED STATES AND 106 INTERNATIONAL PARTICIPANTS DAILY BETWEEN OCTOBER 113, 2020 (BEFORE THE ELECTION) AND OCTOBER 30NOVEMBER 12, 2020 (DAYS SURROUNDING THE NOVEMBER 3 U.S. ELECTION). WITH REGARD TO SLEEP, BOTH U.S. AND NON-U.S. PARTICIPANTS REPORTED LOSING SLEEP IN THE RUN-UP TO THE ELECTION; HOWEVER, U.S. RESPONDENTS HAD SIGNIFICANTLY LESS TIME IN BED IN THE DAYS AROUND THE ELECTION. ON ELECTION NIGHT ITSELF, U.S. PARTICIPANTS REPORTED WAKING UP FREQUENTLY DURING THE NIGHT AND EXPERIENCING POORER SLEEP EFFICIENCY.U.S. PARTICIPANTS WHO EVER REPORTED DRINKING ALCOHOL SIGNIFICANTLY INCREASED CONSUMPTION ON THREE DAYS DURING THE ASSESSMENT PERIOD: HALLOWEEN, ELECTION DAY AND THE DAY THE ELECTION WAS CALLED BY MORE MEDIA OUTLETS, SATURDAY, NOVEMBER 7. AMONG NON-U.S. PARTICIPANTS, THERE WAS NO CHANGE IN ALCOHOL CONSUMPTION OVER THE NOVEMBER ASSESSMENT PERIOD.WHEN THE SCIENTISTS LOOKED AT HOW THESE CHANGES IN BEHAVIOR MAY HAVE AFFECTED MOOD AND WELL-BEING OF U.S PARTICIPANTS, THEY FOUND SIGNIFICANT LINKS BETWEEN SLEEP AND DRINKING, STRESS, NEGATIVE MOOD, AND DEPRESSION."THIS IS THE FIRST STUDY TO FIND THAT THERE IS A RELATIONSHIP BETWEEN THE PREVIOUSLY REPORTED CHANGES IN ELECTION DAY PUBLIC MOOD AND SLEEP THE NIGHT OF THE ELECTION," SAID CORRESPONDING AUTHOR TONY CUNNINGHAM, PHD, DIRECTOR OF THE CENTER FOR SLEEP AND COGNITION AT BIDMC. "MOREOVER, IT IS NOT JUST THAT ELECTIONS MAY INFLUENCE SLEEP, BUT EVIDENCE SUGGESTS THAT SLEEP MAY INFLUENCE CIVIC ENGAGEMENT AND PARTICIPATION IN ELECTIONS AS WELL. THUS, IF THE RELATIONSHIP BETWEEN SLEEP AND ELECTIONS IS ALSO BIDIRECTIONAL, IT WILL BE IMPORTANT FOR FUTURE RESEARCH TO DETERMINE HOW PUBLIC MOOD AND STRESS EFFECTS ON SLEEP LEADING UP TO AN ELECTION MAY EFFECT OR EVEN ALTER ITS OUTCOME."4. TARGETED CARE REVERSES RACIAL/ETHNIC HEALTH DISPARITIES IN COLON CANCER SCREENING, RESEARCHERS FINDIN A RETROSPECTIVE REVIEW OF PATIENTS WHO HAD A RECENT PRIMARY CARE VISIT IN A WELL-RESOURCED SAFETY-NET HEALTH SYSTEM SERVING A DIVERSE POPULATION, A TEAM LED BY RESEARCHERS AT BIDMC AIMED TO BETTER DEFINE THE LINKS BETWEEN PATIENTS' SOCIO-DEMOGRAPHIC CHARACTERISTICS AND COLORECTAL SCREENING. EVALUATING SELF-REPORTED FACTORS INCLUDING RACE, ETHNICITY, PREFERRED LANGUAGE, MENTAL HEALTH AND SUBSTANCE USE STATUS, THE TEAM'S MORE GRANULAR ASSESSMENT PROVIDED FINDINGS THAT CONTRADICT TRADITIONAL U.S. HEALTHCARE DISPARITIES, WITH HISPANIC AND SPANISH-SPEAKING PATIENTS SCREENING AT SIGNIFICANTLY HIGHER RATES THAN WHITE AND ENGLISH-SPEAKING PATIENTS. THE COUNTERINTUITIVE FINDINGS, PUBLISHED IN PREVENTIVE MEDICINE, DEMONSTRATE THAT A HEALTHCARE SYSTEM DESIGNED TO PROVIDE EQUAL ACCESS TO SCREENING FOR UNDERSERVED PATIENTS CAN ADDRESS THE DISPARITIES COMMONLY SEEN IN CANCER SCREENING."INVESTMENT INTO A MULTICULTURAL WORKFORCE AND OUTREACH EFFORTS TO UNDERSERVED PATIENTS MAY COUNTERACT SOME OF THE IMPLICIT OR EXPLICIT BIASES SEEN ON HEALTH SYSTEMS THAT HAVE LED TO TRADITIONAL RACIAL/ETHNIC DISPARITIES," SAID SENIOR AUTHOR HEIDI J. RAYALA, MD, PHD, UROLOGIST AT BIDMC. "OUR STUDY SHOWED DIFFERENCES IN ODDS OF SUCCESSFUL SCREENING BASED ON SUB-SECTIONS OF TRADITIONALLY DEFINED ETHNICITIES SUCH AS BREAKING DOWN "HISPANIC" INTO MORE SPECIFIC CULTURES AND BACKGROUNDS AND THAT SUGGESTS THAT FUTURE RESEARCH SHOULD FOCUS ON BETTER UNDERSTANDING INDIVIDUAL CULTURES AND COMMUNITIES, RATHER THAN LUMPING PATIENTS INTO OVERLY LARGE GROUPS."RAYALA AND COLLEAGUES LOOKED AT DE-IDENTIFIED RECORDS OF MORE THAN 22,000 PATIENTS BETWEEN 50- AND 75-YEARS OLD WHO SAW A PRIMARY CARE PHYSICIAN AT CAMBRIDGE HEALTH ALLIANCE (CHA) IN 2018 TO 2019. OF THE 22,000 PATIENTS INCLUDED IN THE STUDY, 16,065 UNDERWENT COLORECTAL SCREENING, AN OVERALL SCREENING RATE OF 73 PERCENT--ON PAR WITH MASSACHUSETTS' OVERALL COLORECTAL SCREENING RATES. HOWEVER, MASSACHUSETTS' NUMBERS REFLECT NATIONAL RACIAL AND ETHNIC DISPARITIES, IN WHICH PEOPLE OF COLOR DO NOT GET SCREENED AS OFTEN AS WHITE PEOPLE, SHOWING A SCREENING RATE OF 56 PERCENT OF HISPANIC INDIVIDUALS AND 68 PERCENT OF BLACK INDIVIDUALS COMPARED TO 76

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	PERCENT FOR WHITE INDIVIDUALS.
IN CONTRAST, AT CHA, HISPANICS HAD THE HIGHEST SCREENING RATES	OF 78 PERCENT. RAYALA AND COLLEAGUES FURTHER BROKE OUT PARTICIPANTS BY MORE GRANULAR DEMOGRAPHIC FACTORS, FINDING THE ETHNICITY OF PORTUGUESE/AZOREAN RECEIVED SCREENING AT 79 PERCENT. SPANISH SPEAKERS IN GENERAL HAD THE HIGHEST SCREENING RATE OF NEARLY 80 PERCENT.5. PATIENTS OVERWHELMINGLY PREFER IMMEDIATE ACCESS TO TEST RESULTS, EVEN WHEN THE NEWS MAY NOT BE GOODIN APRIL 2021, NEW FEDERAL RULES WENT INTO EFFECT MANDATING THAT HEALTHCARE PROVIDERS MAKE NEARLY ALL TEST RESULTS AND CLINICAL NOTES IMMEDIATELY AVAILABLE TO PATIENTS. EVIDENCE SUGGESTS THAT PATIENTS MAY GAIN IMPORTANT CLINICAL BENEFITS BY REVIEWING THEIR MEDICAL RECORDS, AND ACCESS THROUGH ELECTRONIC PATIENT PORTALS HAS BEEN ADVOCATED AS A STRATEGY FOR EMPOWERING PATIENTS TO MANAGE THEIR HEALTH CARE AND FOR STRENGTHENING PATIENT-CLINICIAN RELATIONSHIPS. HOWEVER, CONCERNS REMAIN ABOUT THE EFFECTS OF RELEASING TEST RESULTS TO PATIENTS BEFORE CLINICIANS OFFER COUNSEL OR INTERPRETATION.IN A FIRST-OF-ITS-KIND MULTISITE SURVEY OF MORE THAN 8,000 PATIENTS WHO ACCESSED THEIR TEST RESULTS VIA AN ONLINE PATIENT PORTAL ACCOUNT, RESEARCHERS AT BIDMC AND COLLEAGUES FOUND THAT USERS OVERWHELMINGLY SUPPORTED RECEIVING THE RESULTS IMMEDIATELY, EVEN IF THEIR PROVIDER HAD NOT YET REVIEWED THEM. THE FINDINGS, PUBLISHED IN JAMA NETWORK OPEN, SHOWED ONLY A SMALL SUBSET OF PATIENTS REPORTED EXPERIENCING ADDITIONAL WORRY AFTER RECEIVING ABNORMAL TEST RESULTS. IN ADDITION, PRE-COUNSELING BY THE HEALTH CARE TEAM BEFORE TESTS WERE ORDERED WAS LINKED TO REDUCED WORRY AMONG PATIENTS WITH ABNORMAL RESULTS."ONLINE PATIENT PORTALS HAVE EMERGED AS IMPORTANT TOOLS FOR INCREASING PATIENT ENGAGEMENT," SAID CO-SENIOR AUTHOR CATHERINE M. DESROCHES, DRPH, EXECUTIVE DIRECTOR OF OPENNOTES, THE INTERNATIONAL MOVEMENT BASED AT BIDMC FOCUSED ON INCREASING INFORMATION TRANSPARENCY IN HEALTHCARE. "THEY ENABLE PATIENTS TO ACCESS INFORMATION, PARTICIPATE IN MEDICAL DECISION-MAKING AND TO COMMUNICATE WITH CLINICIANS. PRIOR STUDIES PERFORMED BY OPENNOTES INVESTIGATORS ESTABLISHED IMMEDIATE RELEASE OF CLINICAL NOTES AS A RECOMMENDED BEST PRACTICE. HOWEVER, RELEASING TEST RESULTS TO PATIENTS IMMEDIATELY, OFTEN BEFORE A CLINICIAN CAN PROVIDE COUNSELLING AND CONTEXT, WAS YET TO BE STUDIED WIDELY."TO ASSESS PATIENT AND CAREGIVER ATTITUDES AND PREFERENCES RELATED TO RECEIVING TEST RESULTS THROUGH THE PATIENT PORTAL, DESROCHES AND COLLEAGUES DELIVERED SURVEYS TO MORE THAN 43,000 PATIENTS AND CARE PARTNERS WHO ACCESSED THEIR TEST RESULTS VIA AN ONLINE PATIENT PORTAL ACCOUNT BETWEEN APRIL 2021 AND APRIL 2022. WHEN ASKED ABOUT THEIR PREFERENCES FOR CONTACTS ABOUT FUTURE TEST RESULTS, 90 PERCENT OF RESPONDENTS WITH NORMAL RESULTS INDICATED THEY WOULD PREFER RECEIVING THEIR RESULT VIA THE PATIENT PORTAL. THE SURVEY RESULTS SUGGEST THAT PATIENTS RECEIVING NOT NORMAL RESULTS ARE INDEED AT INCREASED RISK FOR WORRY. NEVERTHELESS, MORE THAN 95 PERCENT OF PARTICIPANTS WHO RECEIVED ABNORMAL TEST RESULTS REPORTED PREFERRING TO CONTINUE TO RECEIVE IMMEDIATELY RELEASED RESULTS THROUGH THE PORTAL."RESPONDENTS OVERWHELMINGLY PREFERRED TO RECEIVE TEST RESULTS THROUGH THE PATIENT PORTAL, EVEN IF IT MEANT VIEWING RESULTS PRIOR TO DISCUSSING THEM WITH A HEALTHCARE PROFESSIONAL," SAID CO-AUTHOR LIZ SALMI, COMMUNICATIONS AND PATIENT INITIATIVES DIRECTOR OF OPENNOTES AT BIDMC. "AS HEALTHCARE SYSTEMS CONTINUE TO NAVIGATE THIS NEW ERA OF HEALTH INFORMATION TRANSPARENCY, BALANCING PATIENTS' EXPECTATION OF IMMEDIATE ACCESS TO THEIR INFORMATION WITH THE NEED TO MANAGE INCREASED WORRY IS IMPORTANT."6. SHARP RISE IN CARDIOVASCULAR RISK FACTORS AMONG YOUNG ADULTS FORESHADOWS PUBLIC HEALTH CRISISIN A STUDY PUBLISHED IN JAMA AND PRESENTED AT THE AMERICAN COLLEGE OF CARDIOLOGY SCIENTIFIC SESSIONS, RESEARCHERS AT BIDMC ANALYZED MORE THAN A DECADE'S WORTH OF DATA TO EXAMINE RATES OF CARDIOVASCULAR RISK FACTORS - SUCH AS HIGH BLOOD PRESSURE, DIABETES, OBESITY AND SMOKING - AMONG US ADULTS FROM 2009 TO MARCH 2020. THE RESEARCHERS OBSERVED A RISE IN HYPERTENSION AND SIGNIFICANT INCREASES IN DIABETES AND OBESITY RATES AMONG YOUNG ADULTS, WITH NO SIGNIFICANT IMPROVEMENT IN CONTROL OF BLOOD PRESSURE OR BLOOD SUGAR. THE SCIENTISTS ALSO OBSERVED SUBSTANTIAL VARIATION IN THESE TRENDS BY RACE AND ETHNICITY."THE ONSET OF CARDIOVASCULAR RISK FACTORS EARLY IN LIFE IS ASSOCIATED WITH A HIGHER RISK OF HEART DISEASE AND ACUTE EVENTS, SUCH AS HEART ATTACK AND STROKE, RESULTING IN THE SUBSTANTIAL LOSS OF QUALITY OF LIFE AND YEARS OF LIFE," SAID CORRESPONDING AUTHOR RISHI K. WADHERA, MD, MPP, MPHIL, SECTION HEAD OF HEALTH POLICY AND EQUITY AT THE SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY AT BIDMC. "THEREFORE, THE SUBSTANTIAL RISE IN THE BURDEN OF CARDIOVASCULAR RISK FACTORS AMONG YOUNG ADULTS WILL HAVE MAJOR PUBLIC HEALTH IMPLICATIONS AS THE POPULATION AGES."WADHERA AND COLLEAGUES OBSERVED THAT THE PREVALENCE OF HYPERTENSION INCREASED AND SAW STATISTICALLY SIGNIFICANT INCREASES IN RATES OF DIABETES AND OBESITY DURING THE STUDY PERIOD. THE PERCENTAGE OF YOUNG ADULTS WITH A SMOKING HISTORY WAS HIGH AND DID NOT CHANGE. IN CONTRAST, RATES OF HIGH CHOLESTEROL DECLINED, A DECREASE THE SCIENTISTS SUGGEST REFLECTS GOVERNMENT REGULATION OF THE USE OF TRANS FATTY ACIDS AND OTHER PARTIALLY HYDROGENATED OILS IN PACKAGED CONVENIENCE FOODS AND FAST-FOOD RESTAURANTS.THE RESEARCHERS FOUND SUBSTANTIAL VARIATION IN PREVALENCE OF RISK FACTORS BY RACE AND ETHNICITY. OBESITY SIGNIFICANTLY INCREASED ACROSS ALL RACIAL AND ETHNIC GROUPS EXCEPT BLACK ADULTS. WHILE RATES OF HYPERTENSION INCREASED AMONG MEXICAN AMERICANS AND OTHER HISPANIC ADULTS, BLACK ADULTS EXPERIENCED THE HIGHEST RATES OF HYPERTENSION.THE RESEARCHERS ALSO EXAMINED CARDIOVASCULAR RISK FACTOR TREATMENT AND CONTROL RATES AMONG YOUNG ADULTS. ONLY ABOUT 55 PERCENT OF YOUNG ADULTS WITH HIGH BLOOD PRESSURE RECEIVE TREATMENT FOR THE CONDITION. RATES OF DIABETES TREATMENT WERE ALSO LOW, WITH ONE OUT OF TWO YOUNG ADULTS ON THERAPY FOR THEIR DIABETES. NEARLY HALF OF YOUNG ADULTS ON TREATMENT FOR DIABETES HAD POOR BLOOD SUGAR CONTROL."THE SUBOPTIMAL TREATMENT RATES FOR HIGH BLOOD PRESSURE AND DIABETES ARE CONCERNING AND MAY BE BECAUSE MANY YOUNG ADULTS AREN'T AWARE OF THEIR DIAGNOSIS," SAID WADHERA. "THE RISE IN CARDIOVASCULAR RISK FACTORS THAT WE OBSERVED SHOULD BE A CALL-TO-ACTION TO INTENSIFY PUBLIC HEALTH AND CLINICAL INTERVENTIONS FOCUSED ON THE PREVENTION AND TREATMENT OF CARDIOVASCULAR RISK FACTORS IN YOUNG ADULTS."7. COSTS OF NATURAL DISASTERS SET TO SPIRAL WITH CONTINUED RISE IN CO2 AND GLOBAL TEMPERATURE, STUDY SHOWSIN A PAPER PUBLISHED IN THE JOURNAL OF CLIMATE CHANGE AND HEALTH, MEMBERS OF THE BIDMC FELLOWSHIP IN DISASTER MEDICINE ESTIMATED

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	THAT CLIMATE CHANGE-RELATED NATURAL DISASTERS HAVE INCREASED SINCE 1980 AND HAVE ALREADY COST THE UNITED STATES MORE THAN $2 TRILLION IN RECOVERY COSTS. THEIR ANALYSIS ALSO SUGGESTS THAT AS ATMOSPHERIC CARBON DIOXIDE LEVELS AND THE GLOBAL TEMPERATURE CONTINUE TO RISE, THE FREQUENCY AND SEVERITY OF DISASTERS WILL INCREASE, WITH RECOVERY COSTS POTENTIALLY RISING EXPONENTIALLY."THE UNITED STATES SPENDS A STAGGERING AMOUNT ON COSTS SECONDARY TO NATURAL DISASTERS," SAID SENIOR AUTHOR GREGORY CIOTTONE, MD, DIRECTOR OF THE DISASTER MEDICINE FELLOWSHIP AT BIDMC. "CARBON DIOXIDE LEVELS AND TEMPERATURES HAVE INCREASED OVER THE PAST FOUR DECADES AND ARE STRONGLY POSITIVELY CORRELATED WITH THE NUMBER AND COST OF BILLION-DOLLAR DISASTERS, SUGGESTING THE ANNUAL NUMBER OF EVENTS WILL CONTINUE TO INCREASE ALONG WITH THEIR ECONOMIC BURDEN. MEASURES ARE NEEDED TO MITIGATE THOSE COSTS."TO ASSESS THE RELATIONSHIP BETWEEN RISING CARBON DIOXIDE LEVELS, TEMPERATURES AND THE NUMBER OF DISASTERS COSTING A BILLION DOLLARS OR MORE IN THE UNITED STATES, CIOTTONE AND COLLEAGUES ANALYZED DATA BETWEEN 1980-2021 FROM THE NATIONAL CENTER FOR ENVIRONMENTAL INFORMATION (NCEI). THE TEAM FOUND THAT THE INCREASES IN ATMOSPHERIC CARBON DIOXIDE LEVELS AND TEMPERATURE - TIGHTLY LINKED TO EACH OTHER - WERE ASSOCIATED WITH INCREASING NUMBERS OF EVENTS PER YEAR, AS WELL AS FATALITIES. AFTER ADJUSTING DOLLAR VALUES FOR INFLATION, THEIR ANALYSIS SHOWED THAT MORE FREQUENT AND MORE SEVERE DISASTERS ARE INCURRING RISING COSTS.AMONG THEIR FINDINGS: FROM 1980-1989, THERE WERE 3 BILLION-DOLLAR EVENTS PER YEAR AND 297 DEATHS PER YEAR, COSTING A TOTAL OF $19.5 BILLION. BY 2010-2019, THE RISE IN CARBON DIOXIDE LEVELS AND TEMPERATURE WERE LINKED WITH 13 ANNUAL EVENTS, 523 ANNUAL DEATHS, AND $89.2 BILLION IN RECOVERY COSTS, A FOURFOLD INCREASE.
"FRAMING DISASTERS IN THIS ECONOMIC LIGHT CAN BRING	MORE ATTENTION AND MOTIVATION FOR CHANGE TO ALTER POLICYMAKERS' DECISIONS," SAID CORRESPONDING AUTHOR VIJAI BHOLA, MD, A GRADUATE OF THE DISASTER MEDICINE FELLOWSHIP AT BIDMC, WHO NOTES THE CURRENT ANALYSIS CAPTURES JUST A FRACTION OF THE COSTS INCURRED BY CLIMATE CHANGE. "THESE COSTS REPRESENT A COMBINATION OF IMMEDIATE AND LONGER-TERM RESTORATION ESTIMATES. WHAT THEY DO NOT REFLECT, HOWEVER, ARE FACTORS SUCH AS DESTRUCTION OF NATURAL RESOURCES OR LOSS OF LIFE, AND THEREFORE THESE NUMBERS SIGNIFICANTLY UNDERESTIMATE THE TRUE COST OF CLIMATE-RELATED DISASTERS."8. RESEARCHERS TEST AI POWERED CHATBOTS MEDICAL DIAGNOSTIC ABILITYIN A RECENT EXPERIMENT PUBLISHED IN JAMA, PHYSICIAN-RESEARCHERS AT BIDMC TESTED ONE WELL-KNOWN PUBLICLY AVAILABLE CHATBOT'S ABILITY TO MAKE ACCURATE DIAGNOSES IN CHALLENGING MEDICAL CASES. THE TEAM FOUND THAT THE GENERATIVE AI, CHAT-GPT 4, SELECTED THE CORRECT DIAGNOSIS AS ITS TOP DIAGNOSIS NEARLY 40 PERCENT OF THE TIME AND PROVIDED THE CORRECT DIAGNOSIS IN ITS LIST OF POTENTIAL DIAGNOSES IN TWO-THIRDS OF CHALLENGING CASES.GENERATIVE AI CHATBOTS ARE POWERFUL TOOLS POISED TO REVOLUTIONIZE CREATIVE INDUSTRIES, EDUCATION, CUSTOMER SERVICE AND MORE. HOWEVER, LITTLE IS KNOWN ABOUT THEIR POTENTIAL PERFORMANCE IN THE CLINICAL SETTING, SUCH AS COMPLEX DIAGNOSTIC REASONING."RECENT ADVANCES IN ARTIFICIAL INTELLIGENCE HAVE LED TO GENERATIVE AI MODELS THAT ARE CAPABLE OF DETAILED TEXT-BASED RESPONSES THAT SCORE HIGHLY IN STANDARDIZED MEDICAL EXAMINATIONS," SAID ADAM RODMAN, MD, MPH, CO-DIRECTOR OF THE INNOVATIONS IN MEDIA AND EDUCATION DELIVERY (IMED) INITIATIVE AT BIDMC. "WE WANTED TO KNOW IF SUCH A GENERATIVE MODEL COULD 'THINK LIKE A DOCTOR, SO WE ASKED ONE TO SOLVE STANDARDIZED COMPLEX DIAGNOSTIC CASES USED FOR EDUCATIONAL PURPOSES. IT DID REALLY, REALLY WELL."TO ASSESS THE CHATBOT'S DIAGNOSTIC SKILLS, RODMAN AND COLLEAGUES USED CLINICOPATHOLOGICAL CASE CONFERENCES (CPCS), A SERIES OF COMPLEX AND CHALLENGING PATIENT CASES INCLUDING RELEVANT CLINICAL AND LABORATORY DATA, IMAGING STUDIES, AND HISTOPATHOLOGICAL FINDINGS PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE FOR EDUCATIONAL PURPOSES.EVALUATING 70 CPC CASES, THE ARTIFICIAL INTELLIGENCE EXACTLY MATCHED THE FINAL CPC DIAGNOSIS IN 27 (39 PERCENT) OF CASES. IN 64 PERCENT OF THE CASES, THE FINAL CPC DIAGNOSIS WAS INCLUDED IN THE AI'S DIFFERENTIAL A LIST OF POSSIBLE CONDITIONS THAT COULD ACCOUNT FOR A PATIENT'S SYMPTOMS, MEDICAL HISTORY, CLINICAL FINDINGS AND LABORATORY OR IMAGING RESULTS."WHILE CHATBOTS CANNOT REPLACE THE EXPERTISE AND KNOWLEDGE OF A TRAINED MEDICAL PROFESSIONAL, GENERATIVE AI IS A PROMISING POTENTIAL ADJUNCT TO HUMAN COGNITION IN DIAGNOSIS," SAID FIRST AUTHOR ZAHIR KANJEE, MD, MPH, A HOSPITALIST AT BIDMC. "IT HAS THE POTENTIAL TO HELP PHYSICIANS MAKE SENSE OF COMPLEX MEDICAL DATA AND BROADEN OR REFINE OUR DIAGNOSTIC THINKING. WE NEED MORE RESEARCH ON THE OPTIMAL USES, BENEFITS AND LIMITS OF THIS TECHNOLOGY, AND A LOT OF PRIVACY ISSUES NEED SORTING OUT, BUT THESE ARE EXCITING FINDINGS FOR THE FUTURE OF DIAGNOSIS AND PATIENT CARE.""OUR STUDY ADDS TO A GROWING BODY OF LITERATURE DEMONSTRATING THE PROMISING CAPABILITIES OF AI TECHNOLOGY," SAID CO-AUTHOR BYRON CROWE, MD, AN INTERNAL MEDICINE PHYSICIAN AT BIDMC. "FURTHER INVESTIGATION WILL HELP US BETTER UNDERSTAND HOW THESE NEW AI MODELS MIGHT TRANSFORM HEALTH CARE DELIVERY."9. INTEGRATING TECHNOLOGY TO BETTER SUPPORT MENTAL HEALTH CAREOVER THE PAST DECADE, DEMAND FOR MENTAL HEALTH SERVICES HAS RISEN SIGNIFICANTLY, WITH THE NUMBER OF ADULTS RECEIVING PSYCHIATRIC CARE INCREASING BY MORE THAN 12 PERCENT SINCE 2011, ACCORDING TO THE NATIONAL ALLIANCE FOR MENTAL ILLNESS. HOWEVER, A SHORTAGE OF MENTAL HEALTH CLINICIANS MEANS MANY PEOPLE ARE STILL NOT ABLE TO ACCESS THE CARE THEY NEED. IN A CASE STUDY PUBLISHED IN NEJM CATALYST, CLINICIAN-INVESTIGATORS IN THE DIVISION OF DIGITAL PSYCHIATRY AT BIDMC HIGHLIGHT A MODEL THEY DEVELOPED FOR INTEGRATING DIGITAL TECHNOLOGIES AND BRIEF EVIDENCE-BASED TREATMENT INTO IN-PERSON PSYCHIATRY. KNOWN AS THE DIGITAL CLINIC, THE TEAM'S INNOVATIVE HYBRID CARE MODEL EXPANDS PATIENTS' ACCESS TO HIGHLY EFFECTIVE MENTAL HEALTH CARE WHILE SIGNIFICANTLY DECREASING PATIENT WAIT TIMES AND LENGTH OF TREATMENT. ADDITIONALLY, THE TEAM'S RECENT PILOT STUDY SUGGESTS THAT THIS MODEL MAY YIELD POST-TREATMENT IMPROVEMENTS IN PATIENTS' SYMPTOMS OF DEPRESSION AND ANXIETY THAT ARE COMPARABLE TO, IF NOT BETTER THAN, TRADITIONAL MODELS OF CARE."AS THE SEVERITY OF MENTAL HEALTH CRISES INCREASES, EVIDENCED BY RISING RATES OF DEPRESSION AND ANXIETY ESPECIALLY IN YOUNG PEOPLE, IT'S CRITICAL THAT INNOVATIVE SOLUTIONS ARE DEVELOPED TO INCREASE ACCESS TO HIGH-QUALITY PSYCHIATRIC CARE," SAID SENIOR AUTHOR JOHN TOROUS, MD, MBI, DIRECTOR OF THE DIVISION OF DIGITAL PSYCHIATRY AT BIDMC. "OUR ENCOURAGING FINDINGS SUGGEST THAT WHEN WE TARGET DEPRESSION AND ANXIETY WITH BRIEF, TECHNOLOGY-ENHANCED, EVIDENCE-BASED TREATMENT, OUR

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	PATIENTS CAN OBTAIN MEANINGFUL GAINS."IN A RECENT PILOT STUDY OF 40 ADULT PATIENTS WHO RECEIVED EIGHT WEEKS OF TREATMENT FOR DEPRESSION AND/OR ANXIETY IN THE DIGITAL CLINIC BETWEEN OCTOBER 2022 AND JANUARY 2023, 67 PERCENT OF PATIENTS' MENTAL HEALTH OUTCOMES THAT WERE TARGETED IN TREATMENT REFLECTED CLINICALLY SIGNIFICANT IMPROVEMENT. NOTABLY, 64 PERCENT OF THOSE PATIENT OUTCOMES REFLECTED REMISSION, DEFINED AS HAVING "MILD, MINIMAL OR NO SYMPTOMS" BY THE END OF TREATMENT."THESE OUTCOMES MEET AND EXCEED OUTCOMES FROM LONGER-TERM TREATMENT," SAID TOROUS, WHO ADDED THAT RECENT META-ANALYSES OF MAINLY MAINSTREAM, EVIDENCE-BASED TREATMENTS FOUND REMISSION RATES OF JUST OVER HALF FOR ANXIETY DISORDERS AND ROUGHLY ONE THIRD FOR DEPRESSION. LIKEWISE, STUDIES HAVE SHOWN THAT DIGITAL APPROACHES TO MENTAL HEALTH CAN YIELD IMPRESSIVE RESULTS WHEN PATIENTS CONSISTENTLY ENGAGE WITH THEM, BUT DECADES OF USER-CENTERED DESIGN AND GAMIFICATION HAVE NOT SOLVED THE PROBLEM OF KEEPING PEOPLE REGULARLY INTERACTING WITH THE TECHNOLOGY LONG TERM."WE DESIGNED THE DIGITAL CLINIC TO HARNESS THE STRENGTHS OF BOTH TRADITIONAL AND DIGITAL MENTAL HEALTH CARE," SAID FIRST AUTHOR NATALIA MACRYNIKOLA, PHD, A POSTDOCTORAL RESEARCH FELLOW AT BIDMC. "THE BENEFITS OF HUMAN RAPPORT, THE THERAPEUTIC ALLIANCE, AND A THERAPIST'S ABILITY TO TAILOR EVIDENCED-BASED THERAPEUTIC INTERVENTIONS TO THE NEEDS OF EACH CLIENT ARE TANGIBLE ADVANTAGES OF TRADITIONAL CARE, WHEREAS THE SCALABILITY AND ACCESSIBILITY OF DIGITAL APPROACHES CONFER CLEAR ADVANTAGES THAT SHOULD NOT BE OVERLOOKED."10. NEW NATIONAL STANDARDS FOR NEONATAL INTENSIVE CARE AIM TO ACHIEVE HEALTH EQUITY FOR US NEWBORNSLED BY BIDMC NEONATOLOGIST ANN R. STARK, MD, IN HER CAPACITY AS MEDICAL DIRECTOR OF THE NICU VERIFICATION PROGRAM FOR THE AMERICAN ACADEMY OF PEDIATRICS (AAP), A TEAM OF NEONATAL LEADERS AND EXPERIENCED CLINICIANS HAVE ESTABLISHED NEW STANDARDS FOR LEVELS OF NEONATAL CARE THAT SPECIFY THE PERSONNEL, EQUIPMENT AND SERVICES HOSPITALS NEED TO PROVIDE FOR NEWBORNS AND FAMILIES. BASED ON AAP POLICY, EVIDENCE-BASED LITERATURE AND STANDARDS OF PROFESSIONAL PRACTICE, STANDARDS FOR LEVELS OF NEONATAL CARE: II, III, & IV, APPEARED IN THE AAP'S JOURNAL PEDIATRICS."WE HAVE CREATED THESE STANDARDS WITH A GOAL TO IMPROVE OUTCOMES, INCREASE ACCESS TO CARE, IMPROVE STANDARDIZATION ACROSS ALL LEVELS OF NEONATAL CARE AND ACHIEVE HEALTH EQUITY FOR BABIES ACROSS THE COUNTRY," SAID STARK, "WE WERE CONCERNED THAT FIRST, ALL BABIES SHOULD BE TREATED IN A PLACE WITH APPROPRIATE CARE AND SECOND, THAT THE FACILITY HAS THE PEOPLE AND THE EQUIPMENT THAT ARE APPROPRIATE FOR THEIR DEGREE OF ILLNESS OR IMMATURITY." THE UNITED STATES RANKS 35TH IN NEONATAL MORTALITY AMONG DEVELOPED NATIONS; MORE THAN THREE BABIES OUT OF EVERY 1,000 BABIES DIE WITHIN THEIR FIRST MONTH OF LIFE. MANY FACTORS CONTRIBUTE TO THESE SHOCKING NUMBERS, HOWEVER, EXPERTS AGREE ONE REASON IS THE LACK OF NATIONAL STANDARDS FOR NEONATAL INTENSIVE CARE UNITS (NICUS). WITH PUBLICATION OF THE NEW STANDARDS, AND WHEN PROCESSES ARE IN PLACE, THE AAP PROGRAM WILL BE ABLE TO VERIFY A NEONATAL FACILITY'S COMPLIANCE AND DESIGNATE THAT IT PROVIDES A SPECIFIC LEVEL OF NEONATAL CARE (II, III OR IV). HOSPITALS WILL SUBMIT DATA AND UNDERGO A SURVEY OF THEIR FACILITY. THOSE THAT MEET REQUIREMENTS WILL BE ABLE TO STATE THAT THEY ARE AAP-VERIFIED AT A PARTICULAR LEVEL OF NEONATAL CARE. THE DESIGNATION THEN WILL BE TRANSPARENT TO PHYSICIANS AND FAMILIES DECIDING WHERE TO DELIVER AND/OR SEEK CARE FOR THEIR BABY."PARENTS SHOULD UNDERSTAND THE LEVEL OF NEONATAL CARE AVAILABLE WHERE THEY ARE DELIVERING," SAID STARK. "WHETHER THEY ARE BORN IN URBAN ACADEMIC MEDICAL CENTERS OR RURAL COMMUNITY HOSPITALS, ALL BABIES DESERVE OPTIMAL CARE. ADOPTION OF THE AAP NEONATAL STANDARDS IS A VITAL STEP TOWARD HIGH-QUALITY AND EQUITABLE CARE."
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	GRADUATE MEDICAL EDUCATION THE MEDICAL CENTER'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 63 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 731 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 44 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 53 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 $87,407,34 REPORTED ON THIS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 3.38% 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. MORE THAN HALF OF THESE PROGRAMS (47 OF 91) 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, ANESTHESIA MEDICAL EDUCATION- 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, LGBTQIA+ HEALTH- NEUROLOGY: AUTONOMIC DISORDERS, COGNITIVE BEHAVIORAL NEUROLOGY, CLINICAL NEUROPHYSIOLOGY, EPILEPSY, MOVEMENT DISORDERS, MULTIPLE SCLEROSIS, NEUROLOGY-HIV, NEUROMUSCULAR MEDICINE, NEURO-ONCOLOGY, VASCULAR NEUROLOGY, NEURO CRITICAL CARE- 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: EARLY PSYCHOSIS- 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-INTEGRATED, JOINTS FELLOWSHIPADDITIONAL 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 BIDMCTHE BETH ISRAEL DEACONESS MEDICAL CENTER HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY IS A THREE-YEAR PROGRAM (PGY-1 TO PGY-3) 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 HEALTH ALLIANCE, TUFTS MEDICAL CENTER, ST. LUKE'S HOSPITAL, MOUNT AUBURN HOSPITAL, SOUTH SHORE 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.INTERNSHIPTHE INTERNSHIP YEAR EMPHASIZES THE CARE OF PATIENTS IN GENERAL INPATIENT MEDICINE, INTENSIVE CARE MEDICINE, ONCOLOGY, CARDIOLOGY, EMERGENCY MEDICINE AND AMBULATORY CARE UTILIZING BOTH CAMPUSES AND SELECTED OUTSIDE SITES. WORKING AS PART OF A 2-4 PHYSICIAN TEAM WHICH INCLUDES AN OVERSEEING RESIDENT, ATTENDING STAFF AND OFTEN MEDICAL STUDENTS, INTERNS GAIN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH A BROAD RANGE OF

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	MEDICAL DISEASES. INTERNS HAVE PRIMARY RESPONSIBILITY FOR THE CARE OF ALL PATIENTS ADMITTED TO THE MEDICAL WARD SERVICE AND ARE CONSIDERED THEIR PATIENT'S PRIMARY INPATIENT DOCTOR FOR THE DURATION OF THE HOSPITALIZATION. THROUGHOUT INTERN YEAR, INTERNS MAINTAIN A LONGITUDINAL CONTINUITY CLINIC EXPERIENCE WHERE THEY DEVELOP A PANEL OF THEIR OWN PRIMARY CARE PATIENTS. DURING MOST OF THE YEAR, WITH THE EXCEPTION OF INTENSIVE CARE ROTATIONS, AN INTERN WILL HAVE CLINIC ONE HALF-DAY PER WEEK. DISTRIBUTED THROUGHOUT THE YEAR ARE FOUR "AMBULATORY BLOCKS" OF TWO WEEKS DURATION. DURING THIS TIME THE INTERN IS IN THEIR CONTINUITY CLINIC EVERY AFTERNOON AND ATTENDS OUTPATIENT SPECIFIC DIDACTIC LECTURES DURING THE MORNING HOURS. AS MEMBERS OF THE HARVARD FACULTY, INTERNS PLAY AN IMPORTANT ROLE IN TEACHING, BOTH OF THEIR PEERS AND OF ROTATING MEDICAL STUDENTS. WHILE ON THE MEDICAL WARDS, INTERNS PROVIDE DAILY CLINICAL GUIDANCE AND TEACHING TO THIRD AND FOURTH YEAR MEDICAL STUDENTS. AS PART OF THE AMBULATORY CARE CURRICULUM, INTERNS WILL ALSO HAVE THE OPPORTUNITY TO LEAD PRE-CLINIC CONFERENCES. DURING THE YEAR, THERE ARE SPECIAL INTERN-ONLY EDUCATIONAL ACTIVITIES INCLUDING THE TWICE-WEEKLY INTERN REPORT, MONTHLY INTERN FORUM SESSIONS AND BI-ANNUAL 24-HOUR INTERN RETREATS.JUNIOR AND SENIOR RESIDENCYRESIDENCY SOLIDIFIES CLINICAL AND TEACHING SKILLS AND ALLOWS TRAINEES TO EXPERIENCE LEADERSHIP OF A MEDICAL TEAM. JUNIOR RESIDENCY PROVIDES THE FIRST OPPORTUNITY FOR RESIDENTS TO SUPERVISE HOUSESTAFF TEAMS ON GENERAL MEDICAL SERVICES AND IN THE MEDICAL AND CARDIAC INTENSIVE CARE UNITS. SENIOR RESIDENCY PROMOTES CONSOLIDATION AND REFINEMENT OF THESE SKILLS, WITH ATTENDINGS ALLOWING INCREASING AUTONOMY. THE RESIDENT ON THE SERVICE IS LOOKED ON AS THE TEAM LEADER AND ASSUMES PRIMARY RESPONSIBILITY FOR TEACHING OF THE TEAM. RESIDENCY ALSO PROVIDES OPPORTUNITIES FOR 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

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	FACULTY CONSISTS OF MORE THAN 80 NEUROLOGISTS AT THE TWO PARTICIPATING HOSPITALS, AND PROVIDES CORE EXPERIENCES IN INPATIENT AND OUTPATIENT NEUROLOGY, AS WELL AS TRAINING IN ELECTROPHYSIOLOGY (INCLUDING EEG, EMG, AND SLEEP POLYSOMNOGRAPHY) AND NEUROPATHOLOGY. THE KEY DISTINGUISHING FEATURE OF THE PROGRAM IS THE CLOSE RELATIONSHIP BETWEEN THE CLINICAL FACULTY, NEARLY ALL OF WHOM ARE FULL-TIME ACADEMIC NEUROLOGISTS ENGAGED IN SUBSTANTIVE RESEARCH AND TEACHING EFFORTS, AND A SELECT GROUP OF RESIDENTS WHO ARE KEENLY INTERESTED IN FORGING ACADEMIC CAREERS IN NEUROLOGY. VIRTUALLY ALL OF THE CLINICAL TRAINING TAKES PLACE WITHIN A 2 BLOCK RADIUS ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS. A CRITICAL COMPONENT OF THE PROGRAM IS THE OPPORTUNITY FOR RESIDENTS TO HAVE A MENTORED TEACHING EXPERIENCE AS WELL AS THE OPPORTUNITY TO UNDERTAKE A MENTORED PROJECT, WHICH MAY ENTAIL EITHER CLINICAL OR LABORATORY BASED INVESTIGATION OR PREPARATION OF INNOVATIVE TEACHING MATERIALS OR METHODS.
PATHOLOGY EDUCATION AT BIDMC	THE DEPARTMENT OF PATHOLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER IS COMMITTED TO PROVIDING STATE-OF-THE-ART TRAINING TO PREPARE PHYSICIANS FOR LEADERSHIP ROLES IN PATHOLOGY AND ACADEMIC MEDICINE. THE PROGRAM OFFERS THREE RESIDENT TRAINING PATHWAYS: FIRST, A COMBINED ANATOMIC PATHOLOGY/CLINICAL PATHOLOGY (AP/CP) PATHWAY PROVIDES COMPREHENSIVE TRAINING IN ALL AREAS OF TISSUE DIAGNOSTICS AND LABORATORY MEDICINE. SECOND, THE AP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS ACADEMIC SURGICAL PATHOLOGISTS. THIRD, THE CP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS FUTURE LEADERS IN LABORATORY MEDICINE. ALL PATHWAYS INCLUDE EXTENSIVE OPPORTUNITIES TO PARTICIPATE IN RESEARCH PROJECTS WITH WORLD-RENOWNED 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 ATTENDINGS, SOCRATIC TUTORIALS, AND THROUGH POSITIONING OF RESIDENTS AS AN INTERMEDIARY BETWEEN CLINICIAN AND LABORATORY. THERE ARE DAILY TEACHING AND CASE MANAGEMENT CONFERENCES COVERING THE DIFFERENT PATHOLOGY SPECIALTIES. GIVEN THE IMPORTANT ROLE PATHOLOGISTS PLAY IN TEACHING MEDICAL STUDENTS AND COLLEAGUES IN OTHER SPECIALTIES, THE PROGRAM PROVIDES GUIDANCE FOR RESIDENTS AS THEY HONE THEIR TEACHING SKILLS. SUCH "RESIDENT-AS-TEACHER" PROGRAMS ARE COMMON IN OTHER SPECIALTIES BUT NOT AS WELL-DEVELOPED IN PATHOLOGY. THE CURRICULUM INCLUDES SESSIONS DESIGNED TO IMPROVE SKILLS RELATED TO GIVING FEEDBACK AND SMALL GROUP TEACHING. THERE IS A SESSION ON DEVELOPING PRESENTATION SKILLS WITH CLOSE MENTORING OF FIRST YEAR RESIDENTS, BY SPECIFIC FACULTY WHO HAVE ALSO BEEN THROUGH THE CURRICULUM, AS THEY PREPARE FOR THEIR FIRST PRESENTATION. THERE ARE ALSO OPPORTUNITIES FOR RESIDENTS TO TEACH MEDICAL STUDENTS BOTH WITHIN OUR DEPARTMENT AND AT HARVARD MEDICAL SCHOOL, AS WELL AS TO RECEIVE FEEDBACK ON THEIR TEACHING SKILLS. RECOGNIZING THE NEED TO INTEGRATE TECHNOLOGY INTO RESIDENCY TRAINING, ALL FIRST YEAR RESIDENTS ARE PROVIDED WITH IPADS. THESE TABLETS ALLOW RESIDENTS TO MORE EASILY PREVIEW THE SLIDES THAT ARE ROUTINELY SCANNED FOR OUR SURGICAL SLIDE CONFERENCE. GENOMIC TECHNOLOGY WILL AFFECT THE PRACTICE OF ALL MEDICAL PRACTITIONERS. AS THE PHYSICIANS WHO MANAGE THE HOSPITAL LABORATORIES, PATHOLOGISTS MUST UNDERSTAND NEXT-GENERATION SEQUENCING TECHNOLOGY AND ITS APPLICATION TO PATIENT CARE. IN 2009, THE PROGRAM CREATED, TO OUR KNOWLEDGE, THE FIRST GENOMIC PATHOLOGY CURRICULUM IN THE COUNTRY. THE CURRICULUM HAS BEEN PUBLISHED AND HAS SERVED AS THE BASIS FOR A COLLABORATIVE EFFORT TO DEVELOP A NATIONAL GENOMICS CURRICULUM (WWW.ASCP.ORG/TRIG).TRAINING IN EVIDENCE-BASED MEDICINE IS CRITICAL. A FIRST-YEAR RESIDENT JOURNAL CLUB ALLOWS AN INTRODUCTION TO CRITICAL REVIEW OF THE MEDICAL LITERATURE. IN LATER YEARS, RESIDENTS LEAD SMALL-GROUP DISCUSSIONS IN MONTHLY JOURNAL CLUBS. THERE IS ALSO AN EVIDENCE-BASED TRANSFUSION MEDICINE CURRICULUM TO HONE THESE SKILLS DURING CP TRAINING.
RADIOLOGY EDUCATION AT 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,

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	NEURORADIOLOGY, NUCLEAR MEDICINE, THORACIC IMAGING, AND ULTRASOUND.DURING THE SECOND YEAR, RESIDENTS CONTINUE TO GAIN EXPERIENCE IN THESE SECTIONS, PERFORMING AND INTERPRETING MORE ADVANCED EXAMINATIONS AND INTERVENTIONS AS THEIR LEVELS OF EXPERTISE INCREASE. ADDITIONAL ROTATIONS IN MORE SPECIALIZED TOPICS OCCUR THROUGHOUT THE SECOND THROUGH FOURTH YEARS, INCLUDING INTERVENTIONAL RADIOLOGY, MRI, HEAD AND NECK IMAGING, AND PEDIATRIC RADIOLOGY. IN ADDITION, ALL RESIDENTS PARTICIPATE IN A TWO-WEEK ROTATION IN QUALITY ASSURANCE WHICH PROVIDES THEM WITH ESSENTIAL SKILLS FOR EVENTUAL BOARD RE-CERTIFICATION.ROTATIONS AT OTHER TRAINING LOCATIONS DURING THE SECOND AND THIRD YEARS OF TRAINING INCLUDE:- THREE MONTHS OF TRAINING IN PEDIATRIC RADIOLOGY AT THE BOSTON CHILDREN'S HOSPITAL DURING THE SECOND YEAR.- FOUR WEEK PROGRAM IN RADIOLOGIC-PATHOLOGIC CORRELATION AT THE ARMED FORCES INSTITUTE OF PATHOLOGY (AIRP) SPONSORED BY THE AMERICAN COLLEGE OF RADIOLOGY IN SILVER SPRINGS, MARYLAND DURING THE THIRD YEAR.- ONE MONTH ROTATION AT THE MASSACHUSETTS EYE AND EAR INFIRMARY IN HEAD-AND-NECK RADIOLOGY DURING THE THIRD YEAR.UPON COMPLETION OF THE SECOND YEAR OF RESIDENCY TRAINING, RESIDENTS SELECT AN AREA OF ACADEMIC FOCUS FOR THEIR FOURTH YEAR WHICH WILL GUIDE CHOICES FOR THE 3-MONTH MINI-FELLOWSHIPS AND THE OTHER TWO MONTHS OF ELECTIVE TIME.OUR UNIQUE EDUCATIONAL TRACKSCURRENTLY, 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. RESIDENTS AND FELLOWS LEARN THE MOST ADVANCED TECHNIQUES IN A STATE-OF-THE-FACILITY. RESIDENTS AND FELLOWS 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 HOUSE STAFF 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 HOUSE STAFF CAPITALIZE ON WORKING RELATIONSHIPS DEVELOPED WITH THE ATTENDING STAFF. UPON COMPLETION OF FIVE YEARS OF SURGICAL TRAINING, RESIDENTS ARE ELIGIBLE FOR THE AMERICAN BOARD OF SURGERY EXAMINATION. DIDACTIC TEACHINGTHE PROGRAM HAS DEDICATED EDUCATION TIME, INCLUDING A STRONG DIDACTIC CONFERENCE SCHEDULE, TO PROVIDE A BASIC FOUNDATION OF SURGICAL KNOWLEDGE AND SKILLS. REQUIRED WEEKLY CONFERENCES INCLUDE:- RESIDENT CURRICULUM CONFERENCE / MIS SKILLS LAB - SURGICAL SERVICE MORBIDITY/MORTALITY & SURGICAL GRAND ROUNDS - COMBINED GI CONFERENCETHROUGHOUT 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)COMMUNITY BOARDAS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. AFFILIATED HEALTH CARE SYSTEMAS NOTED 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 4,800 PHYSICIANS AND 39,000 EMPLOYEES.THE BILH PURPOSE STATEMENT ARTICULATES THE IMPACT THAT EACH BILH AFFILIATE STRIVES TO MAKE IN THE COMMUNITIES SERVED. THESE SHARED VALUES GUIDE EACH ENTITY'S DAILY EFFORTS AND KEEP EACH AFFILIATE ALIGNED IN THE PURSUIT OF THE BILH PURPOSE, SHOWING HOW "WE CARE" FOR PATIENTS, EACH OTHER AND THE

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	COMMUNITIES SERVED.PURPOSE STATEMENT: BILH CREATES HEALTHIER COMMUNITIES - ONE PERSON AT A TIME - THROUGH SEAMLESS CARE AND GROUND-BREAKING SCIENCE, DRIVEN BY EXCELLENCE, INNOVATION AND EQUITY.BILH WE CARE VALUES:WELLBEING. WE PROVIDE A HEALTH-FOCUSED WORKPLACE AND SUPPORT A HEALTHY WORK-LIFE BALANCE.EMPATHY. WE DO OUR BEST TO UNDERSTAND OTHERS' FEELINGS, NEEDS AND PERSPECTIVES.COLLABORATION. WE WORK TOGETHER TO ACHIEVE EXTRAORDINARY RESULTS.ACCOUNTABILITY. WE HOLD OURSELVES AND EACH OTHER TO BEHAVIORS NECESSARY TO ACHIEVE OUR COLLECTIVE GOALS.RESPECT. WE VALUE DIVERSITY AND TREAT ALL MEMBERS OF OUR COMMUNITY WITH DIGNITY AND INCLUSIVENESS.EQUITY. EVERYONE HAS THE OPPORTUNITY TO ATTAIN THEIR FULL POTENTIAL IN OUR WORKPLACE AND THROUGH THE CARE WE PROVIDE.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) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAQUES HOSPITAL (AJH), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), JOSLIN DIABETES CENTER 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. EFFECTIVE JULY 1, 2023, BILH ALSO BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES, INC. (EHRI) AND ITS AFFILIATES INCLUDING EXETER HOSPITAL.
THE QUANTIFICATION IN THIS SCHEDULE H PART 1 QUESTION 7 IN THIS FILING	REFLECTS ONLY THE FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST OF BIDMC AND AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH NETWORK. BELOW IS ADDITIONAL INFORMATION ON THE FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS ACTIVITIES ACROSS ALL OF THE BILH HOSPITALS. DURING THE FISCAL YEAR COVERED BY THIS FILING BILH HOSPITALS PROVIDED MORE THAN $48 MILLION IN NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST.IN ADDITION TO THE CHARITY CARE REPORTED ABOVE, EACH OF THE BILH HOSPITALS 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, THE COST OF PROVIDING CARE TO MEDICAID PATIENTS ACROSS BILH EXCEEDED PAYMENTS RECEIVED FOR PROVIDING THAT CARE RESULTING IN A COMBINED SHORTFALL EXCEEDING $61 MILLION RELATED TO TREATING MEDICAID PATIENTS. MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS. PAYMENTS FROM MEDICARE DO NOT COVER THE COST OF SERVICES PROVIDED. ALL BILH HOSPITALS PROVIDE CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM. DURING THE FISCAL PERIOD COVERED BY THIS FILING, THE COST OF PROVIDING CARE TO MEDICARE PATIENTS ACROSS BILH EXCEEDED PAYMENTS RECEIVED FOR PROVIDING THAT CARE, RESULTING IN A COMBINED SHORTFALL EXCEEDING $144 MILLION RELATED TO TREATING MEDICARE PATIENTS. DURING THE FISCAL YEAR COVERED BY THIS FILING BILH HOSPITALS PROVIDED COMBINED COMMUNITY BENEFITS, COMMUNITY HEALTH IMPROVEMENT SERVICES, CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AS WELL AS COSTS INCURRED RELATED TO SUBSIDIES FOR PRIMARY CARE, BEHAVIORAL HEALTH CARE AND OTHER CARE PROVIDED AT A LOSS TOTALING OVER $88 MILLION. ACROSS BILH HOSPITALS, COSTS FOR TRAINING MEDICAL PROFESSIONALS EXCEEDED $202 MILLION. REIMBURSEMENT FROM MEDICARE FOR THESE ACTIVITIES WAS APPROXIMATELY $68 MILLION WHICH LEFT A COMBINED SHORTFALL RELATED TO THESE ACTIVITIES ACROSS BILH OF OVER $134 MILLION WHICH IS AN INVESTMENT IN THE HEALTH SYSTEM OF TOMORROW. RESEARCH ACTIVITIES ACROSS BILH SERVE PATIENT CARE BOTH AT BILH AND BEYOND AS PART OF THE ADVANCEMENT OF SCIENCE. BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC OR MEDICAL CENTER) IS A TERTIARY CARE ACADEMIC MEDICAL CENTER PROVIDING LEADING EDGE PATIENT CARE, IS A WORLD CLASS RESEARCH INSTITUTION AND IS DEVOTED TO TEACHING AND TRAINING THE MEDICAL PROFESSIONALS OF TOMORROW, EMBRACING TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION AND TO THAT END, 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. BIDMC HAS THE LARGEST RESEARCH OPERATIONS ACROSS BILH AND DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER INCURRED OVER $320 MILLION IN RESEARCH EXPENSES, MORE THAN $82 MILLION OF WHICH WERE INTERNALLY FUNDED.FOR ADDITIONAL INFORMATION ON THESE ACTIVITIES AS WELL AS EACH HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY, PLEASE SEE FORM 990 SCHEDULE H FOR EACH OF THE BILH HOSPITALS. ADDITIONAL BILH NETWORK ACTIVITIES -- EXPANDING ACCESS AND SERVICES, INCLUDING TO UNDERSERVED PATIENT POPULATIONS IN ORDER TO REDUCE HEALTH INEQUITIES; CONTINUING TO PROVIDE HIGH QUALITY CARE AT A LOWER COST; BEHAVIORAL HEALTH; COMMUNITY INVESTMENTS FISCAL YEAR ENDED SEPTEMBER 30, 2023IN ADDITION, AS NOTED FURTHER BELOW, BETH ISRAEL LAHEY HEALTH ("BILH") AND ITS AFFILIATES FOCUSED ON EXPANDING ACCESS AND SERVICES, INCLUDING TO UNDERSERVED PATIENT POPULATIONS IN ORDER TO REDUCE HEALTH INEQUITIES. IN ADDITION, THERE WAS A STRONG FOCUS ON CONTINUING TO PROVIDE HIGH QUALITY CARE AT A LOWER COST, WHEN APPROPRIATE, AS DEMONSTRATED BY BILH'S EFFORTS TO LEVERAGE COMMUNITY SETTINGS, KEEP CARE WITHIN THE BILH PERFORMANCE NETWORK ("BILHPN"), AND ALLOW PATIENTS TO RECEIVE CARE IN THEIR HOMES. THE FOLLOWING HIGHLIGHTS SPECIFIC EFFORTS DURING THE PERIOD COVERED BY THIS FILING:ACCESS & EXPANSION TO PHARMACY SERVICES - BILH PHARMACY HAS CONTINUED TO EXPAND ITS CONTRACTUAL RELATIONSHIPS, ALLOWING MORE PATIENTS TO UTILIZE ITS PHARMACY FOR THEIR PRESCRIPTIONS. IN FY 2023, BILH PHARMACY SUCCESSFULLY NEGOTIATED ACCESS TO THE POINT32HEALTH SPECIALTY PHARMACY NETWORK AS WELL AS THE

Form and Line Reference	Explanation
	WELLSENSE MEDICAID ACCOUNTABLE CARE ORGANIZATION ("ACO") PLAN. EXAMPLES OF BILH PHARMACY'S OTHER EFFORTS TO EXPAND PATIENT ACCESS TO MEDICATIONS INCLUDE: - ENHANCED MEDICATION AUTHORIZATION AND ACCESS SERVICES TO HELP PATIENTS OBTAIN NECESSARY INSURANCE AUTHORIZATIONS AND FIND CO-PAY ASSISTANCE, - EXPANDED THE MEDICATION REFILL CENTER TO ASSIST PATIENTS AND PROVIDERS IN EXPEDITING MEDICATION RENEWALS AND ENSURING PRESCRIBED MEDICATION AND DOSAGE ARE STILL APPROPRIATE, - EXTENDED PATIENT CO-PAY ASSISTANCE PROGRAMS TO THE JOSLIN ADULT DIABETES CLINIC AND NORTHEAST HOSPITAL CORPORATION PATIENTS, AND - EXPANDED CLINICAL PHARMACY SERVICES IN AMBULATORY CLINICS TO HELP MANAGE AND OPTIMIZE PATIENTS' COMPLEX MEDICATION THERAPIES. - BILH PHARMACY ALSO EXPANDED ITS CLINICAL PHARMACY PRESENCE IN CLINICS TO REDUCE THE HEALTH EQUITY GAP IN THE USE OF HIGHLY IMPACTFUL MEDICATIONS TO TREAT PATIENTS WITH DIABETES AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASES BY IMPROVING THEIR BLOOD PRESSURE AND HEMOGLOBIN A1C. INTERVENTIONS CENTERED AROUND PRESCRIBING EVIDENCE-BASED MEDICATIONS, EDUCATING PATIENTS ABOUT THEIR CONDITIONS, AND ENSURING ACCESS TO MEDICATION. INITIAL RESULTS HAVE DEMONSTRATED AN INCREASE IN THE USE OF GLP-1 AGONISTS AND SGLT-2 INHIBITORS BY 32% IN BLACK AND HISPANIC POPULATIONS, AN AVERAGE REDUCTION IN HEMOGLOBIN A1C OF 0.8, AND A DECREASE OF SYSTOLIC AND DIASTOLIC BLOOD PRESSURES OF 7MMHG AND 2MMHG RESPECTIVELY.IMPROVEMENT IN LAB SERVICES - BILH OPTIMIZED THE TRANSPORTATION ROUTES OF COLLECTED LABORATORY SPECIMENS TO TESTING LABORATORIES, ENSURING HIGH STANDARDS FOR TURNAROUND TIMES AND MAXIMUM EFFICIENCY. THIS IS FOUNDATIONAL TO THE SYSTEM'S ABILITY TO CONSOLIDATE TESTING, EXPAND ACCESS TO IN-NETWORK LABORATORY SERVICES WHICH IN TURN GENERALLY REDUCES COST, AND SUPPORT THE PROVISION OF HIGH-QUALITY CARE AND THE CLINICIAN AND PATIENT EXPERIENCE. - FOCUS REMAINED STRONG IN DEVELOPING PHYSICIAN PRACTICE DELIVERY MODELS AND RE-OPENING PATIENT SERVICE CENTERS. THESE EFFORTS ENHANCE COMMUNITY PROVIDERS' ABILITY TO USE BILH LABS AND INCREASE PATIENT ACCESS TO BILH LABS.LEVERAGING IN-NETWORK CARE - BILH OPERATES A TRANSFER CENTER THAT FACILITATES PATIENT ACCESS TO THE APPROPRIATE PLACEMENT OF PATIENT TRANSFERS. WITH THE CREATION OF THE TRANSFER CENTER, BILH HAS BEEN ABLE TO RETAIN PATIENTS WHO MIGHT OTHERWISE HAVE GONE OUTSIDE OF THE SYSTEM. BY EXPANDING ITS FOCUS TO COMMUNITY HOSPITALS, BILH HAS ENHANCED ITS ABILITY TO PLACE PATIENTS, INCLUDING AT LOCATIONS POTENTIALLY CLOSER TO THE PATIENTS' HOMES. - BILHPN OPERATES A CENTRALIZED REFERRAL MANAGEMENT PROGRAM THAT FOCUSES ON PATIENTS SEEKING OUT-OF-NETWORK SPECIALTY CARE AND REDIRECTING THEM TO IN-NETWORK SPECIALTY CARE, WHEN CLINICALLY APPROPRIATE. THROUGHOUT FY 2023, BILHPN REDIRECTED WELL OVER ONE THOUSAND PATIENT VISITS. IN MOST CASES, CARE RETAINED WITHIN BILH RESULTED IN ENHANCED CARE COORDINATION AT A LOWER COST OF CARE.ENABLING PATIENTS TO RECEIVE CARE AT HOME - BILH LAUNCHED ITS HOSPITAL AT HOME PROGRAM IN FY 2023, STARTING WITH LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER. THIS HAS ALLOWED ELIGIBLE PATIENTS TO BE OFFERED CARE IN THE SETTING MOST COMFORTABLE FOR THEM THEIR HOMES WHILE ALSO CUSTOMIZING CARE PLANS AND IMPROVING PATIENTS' MOBILITY EVEN WHILE THEY ARE ACUTELY ILL. - IN FY 2023, BILHPN PUT PROGRAMS IN PLACE TO MANAGE LENGTH OF STAY AT SKILLED NURSING FACILITIES ("SNFS"), REDUCE READMISSIONS, AND DISCHARGE MEDICALLY APPROPRIATE PATIENTS DIRECTLY TO THEIR HOMES WITH HOMECARE SERVICES INSTEAD OF TO A SNF, PROVIDED PATIENTS ARE MEDICALLY STABLE TO RETURN HOME AFTER AN ACUTE CARE STAY AND WILL LIKELY HAVE BETTER OUTCOMES AND LOWER COST OF CARE.
BEHAVIORAL HEALTH	- IN FY 2023, BILH BEHAVIORAL SERVICES LAUNCHED ITS COMMUNITY BEHAVIORAL HEALTH CENTER ("CBHC") IN LAWRENCE, MASSACHUSETTS, CONSOLIDATING OUTPATIENT, MOBILE CRISIS INTERVENTION, AND ADULT COMMUNITY CRISIS STABILIZATION SERVICES. THE ESTABLISHMENT OF THE CBHC IS A PART OF THE COMMONWEALTH'S EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES ROADMAP FOR BEHAVIORAL HEALTH REFORM. - IN ADDITION, AS PART OF THE ROADMAP FOR BEHAVIORAL HEALTH REFORM, BILH LAUNCHED AN EMERGENCY SERVICES REDESIGN THAT SHIFTS EMERGENCY EVALUATIONS OUT OF THE EMERGENCY DEPARTMENT ("ED"). BILH BEHAVIORAL SERVICES ALSO EXPANDED ITS ED INTEGRATION EFFORTS TO A TOTAL OF SIX EDS, INCLUDING ADDISON GILBERT HOSPITAL, ANNA JAQUES HOSPITAL, BEVERLY HOSPITAL, LAHEY MEDICAL CENTER-PEABODY, BETH ISRAEL DEACONESS HOSPITAL-MILTON, AND WINCHESTER HOSPITAL.HEALTH EQUITY - BILH AND LAWYERS FOR CIVIL RIGHTS LAUNCHED A MEDICAL-LEGAL PARTNERSHIP TO PROVIDE FREE LEGAL SUPPORT TO LOW-INCOME PATIENTS, BEGINNING AT BETH ISRAEL DEACONESS MEDICAL CENTER. THE COLLABORATION WILL EXPAND BILH'S ABILITY TO ADDRESS HEALTH EQUITY AND EXPAND ACCESS TO HEALTH CARE FOR PATIENTS LIVING IN UNDER-RESOURCED COMMUNITIES. - BILHPN FOCUSED ON REDUCING HEALTH EQUITY DISPARITIES IN DIABETES AND HYPERTENSION MANAGEMENT BY STRATIFYING HEALTH OUTCOMES BY RACE, ETHNICITY AND LANGUAGE; SHARING PERFORMANCE DATA WITH PRIMARY CARE GROUPS; AND IMPLEMENTING CLINICAL INITIATIVES SUCH AS OFF-HOUR CLINICS, HOME BLOOD PRESSURE MONITOR DISTRIBUTION, CONTINUOUS GLUCOSE MONITORING, AND OUTREACH TO PATIENTS WITH HIGHER NEEDS.ONGOING INITIATIVES:ENHANCED ACCESS FOR MASSHEALTH PATIENTS - TO MITIGATE BARRIERS IN ACCESS TO CARE AND INCREASE THE NUMBER OF MASSHEALTH PATIENTS THAT BILH SERVES, THE SYSTEM COMMITTED TO UNIVERSAL NETWORK-WIDE PROVIDER PARTICIPATION IN MASSHEALTH. ALL BILH HOSPITALS AND PROVIDERS EMPLOYED BY BILH OR ON WHOSE BEHALF BILH JOINTLY CONTRACTS PARTICIPATE IN AND/OR HAVE APPLIED TO PARTICIPATE IN SOME FORM OF MASSHEALTH. IN FY 2022, BILH SIGNED A NEW MASSHEALTH ACO CONTRACT WITH BMC HEALTHNET PLAN / WELLSENSE HEALTH PLAN THAT WENT INTO EFFECT IN APRIL 2023. AS PART OF THIS CONTRACT, BILHPN EXTENDED PARTICIPATION TO ALL ELIGIBLE PRIMARY CARE PROVIDERS ("PCPS") WHO WERE NOT OTHERWISE PARTICIPATING IN A MASSHEALTH ACO. PRIOR TO THAT TIME, WHILE ALL ELIGIBLE BILHPN PCPS WERE PARTICIPANTS IN A FORM OF MASSHEALTH, SOME PCPS WERE NOT PREVIOUSLY PARTICIPATING IN A MASSHEALTH ACO. - BILH HAS DEVELOPED, REFINED AND IMPLEMENTED A MULTICULTURAL MARKETING, ADVERTISING, AND OUTREACH PLAN WITH THE PURPOSE OF EXPANDING ACCESS FOR UNDERSERVED POPULATIONS, INCLUDING MASSHEALTH PATIENTS, IN TARGETED BILH SERVICE AREAS. INVESTMENTS IN UNDERSERVED COMMUNITIES - BILH HOSPITALS HAVE CREATED AND MAINTAIN STRONG CONNECTIONS TO A NETWORK OF AFFILIATED HOSPITALS AND HEALTH CENTERS THAT PROVIDE COMMUNITY-BASED CARE TO HISTORICALLY UNDERSERVED POPULATIONS. IN THE REGIONS THAT THEY SERVE, THE SAFETY NET AFFILIATES ("SNAS") AND COMMUNITY CARE ALLIANCE ("CCA") COMMUNITY HEALTH CENTERS ("CHCS") ARE THE

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	CORNERSTONE OF BILH'S DELIVERY SYSTEM REGARDING COMMUNITY-BASED CARE FOR MASSHEALTH AND HISTORICALLY UNDERSERVED PATIENTS. O CCA CHCS INCLUDE BOWDOIN STREET HEALTH CENTER, CHARLES RIVER COMMUNITY HEALTH, THE DIMOCK CENTER, FENWAY HEALTH, AND SOUTH COVE COMMUNITY HEALTH CENTER. O SNAS INCLUDE CAMBRIDGE HEALTH ALLIANCE AND SIGNATURE HEALTHCARE BROCKTON HOSPITAL. - BILH CONTINUES TO INVEST IN THE CCA CHCS AND SNAS, ENABLING THEM TO EXPAND THEIR CAPABILITIES AND CARE FOR MORE HISTORICALLY UNDERSERVED PATIENTS. IN FY 2022, BILH INVESTED OVER $8 MILLION IN ITS CHCS AND SNAS, IN ADDITION TO ENGAGING IN REGIONAL PLANNING AND COLLABORATIVE PROGRAM DEVELOPMENT. THESE INVESTMENTS REPRESENT ONLY A PORTION OF A MUCH LARGER COMMUNITY BENEFITS INVESTMENT PORTFOLIO THAT IS DESCRIBED IN GREATER DETAIL IN THIS AND OTHER BILH NETWORK TAX FILINGS. - BILH CONTINUES TO EXPLORE ADDITIONAL OPPORTUNITIES WITH CHCS IN ESSEX AND MIDDLESEX COUNTIES. FOR EXAMPLE, BILH HAS ESTABLISHED A TELEHEALTH PILOT PROGRAM BETWEEN PHYSICIANS AT ADDISON GILBERT AND BEVERLY HOSPITALS AND PATIENTS AT NORTH SHORE COMMUNITY HEALTH CENTER. BILH BEHAVIORAL HEALTH SERVICESTHE 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. ADDICTION SERVICES NORTHEAST BEHAVIORAL HEALTH CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH BEHAVIORAL SERVICES (NBHC OR BILH BS) IS THE LARGEST NETWORK OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES IN EASTERN MASSACHUSETTS, PROVIDING HIGH-QUALITY MENTAL HEALTH AND ADDICTION TREATMENT. THIS INCLUDES A FULL CONTINUUM OF CARE FOR CHILDREN AND ADULTS RANGING FROM INPATIENT TO COMMUNITY-BASED SERVICES. TREATMENT OFFERINGS INCLUDE MOBILE CRISIS TEAMS FOR BEHAVIORAL AND SUBSTANCE-RELATED EMERGENCIES; INPATIENT PSYCHIATRIC AND DETOXIFICATION TREATMENT; RESIDENTIAL PROGRAMS; OUTPATIENT MENTAL HEALTH AND ADDICTION CLINICS; AND MEDICATION-ASSISTED TREATMENT PROGRAMS FOR PERSONS WITH OPIOID USE DISORDERS. NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) HAS OVER 250 BEDS IN 9 FACILITIES FOR PATIENTS REQUIRING ACUTE PSYCHIATRIC, DETOXIFICATION AND POST-ACUTE DIVERSIONARY SERVICES. OTHER OFFERINGS INCLUDE MANY COMMUNITY-BASED SERVICES SUCH AS MOBILE EMERGENCY SERVICES TEAMS, SCHOOL AND HOME-BASED COUNSELING FOR YOUTH AND THEIR FAMILIES. BILHBS SERVES APPROXIMATELY 17,000 INDIVIDUALS ANNUALLY, PROVIDING OVER 380,000 UNITS OF SERVICE, IN A VAST ARRAY OF SETTINGS BASED ON THEIR NEEDS. BECAUSE OF THE COVID-19 EMERGENCY, NBHC WAS FORCED TO RECONFIGURE ITS DELIVERY MODEL FOR MANY SERVICES. WITH MULTIPLE "BRICK AND MORTAR" SITES TEMPORARILY CLOSED DURING THE HEIGHT OF THE PANDEMIC, NBHC OUTFITTED CLINICIANS WITH THE TOOLS NEEDED TO OFFER TELEHEALTH SERVICES. BY THE END OF THE FISCAL YEAR, OF THE TOTAL UNITS OF SERVICE LISTED ABOVE, ALMOST 61,000 WERE DELIVERED VIA TELEHEALTH. IN ADDITION, AS OUTLINED BELOW, NBHC SUPPORTED BILH'S SYSTEM-WIDE RESPONSE TO THE PANDEMIC BY QUICKLY STANDING UP A SHORT-TERM STAY COMMUNITY CRISIS STABILIZATION UNIT ON THE CAMPUS OF AN AFFILIATED ENTITY. BILH BS CONTINUES TO LEVERAGE TELEHEALTH SERVICES TO CONNECT TO COMMUNITIES SERVED ACROSS BILH.
NBHC PROVIDED ADDICTION TREATMENT SERVICES	WITH MORE THAN 200 INPATIENT AND RESIDENTIAL BEDS, OPERATING 24/7 FOR ADDICTION TREATMENT. ADDICTION TREATMENT INCLUDES BOTH OUTPATIENT AND INPATIENT TREATMENT AND PREVENTION. SUBSTANCE ABUSE COUNSELING AND GROUP THERAPY IS OFFERED FOR BOTH ADULTS AND TEENS, AS ARE A RANGE OF COURT-ORDERED PROGRAMS INCLUDING OPERATING UNDER THE INFLUENCE (OUI) EDUCATION AND EVALUATIONS. MEDICATION-ASSISTED TREATMENT FOR MEN AND WOMEN ADDICTED TO HEROIN OR PRESCRIPTION OPIOIDS IS PROVIDED AT LOCATIONS IN GLOUCESTER AND DANVERS. ACUTE TREATMENT PROGRAMS PROVIDING INPATIENT DETOXIFICATION SERVICES FROM DRUGS AND/OR ALCOHOL IN MEDICAL SETTINGS ARE AVAILABLE AT TREATMENT CENTERS IN DANVERS AND TEWKSBURY. IN FY23 THESE CENTERS SERVED APPROXIMATELY 2,600 PATIENTS. NBHC ALSO PROVIDED POST-DETOXIFICATION RESIDENTIAL SETTINGS AT MULTIPLE LOCATIONS SERVING BOTH MEN AND WOMEN, INCLUDING HART HOUSE IN TEWKSBURY WHICH EXCLUSIVELY SERVES MOTHERS WITH CHILDREN. IN FY23, NBHC'S OUTPATIENT ADDICTION PROGRAMS PROVIDED 196,350 UNITS OF SERVICE, INCLUDING 5,600 VIA TELEHEALTH, WHILE INPATIENT AND RESIDENTIAL PROGRAMS RECORDED 60,327 BED DAYS. AMBULATORY SERVICES BILH BS' AMBULATORY DIVISION SERVES NEARLY 4,300 PATIENTS EVERY YEAR, DELIVERING MORE THAN 108,000 UNITS OF SERVICES IN VARIOUS SETTINGS. MORE THAN 43,000 WERE DELIVERED BY TELEHEALTH AMBULATORY PROGRAMS AND SERVICES OFFERED UNDER THE CHILDREN'S BEHAVIORAL HEALTH INITIATIVE (CBHI) INCLUDING A BROAD RANGE OF COUNSELING AND THERAPY AS WELL AS MORE INTENSIVE TREATMENT MODALITIES. OUTPATIENT MENTAL HEALTH CLINICS IN SALEM, LAWRENCE, GLOUCESTER AND BEVERLY, AND AN OUTREACH CLINIC IN HAVERHILL, ASSIST INDIVIDUALS AND FAMILIES THROUGH PERIODS OF STRESS AND ADJUSTMENT, PROVIDING THERAPY FOR DEPRESSION, ANXIETY, TRAUMA, BIPOLAR DISEASE, AND CHRONIC MENTAL ILLNESS. OUTREACH COUNSELORS OFFER SHORT AND LONG-TERM THERAPY IN HOMES, SCHOOLS, AND OTHER APPROPRIATE COMMUNITY SETTINGS. ALL THERAPY PROGRAMS ARE SUPPORTED BY MEDICATION CLINICS IF THAT IS DETERMINED TO BE AN APPROPRIATE ADJUNCT TO TREATMENT. IN FY23, NBHC DELIVERED 99,419 UNITS OF AMBULATORY SERVICES, SUPPORTED BY 8,432 PSYCHOPHARMACOLOGY VISITS. EMERGENCY SERVICES THE EMERGENCY SERVICES DIVISION OFFERS EMERGENCY PSYCHIATRIC SERVICES AND INCLUDES THE EMERGENCY SERVICES PROGRAM (ESP) AND COMMUNITY CRISIS STABILIZATION (CCS) INPATIENT PROGRAM. ESP PROVIDES EMERGENCY PSYCHIATRIC ASSESSMENTS AND SUPPORTIVE SERVICES 24/7 IN A VARIETY OF SETTINGS, INCLUDING HOMES, SCHOOLS, OUTPATIENT CLINICS AND HOSPITALS. ESP SERVICES ARE PROVIDED WITHIN THE COMMUNITY AND WITHIN 10 HOSPITALS EMERGENCY DEPARTMENTS (ED) THROUGHOUT THE NORTH SHORE, CAPE ANN AND MERRIMACK VALLEY, INCLUDING 6 NON-BILH EMERGENCY DEPARTMENTS. BILH BS' EMERGENCY PSYCHIATRIC AND MOBILE RESPONSE TEAMS IN LAWRENCE, SALEM AND LOWELL ARE AVAILABLE AROUND THE CLOCK, PROVIDING PSYCHIATRIC ASSESSMENTS AND SUPPORTIVE SERVICES IN VARIOUS SETTINGS. NBHC PROVIDES THESE SERVICES IN CONJUNCTION WITH A LARGE NUMBER OF AREA HOSPITALS, INCLUDING FACILITIES OUTSIDE OF THE BILH UMBRELLA. MOBILE CRISIS CLINICIANS ALSO RESPOND TO SCHOOLS, HOMES AND OUTPATIENT CLINICS, AND NBHC ALSO PROVIDES WALK-IN SERVICES AT THE THREE TEAM LOCATIONS. IN ADDITION TO EMERGENCY EVALUATION, TEAM MEMBERS PROVIDE ONGOING CRISIS COUNSELING UNTIL THE PATIENT IS STABLE AND RELATIONSHIPS ARE ESTABLISHED WITH LONGER-TERM CARE PROVIDERS. THE LAWRENCE AND SALEM LOCATIONS ALSO HOUSE 8-

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	BED COMMUNITY CRISIS STABILIZATION UNITS, WHICH OFFER SHORT-TERM (3-5 DAY) CRISIS BEDS IN LIEU OF HOSPITALIZATION FOR MASSHEALTH, MEDICARE, AND UNINSURED CLIENTS. IN JANUARY 2023, THE STATE OF MASSACHUSETTS IMPLEMENTED BEHAVIORAL HEALTH REDESIGN, WHICH SIGNIFICANTLY IMPACTED OUR EMERGENCY SERVICES TEAMS. BILH BS WAS AWARDED ONE COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC), LOCATED IN LAWRENCE. THE SERVICE AREAS FOR SALEM AND LOWELL WERE TRANSITIONED TO A DIFFERENT VENDOR. HOWEVER, THIS ALLOWED OUR SALEM AND LOWELL TEAMS TO PIVOT INWARD TO SERVICE THE BILH SYSTEM NEEDS. DURING THE FISCAL PERIOD COVERED BY THIS FILING, EMERGENCY SERVICE PROGRAMS HAD 13,502 ENCOUNTERS, 1,895 OF WHICH WERE DONE REMOTELY, AND THE CCS PROGRAMS RECORDED 2,546 BED DAYS. NBHC IS ALSO ON THE FOREFRONT OF EXPANDING TREATMENT FOR OPIOID USE DISORDER (OUD). SEVERAL BILH ORGANIZATIONS HAVE TAKEN STEPS TO ENHANCE CARE FOR PATIENTS WITH OPIOID USE DISORDER (OUD) WHO PRESENT IN EMERGENCY DEPARTMENTS, PARTICULARLY AS THESE PATIENTS TRANSITION FROM THE HOSPITAL TO A LONG-TERM TREATMENT PROGRAM. THE NBHC BRIDGE CLINIC IN GLOUCESTER ACCEPTS PATIENTS REFERRED FROM THE NORTHEAST HOSPITAL CORP (NHC) EMERGENCY DEPARTMENTS AT BOTH BEVERLY HOSPITAL AND ADDISON GILBERT HOSPITAL AND OFFERS CONTINUATION OF MEDICATION ASSISTED TREATMENT AND SUPPORT FROM RECOVERY COACHES. BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH (BID-PLYMOUTH) TREATS PATIENTS WITH OUD THROUGH MEDICATION-ASSISTED TREATMENT IN THE EMERGENCY DEPARTMENT, AND THE HOSPITAL WORKS CLOSELY WITH COMMUNITY PARTNERS TO PROVIDE ONGOING SUPPORT TO PATIENTS. THESE PROGRAMS ARE SIMILAR TO SERVICES AT MOUNT AUBURN HOSPITAL WHICH ALSO OFFERS MEDICATION-ASSISTED TREATMENT IN ITS EMERGENCY DEPARTMENT. PATIENTS CAN THEN BE REFERRED TO THE BRIDGE CLINIC AT MOUNT AUBURN HOSPITAL OR BID-PLYMOUTH FOR CONTINUED OR ADDITIONAL TREATMENT. NORTHEAST HOSPITAL CORPORATION, BID-PLYMOUTH AND MOUNT AUBURN HOSPITALS ARE ALL PART OF THE BETH ISRAEL LAHEY HEALTH NETWORK AND SISTER ENTITIES TO NBHC.

Additional Data

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization: BETH ISRAEL DEACONESS MEDICAL CENTER INC
Employer identification number: 04-2103881

Part I General Information on Grants and Assistance

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

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

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

(a) Name and address of organization 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) AFRICAN COMMUNITY ECONOMIC DEVELOPMENT OF NEW ENGLAND (ACEDONE) 48 JOHN ELIOT SQUARE BOSTON,MA 02119	51-0419358	501(C)(3)	33,333	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(2) BOSTON CHINATOWN NEIGHBORHOOD CENTER (BCNC) 38 ASH STREET BOSTON,MA 02111	23-7209691	501(C)(3)	270,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(3) ABOUT HEALTHCARE INC 370 WABASHA STREET NORTH ST PAUL,MN 55102			81,425	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(4) AIR AMBULANCE WORLDWIDE 99 MILL ST ARLINGTON,MA 02474			8,824	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(5) ALLSTON BRIGHTON HEALTH COLLABORATIVE 18R SHEPARD ST SUITE 100 BRIGHTON,MA 02135	04-2716278	501(C)(3)	50,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(6) ASIAN COMMUNITY DEVELOPMENT CORPORATION 38 OAK ST BOSTON,MA 02111	04-2988263	501(C)(3)	166,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(7) BAGLY INC 28 COURT SQUARE BOSTON,MA 02108	04-2785336	501(C)(3)	166,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(8) BOSTON CAB DISPATCH 905 MASSACHUSETTS AVE BOSTON,MA 02129			8,741	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(9) BRIDGE OVER TROUBLED WATERS 47 WEST ST BOSTON,MA 02129	04-2472126	501(C)(3)	333,333	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(10) CITY LIFEVIDA URBANA 284 ARMORY STREET BOSTON,MA 02130	04-2660311	501(C)(3)	167,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(11) COMMUNITY CARE ALLIANCE 330 BROOKLINE AVE BOSTON,MA 02120	04-3756900	501(C)(3)	50,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(12) COMMUNITY SERVINGS 179 AMORY ST BOSTON,MA 02130	22-3154028	501(C)(3)	166,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(13) COMUNIDADES ENRAIZADAS COMMUNITY LAND TRUST INC 90 EVERETT AVE STE 10 CHELSEA,MA 02150	87-4067972	501(C)(3)	143,571	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(14) CONEXIN INC 151 COOLIDGE STREET WATERTOWN,MA 02472	20-8056726	501(C)(3)	8,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(15) CYRACOM INTERNATIONAL 535 RTE 38NJ 08002 CHERRY HILL,NJ 08002	36-4036218		6,411	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(16) DIMOCK COMMUNITY HEALTH CENTER 55 DIMOCK ST BOSTON,MA 02111	04-3487835	501(C)(3)	460,125	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(17) ENGLISH FOR NEW BOSTONIANS 105 CHAUNCY ST 4TH FLOOR BOSTON,MA 02129	46-3202177	501(C)(3)	166,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(18) EPOSTERBOARDS LLC 50 TERMINAL ST STE 725 CHARLESTOWN,MA 02129			6,813	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(19) FAMILY NURTURING CENTER 200 BOWDOIN ST DORCHESTER,MA 02121	31-1626186	501(C)(3)	489,048	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(20) FATHERS UPLIFT INC 12 SOUTHERN AVE BOSTON,MA 02124	46-1407932	501(C)(3)	166,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(21) FENWAY CDC 70 BURBANK STREET BOSTON,MA 02115	04-2666507	501(C)(3)	369,167	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(22) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST BOSTON,MA 02115	04-2510564	501(C)(3)	636,500	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(23) GREATER BOSTON CHINESE GOLDEN AGE CENTER 75 KNEELAND ST BOSTON,MA 02111	23-7181452	501(C)(3)	33,333	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(24) GREATER BOSTON YMCA 316 HUNTINGTON AVE STE 1 BOSTON,MA 02115	04-2103551	501(C)(3)	10,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(25) HEALTH LAW ADVOCATES 1 FEDERAL ST BOSTON,MA 02110	04-3298116	501(C)(3)	60,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(26) HEALTH RESOURCES IN ACTION 2 BOYLSTON ST BOSTON,MA 02116	04-2229839	501(C)(3)	306,645	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(27) JSI RESEARCH AND TRAINING INSTITUTE INC 44 FARNSWORTH ST BOSTON,MA 02210	04-2679824	501(C)(3)	18,263	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(28) LA COLABORATIVA INC 318 BROADWAY CHELSEA,MA 02150	22-2906521	501(C)(3)	175,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(29) MEDICAL ACADEMIC AND SCIENTIFIC COMMUNITY ORGANIZATION 375 LONGWOOD AVE BOSTON,MA 02120	04-2507445	501(C)(3)	66,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(30) METRO HOUSING BOSTON 1411 TREMONT ST BOSTON,MA 02120	04-2775991	501(C)(3)	380,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(31) MXM RESEARCH GROUP LLC 239 SOUTH RD BEDFORD,MA 01730	86-2136619	501(C)(6)	115,146	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(32) NEW ENGLAND LIFE FLIGHT INC (DBA BOSTON MEDFLIGHT) 150 HANSCOM DR BEDFORD,MA 01730	22-2582060	501(C)(3)	1,525,541	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(33) OPPORTUNITY COMMUNITIES 4 GERRISH AVE CHELSEA,MA 02150	82-3595539	501(C)(3)	33,333	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(34) OUTER CAPE PRIMARY CARE 3130 STATE HIGHWAY ROUTE 6 WELLFLEET,MA 02667	04-2509828	501(C)(3)	61,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(35) RIDE HEALTH 29 WEST 17TH 6TH FLOOR NEW YORK,NY 10011			98,217	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(36) ROXBURY COLLECTIVE FOR AFFORDABLE HOUSING (RCAH) 1542 COLUMBUS AVE ROXBURY,MA 02119	22-2483475	501(C)(3)	50,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(37) SOCIEDAD LATINA 1530 TREMONT ST BOSTON,MA 02120	04-2678255	501(C)(3)	85,833	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(38) SOUTH COVE COMMUNITY HEALTH CENTER 145 SOUTH ST BOSTON,MA 02111	04-2501818	501(C)(3)	750,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(39) SUBMITTABLE HOLDINGS INC 111 N HIGGINS AVE SUITE 300 MISSOULA,MT 59801	47-5485414	501(C)(6)	9,693	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(40) THE FAMILY VAN 1542 TREMONT ST BOSTON,MA 02120	04-2103580	501(C)(3)	166,667	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(41) THE PARTNERSHIP INC 155 SEAPORT BLVD BOSTON,MA 02115	04-2879910	501(C)(3)	12,000	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(42) UBER 1515 3RD ST SAN FRANCISCO,CA 94158	90-1476995		126,659	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(43) VIRIDIAN APARTMENTS 1282 BOYLSTON ST BOSTON,MA 02115			127,710	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(44) CHARLES RIVER COMMUNITY HEALTH 495 WESTERN AVE BOSTON,MA 02135	23-7221597	501(C)(3)	226,313	0			CARE ACCESS AND/OR TO ADDRESS OTHER IDENTIFIED COMMUNITY HEALTH NEEDS
(45) HARVARD MEDICAL SCHOOL 124 MOUNT AUBURN ST CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	4,773,760	0			SUPPORT TEACHING AND RESEARCH
(46) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVDCA PASADENA,CA 91125	95-1643307	501(C)(3)	50,000	0			RESEARCH SUBCONTRACT
(47) FLORIDA A&M UNIVERSITY ATTN CRYSTAL THOMAS TALLAHASSEE,FL 323073200	59-0977035	501(C)(3)	10,562	0			RESEARCH SUBCONTRACT
(48) FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY SSB 3RD FL TALLAHASSEE,FL 32306	59-1961248	501(C)(3)	212,042	0			RESEARCH SUBCONTRACT
(49) INDIANA UNIVERSITY DEPT 78867 DETROIT,MI 482780867	35-6001673	501(C)(3)	78,128	0			RESEARCH SUBCONTRACT
(50) MEDICAL UNIVERSITY OF SOUTH CAROLINA BURSARS OFFICE CHARLESTON,SC 29407	57-6028985	501(C)(3)	205,560	0			RESEARCH SUBCONTRACT
(51) OREGON HEALTH & SCIENCE UNIVERSITY CENTRAL AR PORTLAND,OR 972084372	23-7083114	501(C)(3)	2,043,177	0			RESEARCH SUBCONTRACT
(52) PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING STATE COLLEGE,PA 168014819	24-6000376	501(C)(3)	124,126	0			RESEARCH SUBCONTRACT
(53) REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 748872 LOS ANGELES,CA 900744872			19,381	0			RESEARCH SUBCONTRACT
(54) REGENTS OF THE UNIVERSITY OF MICHIGAN PO BOX 223131 PITTSBURGH,PA 152512131			85,357	0			RESEARCH SUBCONTRACT
(55) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5960 MINNEAPOLIS,MN 554855960	41-6007513	501(C)(3)	156,801	0			RESEARCH SUBCONTRACT
(56) RUTGERS THE STATE UNIVERSITY BIOMEDICAL HEALTH SCIENCES RBHS-DIVISION GRANT CONTRACT PISCATAWAY,NJ 08854			5,893	0			RESEARCH SUBCONTRACT
(57) RUTGERS NEW JERSEY MEDICAL SCHOOL 145 BEVIER RD PISCATAWAY,NJ 08854	22-6001086	501(C)(3)	27,456	0			RESEARCH SUBCONTRACT
(58) SUNNYBROOK RESEARCH INSTITUTE 2075 BAYVIEW AVE TORONTO CA			195,816	0			RESEARCH SUBCONTRACT
(59) THE HENRY M JACKSON FOUNDATION FOR C/O MONICA BUHL BETHESDA,MD 20817	52-1317896	501(C)(3)	394,612	0			RESEARCH SUBCONTRACT
(60) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 75430 CHARLOTTE,NC 28275			15,323	0			RESEARCH SUBCONTRACT
(61) TRUSTEES OF THE UNIV OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA,PA 191785541	23-1352685	501(C)(3)	13,054	0			RESEARCH SUBCONTRACT
(62) UMASS CHAN MEDICAL SCHOOL 55 LAKE AVE NORTH NEWBORN SCREENING ATTN BURSARS OFFICE WORCESTER,MA 01655			319,635	0			RESEARCH SUBCONTRACT
(63) UNIV OF ALABAMA AT BIRMINGHAM 801 5TH AVE SOUTH RM 251 BIRMINGHAM,AL 35233			50,223	0			RESEARCH SUBCONTRACT
(64) UNIV OF CALIFORNIA AT DAVIS UC DAVIS AR LOCKBOX LOS ANGELES,CA 900741816	94-6036494	501(C)(3)	21,141	0			RESEARCH SUBCONTRACT
(65) UNIV OF TEXAS SOUTHWESTERN MED CTR LOCK BOX 845477 DALLAS,TX 75284	75-2556007	501(C)(3)	31,099	0			RESEARCH SUBCONTRACT
(66) UNIVERSITY OF CINCINNATI SRS ACCOUNTING CLEVELAND,OH 44193	31-6000989	0	718,760	0			RESEARCH SUBCONTRACT
(67) UNIVERSITY OF COLORADO OFFICE OF GRANTS CONTRACTS F428 DENVER,CO 802910439	84-6000555	501(C)(3)	144,540	0			RESEARCH SUBCONTRACT
(68) UNIVERSITY OF COLORADO MEDICINE 13001 E 17TH PLACE MAILSTOP F434 FITZSIMONS BUILDING RM C6004P AURORA,CO 80045			100,334	0			RESEARCH SUBCONTRACT
(69) UNIVERSITY OF CONNECTICUT OFF OF THE VP RES SPON PROG SERV STORRS,CT 062691133	06-0772160	501(C)(3)	85,082	0			RESEARCH SUBCONTRACT
(70) UNIVERSITY OF GEORGIA UGA RESEARCH FOUNDATION ATHENS,GA 30602	27-0474812	501(C)(3)	49,083	0			RESEARCH SUBCONTRACT
(71) UNIVERSITY OF HAWAII OFFICE OF RESEARCH SERVICES HONOLULU,HI 96822	07-8495204	501(C)(3)	22,222	0			RESEARCH SUBCONTRACT
(72) UNIVERSITY OF ILLINOIS GRANTS CONTRACTS 28392 NETWORK PLACE CHICAGO,IL 606731283			55,299	0			RESEARCH SUBCONTRACT
(73) UNIVERSITY OF IOWA 201 S CLINTON ST 2410 UCC IOWA,IA 52242	42-6004813	501(C)(3)	21,283	0			RESEARCH SUBCONTRACT
(74) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVE NORTH WORCESTER,MA 01655	54-2084125	501(C)(3)	508,383	0			RESEARCH SUBCONTRACT
(75) UNIVERSITY OF MICHIGAN REGENTS OF THE UNIV OF MICHIGAN PITTSBURG,PA 152512131			15,338	0			RESEARCH SUBCONTRACT
(76) UNIVERSITY OF MINNESOTA REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5960 PO BOX 1450 MINNEAPOLIS,MN 554855960			37,981	0			RESEARCH SUBCONTRACT
(77) UNIVERSITY OF MISSISSIPPI 2500 NORTH STATE STREET ATTN YOLANDA GRIFFIN OFFICE OF CLINICAL JACKSON,MS 392164505	23-7310293	501(C)(3)	135,628	0			RESEARCH SUBCONTRACT
(78) UNIVERSITY OF NORTH CAROLINA 120 MASON FARM RD CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	31,931	0			RESEARCH SUBCONTRACT
(79) UNIVERSITY OF PENNSYLVANIA P221 FRANKLIN BLDG PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	202,225	0			RESEARCH SUBCONTRACT
(80) UNIVERSITY OF PITTSBURGH INNOVATION INSTITUTE PITTSBURGH,PA 15260	25-0965591	501(C)(3)	768,070	0			RESEARCH SUBCONTRACT
(81) UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUTING LOS ANGELES,CA 900898001	95-1642394	501(C)(3)	114,049	0			RESEARCH SUBCONTRACT
(82) UNIVERSITY OF TEXAS HEALTH SCIENCE CTR FINANCIAL ADMINSTRATIVE SUPPORT HOUSTON,TX 772163382	74-1761309	501(C)(3)	10,238	0			RESEARCH SUBCONTRACT
(83) UNIVERSITY OF TORONTO 1005-2245 EGLINTON AVE EAST SCARBOROUGH CA			23,602	0			RESEARCH SUBCONTRACT
(84) UNIVERSITY OF VERMONT PO BOX 1389 WILLISTON,VT 054951389	03-0179440	501(C)(3)	11,647	0			RESEARCH SUBCONTRACT
(85) UNIVERSITY OF WASHINGTON GRANT CONTRACT ACCOUNTING CHICAGO,IL 60693	94-3079432	501(C)(3)	217,124	0			RESEARCH SUBCONTRACT
(86) UNIVERSITY OF WISCONSIN DEPT OF PATHOLOGY LABORATORY MEDICINE MADISON,WI 537061532	39-6006492	501(C)(3)	48,623	0			RESEARCH SUBCONTRACT
(87) AIDS VACCINE ADVOCACY COALITION INC 540 PRESIDENT ST 3RD FL BROOKLYN,NY 11215	94-3240841	501(C)(3)	55,885	0			RESEARCH SUBCONTRACT
(88) ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE CODE 61GE ATTN CHANEY FIELDS ALBANY,NY 12206	14-1338310	501(C)(3)	9,972	0			RESEARCH SUBCONTRACT
(89) ALBERT EINSTEIN COLLEGE OF MEDICINE MONTEFIORE MC CTR OF ANES BRONX,NY 10467	83-0621846	501(C)(3)	53,610	0			RESEARCH SUBCONTRACT
(90) AMERICAN SOCIETY FOR CLINICAL PATHOLOGY 33 WEST MONROE ST SUITE 1600 CHICAGO,IL 606035617	36-2406080	501(C)(3)	8,417	0			RESEARCH SUBCONTRACT
(91) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE BOX 271 CHICAGO,IL 60611			11,500	0			RESEARCH SUBCONTRACT
(92) ARCHANGELS 716 BEACON ST UNIT 590598 NEWTON CENTER,MA 02459	82-1974847	501(C)(3)	230,775	0			RESEARCH SUBCONTRACT
(93) ARTICULATE BIOSCIENCES LLC 6 HART ROAD LYNNFIELD,MA 01940			105,000	0			RESEARCH SUBCONTRACT
(94) ATILA BIOSYSTEMS INC 4236 DARLINGTON CT PALO ALTO,CA 05195			5,195	0			RESEARCH SUBCONTRACT
(95) BAYLOR COLLEGE OF MEDICINE PO BOX 201307 DALLAS,TX 753031207	74-1613878	501(C)(3)	226,513	0			RESEARCH SUBCONTRACT
(96) BDO USA LLP 200 PORTLAND ST BOSTON,MA 02114	13-5381590	0	44,877	0			RESEARCH SUBCONTRACT
(97) BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH ATTN GENERAL ACCOUNTING PLYMOUTH,MA 02360			11,500	0			RESEARCH SUBCONTRACT
(98) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(C)(3)	528,119	0			RESEARCH SUBCONTRACT
(99) BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON,MA 02115	04-2103547	501(C)(3)	208,903	0			RESEARCH SUBCONTRACT
(100) BRIGHAM & WOMEN'S HOSPITAL PO BOX 3149 ATTN PS 102450 BOSTON,MA 022413149			860,162	0			RESEARCH SUBCONTRACT
(101) BROAD INSTITUTE 320 CHARLES STREET CAMBRIDGE,MA 02141	26-3428781	501(C)(3)	1,141,804	0			RESEARCH SUBCONTRACT
(102) BROWN UNIVERSITY BOX G-S121-8 PROVIDENCE,RI 02912	26-3428781	501(C)(3)	16,467	0			RESEARCH SUBCONTRACT
(103) CAMPBELL UNIVERSITY 143 MAIN ST PO BOX 97 BUIES CREEK,NC 27506			17,199	0			RESEARCH SUBCONTRACT
(104) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501(C)(3)	499,267	0			RESEARCH SUBCONTRACT
(105) CATALENT PHARMA SOLUTIONS 14 SCHOOLHOUSE RD SOMERSET,NJ 08873	13-3523163	0	40,146	0			RESEARCH SUBCONTRACT
(106) CHARLES RIVER COMMUNITY HEALTH INC 495 WESTERN AVENUE BRIGHTON,MA 02135			6,971	0			RESEARCH SUBCONTRACT
(107) COLUMBIA UNIVERSITY C/O COLUMBIA ORTHOPAEDICS 622 WEST 168TH STREET PH-11 NEW YORK,NH 10032			377,580	0			RESEARCH SUBCONTRACT
(108) DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE GENERAL ACCOUNTING BP-430 BOSTON,MA 022155450			1,632,077	0			RESEARCH SUBCONTRACT
(109) DANA FARBER PARTNERS CANCER CARE 450 BROOKLINE AVENUE GENERAL ACCOUNTING BP-430 BOSTON,MA 022155450			1,615,529				RESEARCH SUBCONTRACT
(110) DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRV LEHANON,NH 03756	22-2715483	501(C)(3)	56,637	0			RESEARCH SUBCONTRACT
(111) DFCI MAC 44 BINNEY ST B409 BOSTON,MA 02115			10,330	0			RESEARCH SUBCONTRACT
(112) DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAM DURHAM,NC 277080491	56-0532129	501(C)(3)	92,323	0			RESEARCH SUBCONTRACT
(113) EMORY UNIVERSITY SCHOOL OF MEDICINE ATLANTA,GA 303224250	58-0566256	501(C)(3)	582,968	0			RESEARCH SUBCONTRACT
(114) EXPONENT INC 149 COMMONWEALTH DRIVE MENLO PARK,CA 94025			12,750	0			RESEARCH SUBCONTRACT
(115) FENWAY COMMUNITY HEALTH CENTER PO BOX 847074 BOSTON,MA 022847074	04-2510564	501(C)(3)	31,297	0			RESEARCH SUBCONTRACT
(116) FISHER CLINICAL SERVICES INC 13741 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693			9,535	0			RESEARCH SUBCONTRACT
(117) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE,WA 98109	91-1935159	501(C)(3)	420,195	0			RESEARCH SUBCONTRACT
(118) GE HEALTHCARE PO BOX 96483 CHICAGO,IL 60693			42,320	0			RESEARCH SUBCONTRACT
(119) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRV FAIRFAX,VA 22030	54-0836354	501(C)(3)	46,633	0			RESEARCH SUBCONTRACT
(120) GEORGETOWN UNIVERSITY OFFICE OF TECH LIC HARRIS BLDG STE 1500 WASHINGTON,DC 20007	53-0196603	501(C)(3)	34,870	0			RESEARCH SUBCONTRACT
(121) HARTFORD HOSPITAL CLINICAL RESEARCH CENTER HARTFORD,CT 061025037	06-0646668	501(C)(3)	59,924	0			RESEARCH SUBCONTRACT
(122) HARVARD MEDICAL SCHOOL 240 LONGWOOD AVE BOSTON,MA 02115	04-2103580	501(C)(3)	550,116	0			RESEARCH SUBCONTRACT
(123) HARVARD PILGRIM HEALTH CARE INC PO BOX 970050 BOSTON,MA 022970050	04-2452600	501(C)(3)	111,769	0			RESEARCH SUBCONTRACT
(124) HARVARD T H CHAN SCHOOL OF PUBLIC HEALTH C/O DANIEL BEAUDOIN KRESGE LL-15 BOSTON,MA 02115	04-2103580	501(C)(3)	24,915	0			RESEARCH SUBCONTRACT
(125) HARVARD UNIVERSITY 1033 MASSACHUSETTS AVENUE CENTRAL ACCOUNTS RECEIVABLE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	229,804	0			RESEARCH SUBCONTRACT
(126) HEBREW REHABILITATION CENTER AGING BRAIN CENTER BOSTON,MA 02301	04-2104298	501(C)(3)	39,323	0			RESEARCH SUBCONTRACT
(127) HEBREW SENIOR LIFE 1200 CENTRE STREET BOSTON,MA 02131	90-0183119	501(C)(3)	20,984	0			RESEARCH SUBCONTRACT
(128) HSL INSTITUTE FOR AGING RESEARCH 1200 CENTER STREET BOSTON,MA 02115			11,800	0			RESEARCH SUBCONTRACT
(129) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ATTN RAJ APPAVU BOX 3500 NEW YORK,NY 10029			48,080	0			RESEARCH SUBCONTRACT
(130) IORBIT DIGITAL TECHNOLOGIES LLC 12395 MORRIS ROAD STE 102 ALPHARETTA,GA 30005			15,000	0			RESEARCH SUBCONTRACT
(131) JOHNS HOPKINS UNIVERSITY JHU REFERENCE LABORATORY BALTIMORE,MD 212644478	52-0595110	501(C)(3)	561,991	0			RESEARCH SUBCONTRACT
(132) JOSLIN DIABETES CENTER TECH TRANS CONSULANT RM 503 BOSTON,MA 02215	04-2203836	501(C)(3)	202,206	0			RESEARCH SUBCONTRACT
(133) JOSLIN DIABETES CENTER INC PUBLICATIONS ONE JOSLIN PLACE BOSTON,MA 02215			82,601	0			RESEARCH SUBCONTRACT
(134) KAISER FOUNDATION HEALTH PLAN INC 1800 HARRISON AVE 16TH FLR OAKLAND,CA 96412	94-1340523	501(C)(3)	34,787	0			RESEARCH SUBCONTRACT
(135) LABCORP OF AMERICA PO BOX 2270 BURLINGTON,NC 27216			5,389	0			RESEARCH SUBCONTRACT
(136) LABORATORY CORPORATION OF AMERICA PO BOX 2270 BURLINGTON,NC 27216			5,794	0			RESEARCH SUBCONTRACT
(137) LAHEY CLINIC INC RESEARCH ADMINISTRATION 41 MALL ROAD BURLINGTON,MA 01805			172,773	0			RESEARCH SUBCONTRACT
(138) LEIDOS BIOMEDICAL RESEARCH INC 1050 BOYLES STREET FREDERICK,MD 21702	33-0653185	0	230,079	0			RESEARCH SUBCONTRACT
(139) LOWELL GENERAL HOSPITAL THE MEDICAL STAFF OFFICE LOWELL GENERAL HOSPITAL LOWELL,MA 01854			11,500	0			RESEARCH SUBCONTRACT
(140) LUNDQUIST INST FOR BIOMEDICAL INNOVATION 1124 CARSON ST TORRANCE,CA 90502			60,646	0			RESEARCH SUBCONTRACT
(141) MASS GENERAL BRIGHAM PO BOX 3715 BOSTON,MA 02241	04-3230035	501(C)(3)	1,247,263	0			RESEARCH SUBCONTRACT
(142) MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE BOSTON,MA 022414876	04-1564655	501(C)(3)	1,616,655	0			RESEARCH SUBCONTRACT
(143) MASSACHUSETTS INSTITUTE OF TECHNOLOGY C/O OFFICE OF SPONSERED PROG CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	474,427	0			RESEARCH SUBCONTRACT
(144) MAYO CLINIC 200 FIRST ST ROCHESTER,MA 55901	41-6011702	501(C)(3)	26,355	0			RESEARCH SUBCONTRACT
(145) MCLEAN HOSPITAL EBASIS/MS112 BELMONT,MA 024789106	04-2697981	501(C)(9)	26,248	0			RESEARCH SUBCONTRACT
(146) MEDICAL COLLEGE OF WISCONSIN ATTN JANE BRENNAN NELSON MILWAUKEE,WI 53226			19,197	0			RESEARCH SUBCONTRACT
(147) MEDPANEL INC 751 CROWELL AVE NORTH CHATHAM,MA 02650			68,500	0			RESEARCH SUBCONTRACT
(148) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK,NY 100656007			20,561	0			RESEARCH SUBCONTRACT
(149) MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST MRT 8-014 BRONX,NY 10467			112,699	0			RESEARCH SUBCONTRACT
(150) MOUNT SINAI MEDICAL CENTER ONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK,NY 10029			39,034	0			RESEARCH SUBCONTRACT
(151) NEW MEXICO CONSORTIUM INC 4200 WEST JEMEZ RD STE 200 LOS ALAMOS,NM 87544			41,054	0			RESEARCH SUBCONTRACT
(152) NORTHEASTERN UNIVERSITY 360 HUNTINGTION AVE BOSTON,MA 02115	04-1679980	501(C)(3)	340,939	0			RESEARCH SUBCONTRACT
(153) NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR 7TH FL CHICAGO,IL 60611			17,028	0			RESEARCH SUBCONTRACT
(154) OLINK PROTEOMICS INC 130 TURNER STREET WALTHAM,MA 02453			31,805	0			RESEARCH SUBCONTRACT
(155) ORLANDO IMMUNOLOGY CENTER PA 1707 NORTH MILLS AVE ORLANDO,FL 32803	84-2697934	0	53,569	0			RESEARCH SUBCONTRACT
(156) OSTEOCENTRIC TECHNOLOGIES ATTN OSTEOCENTRIC TRAUMA AUSTIN,TX 78759			24,090	0			RESEARCH SUBCONTRACT
(157) PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	727,887	0			RESEARCH SUBCONTRACT
(158) PROVIDENCE HEALTH & SERVICES 879 W 190TH ST STE 1000 GARDENA,CA 90248	91-1549796	501(C)(3)	45,631	0			RESEARCH SUBCONTRACT
(159) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN-TRIANGLE OFFICE BLDG 284 CHICAGO,IL 60612	36-2174823	501(C)(3)	133,087	0			RESEARCH SUBCONTRACT
(160) SAINT LUKES HOSPITAL OF KANSAS CITY SLH RESEARCH SAINT LOUIS,MO 631505335			75,599	0			RESEARCH SUBCONTRACT
(161) SALK INSTITUTE OF BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA,CA 92037	95-2160097	501(C)(3)	131,655	0			RESEARCH SUBCONTRACT
(162) SISTERS OF CHARITY HOSPITAL FOUNDATION 2157 MAIN STREET BUFFALO,NY 14214			87,959	0			RESEARCH SUBCONTRACT
(163) STANFORD UNIVERSITY INTERLIBRARY SERVICES RM 161 GREEN LIBRARY STANFORD,CA 943056004	94-1156365	501(C)(3)	5,680	0			RESEARCH SUBCONTRACT
(164) THERMO FISHER SCIENTIFIC ASHEVILLE LLC PO BOX 842339 DALLAS,TX 752842339	04-2209186	0	18,043	0			RESEARCH SUBCONTRACT
(165) TRIALWISE INC 1098 FOSTER CITY BLVD STE 201 FOSTER,CA 94404		0	287,642	0			RESEARCH SUBCONTRACT
(166) TRUSTEES OF DARTMOUTH COLLEGE INST FOR HEALTH POLICY CLINICAL PRA LEBANON,NH 03766	02-0222111	501(C)(3)	162,369	0			RESEARCH SUBCONTRACT
(167) TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 115 BOSTON,MA 02111	04-3400617	501(C)(3)	11,984	0			RESEARCH SUBCONTRACT
(168) UNIVERSITY OF ROCHESTER DONNA GALLOWAY UR A/C GR503012 ROCHESTER,NY 14642	16-0743209	501(C)(3)	80,207	0			RESEARCH SUBCONTRACT
(169) VANDERBILT UNIVERSITY MEDICAL CENTER DEPT OF FINANCE ATLANTA,GA 311920303	35-2528741	501(C)(3)	35,696	0			RESEARCH SUBCONTRACT
(170) WASHINGTON UNIVERSITY SCHOOL OF MEDICINEDEPT OF NEUROLOGY ST LOUIS ST LOUIS,MO 63160			48,207	0			RESEARCH SUBCONTRACT
(171) WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVENUE AT 69TH STREET NEW YORK,NY 10021	15-0532082	501(C)(3)	137,849	0			RESEARCH SUBCONTRACT
(172) YALE UNIVERSITY OFFICE OF CORPORATE RESEARCH NEW HAVEN,CT 06511	90-0230377	501(C)(3)	95,080	0			RESEARCH SUBCONTRACT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 108

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 70

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:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number
04-2103881

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TABB MD KEVIN CEO AND TTEE (EX-OFF)	(i)	0	0	0	0	0	0	0
	(ii)	2,103,982	0	403,253	257,320	42,597	2,807,152	0
2KERNDL JOHN TREAS (EX-OFF) (EVP & CFO, BILH)	(i)	0	0	0	0	0	0	0
	(ii)	1,068,846	100,000	132,617	4,985	29,424	1,335,872	0
3CHAIKOF MD PHD ELLIOT L TTEE (EXOFF)/SURG CHF; HMFP SURG CHR	(i)	574,384	0	28,696	30,325	27,023	660,428	0
	(ii)	574,384	0	28,696	30,325	27,023	660,428	0
4HEALY PETER PRESIDENT & TRUSTEE (EX-OFFICIO)	(i)	976,203	0	119,234	0	0	1,095,437	0
	(ii)	0	0	0	76,340	35,969	112,309	0
5KIMBALL MD MPH ALEXA B TTEE (EX-OFF), PRES & CEO OF HMFP	(i)	0	0	0	0	0	0	0
	(ii)	822,379	213,995	26,342	57,188	46,439	1,166,343	0
6RODRIGUEZ MD EDWARD KENNETH CHIEF OF ORTHO SURGERY	(i)	471,345	0	19,323	30,500	23,461	544,629	0
	(ii)	471,345	0	19,323	30,500	23,461	544,629	0
7RIOS CINDY TREAS (EX-OFF) (INTERIM CFO, BILH)	(i)	0	0	0	0	0	0	0
	(ii)	574,544	174,475	53,027	188,510	32,426	1,022,982	0
8ZEIDEL MD MARK L TTEE (EXOFF)/MED CHIEF; HMFP MED CHR	(i)	422,333	0	16,562	24,712	17,403	481,010	0
	(ii)	422,333	0	16,562	24,712	17,403	481,010	0
9TALMOR MD MPH DANIEL CHIEF OF ANESTHESIA	(i)	409,304	3,063	19,327	28,594	20,090	480,378	0
	(ii)	409,304	3,063	19,327	28,594	20,090	480,378	0
10STEVENSON MD PHD MARY ANN CHF,RAD ONC BIDMC; CHR, RADONC, HMFP	(i)	405,270	0	23,188	28,594	7,416	464,468	0
	(ii)	405,270	0	23,188	28,594	7,416	464,468	0
11KATZ ESQ JAMIE CLERK (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	794,826	0	103,367	7,320	8,544	914,057	0
12KRUSKAL MD PHD JONATHAN B CHIEF (RAD), BIDMC; CHAIR (RAD),HMFP	(i)	399,538	0	17,616	18,300	17,613	453,067	0
	(ii)	399,538	0	17,616	18,300	17,613	453,067	0
13CULLEN MICHAEL R FORMER CFO, BIDMC	(i)	239,910	0	313,133	265,643	12,632	831,318	0
	(ii)	0	0	0	0	0	0	0
14PURSLEY MD DEWAYNE M DIR EXOFF, VC, NEO CHR;BIDMC NEO CHF	(i)	356,299	0	14,230	30,500	13,923	414,952	0
	(ii)	356,299	0	14,230	30,500	13,923	414,952	0
15SZABO MD PHD HON SCD GYONGYI TTEE (EXOFF), CHIEF ACADEMIC OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	676,058	0	24,171	57,188	24,689	782,106	0
16WEISS MD MBA MSC ANTHONY P CHIEF MEDICAL OFFICER	(i)	507,553	77,265	10,742	0	0	595,560	0
	(ii)	0	0	0	48,800	47,452	96,252	0
17AZOCAR MD RUBEN VP, PERIOPERATIVE SERVICES	(i)	570,523	0	9,398	0	0	579,921	0
	(ii)	0	0	0	48,800	42,882	91,682	0
18MAURER RN MSN MARSHA CNO & SVP OF PATIENT CARE SERVICES	(i)	502,762	0	18,399	7,320	23,597	552,078	0
	(ii)	0	0	0	0	0	0	0
19SCHWARTZSTEIN MD RICHARD M VP, EDUCATION; PHYS, PULMONARY MED	(i)	0	0	0	0	0	0	0
	(ii)	441,036	0	16,024	33,550	23,420	514,030	0
20AYOUB JO VP, HUMAN RESOURCES BUSINESS PARTNER	(i)	318,454	0	3,394	0	0	321,848	0
	(ii)	0	0	0	12,788	27,007	39,795	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SKURA SAMUEL FORMER CHIEF OPERATING OFFICER	(i)	320,777	0	-3,448	6,840	21,589	345,758	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0
22VOLPE ELLEN VICE PRESIDENT, AMBULATORY SERVICES	(i)	297,328	0	1,321	9,869	31,545	340,063	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0
23FLANAGAN DAVID SVP, CAPITAL FACILITIES& ENGINEERING	(i)	286,277	0	17,582	6,172	21,498	331,529	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0
24ARMSTRONG ESQ EMILY ASST CLERK(EX-OFF), AVP,ASST DEP GC	(i)	12,592	0	23,820	828	1,609	38,849	0
	(ii)	- 231,579	- 0	- 227	7,087	- 27,481	- 266,374	0
25FOLEY DNP MHA RN JANE INTERIM CNO & SVP, PATIENT CARE SVCS	(i)	232,678	2,500	6,332	5,762	23,691	270,963	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0
26HURN IRWIN INTERIM ASST TREAS (EX-OFF) & CFO	(i)	0	0	254,800	0	0	254,800	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0
27ARMSTRONG WALTER FRMR SVP, CAP FACILITIES/ENGINEERING	(i)	51,437	0	179,202	1,237	101	231,977	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0
28DORE JARROD VP, CAPITAL FACILITIES & ENGINEERING	(i)	182,034	400	3,819	4,447	3,412	194,112	0
	(ii)	- 0	- 0	- 0	0	- 0	- 0	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J NARRATIVES ADDITIONAL EXPLANATORY NOTES:	SCHEDULE J, PART I LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FROM TIME TO TIME AND UNDER CERTAIN CIRCUMSTANCES, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OR ONE OF ITS AFFILIATES MAY CHOOSE TO GROSS-UP A PAYMENT TO MAKE THE EMPLOYEE WHOLE FROM A TAX PERSPECTIVE. AS EXPLAINED FURTHER BELOW, ACROSS BILH THESE SITUATIONS ARE REVIEWED ON A CASE-BY-CASE BASIS AND THE COST OF ANY GROSS-UP IS CONSIDERED WHEN REVIEWING AN EMPLOYEE'S OVERALL COMPENSATION PACKAGE FOR REASONABLENESS. EXAMPLES OF THE TYPES OF EXPENSES WHICH FALL INTO THIS CATEGORY ARE REIMBURSEMENT FOR RELOCATION AND TEMPORARY HOUSING. SCHEDULE J, PART I, LINE 3 - CHIEF EXECUTIVE OFFICER / PRESIDENT COMPENSATIO BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'S CHIEF EXECUTIVE OFFICER AND PRESIDENT ARE EMPLOYED THROUGH BETH ISRAEL LAHEY HEALTH (BILH), WHICH AS NOTED THROUGHOUT THIS FILING, IS THE DIRECT OR INDIRECT SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IN THIS CAPACITY, THE BILH COMPENSATION COMMITTEE SETS COMPENSATION FOR THE CEO AND PRESIDENT OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AS NOTED IN RESPONSE TO THIS FORM 990 PART VI QUESTIONS 15A AND 15B, 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. THE BILH COMPENSATION COMMITTEE IS COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES. 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 AS VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BILH BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS FOR BOTH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE 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.
SCHEDULE J, PART I, LINE 4A - SEVERANCE AND CHANGE OF CONTROL PAYMENTS	ONE OR MORE INDIVIDUALS LISTED IN THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, RECEIVED SEVERANCE PAYMENTS. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. SCHEDULE J, PART I, LINE 4B - NON-QUALIFIED PLANS BILH AND ITS AFFILIATES MAINTAIN CERTAIN SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. DURING THE PERIOD COVERED BY THIS FILING, ONE OR MORE INDIVIDUALS LISTED IN THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS, WHICH UNDER THE DEFINITION TO THIS FORM 990 ARE SUPPLEMENTAL NONQUALIFIED PLANS: BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM, BETH ISRAEL LAHEY HEALTH, INC. SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, LAHEY CLINIC FOUNDATION, INC. 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN PHYSICIANS, SENIOR MANAGEMENT AND DEFINED MEDICAL STAFF, THE JORDAN HEALTH SYSTEMS, INC. 457(F) DEFERRED COMPENSATION PLAN. IN ADDITION, DURING THE PERIOD COVERED BY THIS FILING, ONE OR MORE INDIVIDUALS LISTED IN THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, MAY HAVE PARTICIPATED IN ONE OR MORE OF THESE ADDITIONAL IRC 457(B) PLANS AND BENEFITS FROM PARTICIPATING IN ONE OF THESE PLANS IS ALSO REPORTED IN THIS FORM 990: ANNA JAQUES HOSPITAL SELECT GROUP 457(B) DEFERRED COMPENSATION PLAN, BETH ISRAEL DEACONESS HOSPITAL MILTON 457(B) PLAN, BETH ISRAEL DEACONESS MEDICAL CENTER 457(B) PLAN, BETH ISRAEL LAHEY HEALTH, INC. 457(B) DEFERRED COMPENSATION PLAN, LAHEY CLINIC FOUNDATION, INC. 457(B) NONQUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN PHYSICIANS, SENIOR MANAGEMENT AND DEFINED MEDICAL STAFF, MOUNT AUBURN HOSPITAL 457(B) DEFERRED COMPENSATION PLAN, NEW ENGLAND BAPTIST HOSPITAL 457(B) PLAN, THE JORDAN HEALTH SYSTEMS, INC. ELIGIBLE DEFERRED COMPENSATION PLAN, WINCHESTER HOSPITAL SELECT GROUP 457(B) DEFERRED COMPENSATION PLAN, EXETER HEALTH RESOURCES, INC. 457(B) RETIREMENT SAVINGS PLAN, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 457(B) DEFERRED COMPENSATION PLAN. THESE PLANS ARE NON-QUALIFIED DEFERRED COMPENSATION PLANS AND PURSUANT TO THE PLANS, ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS RECEIVED BY PARTICIPANTS, DEFERRED BY PARTICIPANTS AND THE CHANGE IN VALUE OF THE PLAN BENEFITS RELATED TO THESE PARTICIPANTS'' ACCOUNTS 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, PART I, LINE 7 - NON-FIXED PAYMENTS AS NOTED ABOVE, 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. THE BILH COMPENSATION COMMITTEE IS COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES. DURING THE 2022 CALENDAR YEAR, BILH MAINTAINED EXECUTIVE COMPENSATION PACKAGES WHICH INCLUDED OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF VARIOUS FACTORS, INCLUDING BUT NOT LIMITED TO, MEETING OR EXCEEDING THE EMPLOYING ENTITY'S OBJECTIVES FOR QUALITY AND PATIENT SAFETY, BUDGETED CONSOLIDATED OPERATING MARGIN, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES. IN EACH CASE, INCENTIVE COMPENSATION WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE, AND FOR THE BILH CEO AS NOTED ABOVE, THE FULL BILH BOARD OF TRUSTEES. ADDITIONAL INFORMATION IS INCLUDED IN THE EXPLANATORY NOTES TO THIS SCHEDULE J. DIRECTORS AND TRUSTEES SERVE WITHOUT COMPENSATION: 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 IN THE NOTES BELOW. REPORTING PERIOD: AS REQUIRED BY FORM 990, COMPENSATION REPORTED IN THE FILING FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023 IS CALENDAR YEAR 2022 COMPENSATION. COMPENSATION SOURCES: COMPENSATION REPORTED FOR INDIVIDUALS MAY INCLUDE COMPENSATION PAID BY THE REPORTING ENTITY, AN AFFILIATE OF THE REPORTING ENTITY AND IN SOME CASES UNRELATED ENTITIES AS REQUIRED BY FORM 990. REPORTABLE COMPENSATION: 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: 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: ORDINARY WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN OTHER REPORTABLE COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN OTHER REPORTABLE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: TAXABLE EMPLOYER SUBSIDIZED PARKING; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE. 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 NON-TAXABLE BENEFITS: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE, AMONG OTHER THINGS, AMOUNTS FROM ONE OR MORE OF THE FOLLOWING 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 ADDITIONAL INDIVIDUAL SPECIFIC INFORMATION IS INCLUDED BELOW.
SCHEDULE J FOOTNOTES (CONTINUED):	ARMSTRONG, ESQ., EMILY - ASSISTANT VICE PRESIDENT AND ASSISTANT DEPUTY GENERAL COUNSEL BETH ISRAEL LAHEY HEALTH - ASSISTANT CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - ASSISTANT CLERK (EX-OFFICIO) - BETH ISRAEL

	DEACONESS HOSPITAL PLYMOUTH, INC. - ASSISTANT CLERK (EX-OFFICIO) - JOSLIN CLINIC, INC. - ASSISTANT CLERK (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. - ASSISTANT CLERK (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. - ASSISTANT CLERK (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. - CLERK (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP O TERM ENDED MARCH 30, 2023 - CLERK (EX-OFFICIO) - BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. - CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. O TERM ENDED MARCH 30, 2023 UNLESS OTHERWISE NOTED, MS. ARMSTRONG SERVED IN THE POSITIONS ABOVE FOR THE FULL FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 INCLUDES A PAYMENT FOR PTO CASHED OUT IN THE AMOUNT OF $23,808. ARMSTRONG, WALTER - FORMER SENIOR VICE PRESIDENT, CAPITAL FACILITIES & ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. ARMSTRONG SERVED IN THE POSITION ABOVE IN THE PRIOR FISCAL YEAR AND RETIRED ON FEBRUARY 18, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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. ARMSTRONG INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $178,811. THIS AMOUNT INCLUDES A DISTRIBUTION FROM A NONQUALIFIED PLAN IN THE AMOUNT OF $159,311. AYOUB, JO - VP, HUMAN RESOURCES BUSINESS PARTNER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS. AYOUB INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $1,138. INCLUDED IN THIS AMOUNT IS AN UNREALIZED LOSS IN THE AMOUNT OF $189 IMPACTING THE NONQUALIFIED BALANCE. AZOCAR M.D., RUBEN - VICE PRESIDENT, PERIOPERATIVE SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHAIKOF, M.D., PHD, ELLIOT L. UNLESS OTHERWISE NOTED BELOW, DR. CHAIKOF HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2023: - TRUSTEE (EX-OFFICIO); CHIEF (SURGERY) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & SURGERY CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION - TRUSTEE - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL - JOHNSON & JOHNSON PROFESSOR OF SURGERY - HARVARD MEDICAL SCHOOL DR. CHAIKOF SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 2022 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.
SCHEDULE J FOOTNOTES (CONTINUED):	CULLEN, MICHAEL R - FORMER ASSISTANT TREASURER (EX-OFFICIO), CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT (FINANCE) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - FORMER TRUSTEE AND CHIEF FINANCIAL OFFICER - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. MR. CULLEN'S TERM ENDED IN THE ABOVE POSITIONS ON JULY 8, 2022 PRIOR TO THE BEGINNING OF THE REPORTING PERIOD AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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. CULLEN INCLUDES SEVERANCE PAYMENTS IN THE AMOUNT OF $199,042. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. CULLEN INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $110,565. THIS AMOUNT INCLUDES DISTRIBUTIONS FROM NONQUALIFIED PLANS IN THE AMOUNT OF $91,065. DEFERRED COMPENSATION INCLUDES DEFERRED SEVERANCE PAYMENTS IN THE AMOUNT OF $259,620 TO BE PAID AFTER DECEMBER 31, 2022. DORE, JARROD - VICE PRESIDENT - CAPITAL FACILITIES AND ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. DORE STARTED AS INTERIM VICE PRESIDENT OF CAPITAL FACILITIES AND ENGINEERING ON JANUARY 1, 2023 AND STEPPED INTO THE ROLE PERMANENTLY ON MARCH 5, 2023. PRIOR TO THAT TIME HE SERVED AS THE DIRECTOR OF FACILITIES FOR BIDMC. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 COMPENSATION WHICH IS COMPENSATION PAID TO MR. DORE IN HIS PREVIOUS ROLE AT BIDMC. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. FLANAGAN, DAVID - SENIOR VICE PRESIDENT - CAPITAL FACILITIES & ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. O TERM ENDED JANUARY 1, 2023 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 INCLUDES A PAYMENT FOR PTO CASHED OUT IN THE AMOUNT OF $15,444.
SCHEDULE J FOOTNOTES (CONTINUED):	FOLEY, DNP, MHA, RN, JANE - INTERIM CHIEF NURSING OFFICER AND SVP, PATIENT CARE SERVICES BETH ISRAEL DEACONESS MEDICAL CENTER, INC. O TERM BEGAN ON OCTOBER 23, 2022 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 INCLUDES A PAYMENT FOR PTO CASHED OUT IN THE AMOUNT OF $4,694. FRANCIOLI, CARL - ASSISTANT TREASURER (EX-OFFICIO) & CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. O TERM BEGAN ON JANUARY 9, 2023 - TRUSTEE - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. O TERM BEGAN ON MARCH 23, 2023 AS NOTED, MR. FRANCIOLI SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 COMPENSATION. ACCORDINGLY, SINCE MR. FRANCIOLI DID NOT BEGIN SERVING IN HIS POSITIONS UNTIL CALENDAR YEAR 2023, THERE IS NO COMPENSATION TO REPORT IN THIS FILING. HEALY, PETER UNLESS OTHERWISE NOTED BELOW, MR. HEALY HELD THE POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2023: - PRESIDENT & TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) (PRESIDENT OF BIDMC) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC. - TRUSTEE (EX-OFFICIO) (CEO DESIGNATE) AND CO-CHAIR - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL - DIRECTOR (EX-OFFICIO) (NON-VOTING) - BETH ISRAEL ANAESTHESIA FOUNDATION, INC. DIRECTOR (EX-OFFICIO) (NON-VOTING) - BETH ISRAEL DERMATOLOGY FOUNDATION, INC. MR. HEALY SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 INCLUDE COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $106,577. THIS AMOUNT INCLUDES A DISTRIBUTION FROM A NONQUALIFIED PLAN IN THE AMOUNT OF $135,796 AND UNREALIZED LOSSES IMPACTING HIS NONQUALIFIED BENEFIT IN THE AMOUNT OF $48,719 WHICH IS UNVESTED. DEFERRED COMPENSATION IN THE AMOUNT OF $69,020 INCLUDED IN THIS FILING FOR MR. HEALY RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2022, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THIS AMOUNT IS INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. HURN, IRWIN - INTERIM ASSISTANT TREASURER, INTERIM CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. HURN'S SERVICES IN THE INTERIM ROLE ABOVE WERE RETAINED THROUGH B.E. SMITH INTERIM SERVICES, LLC. HE STARTED IN THE POSITION LISTED ABOVE ON JULY 9, 2022 PRIOR TO THE BEGINNING OF THE FISCAL YEAR COVERED BY THIS FILING. HE SERVED IN THE ROLE THROUGH JANUARY 8, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 COMPENSATION. BETH ISRAEL DEACONESS MEDICAL CENTER PAID B.E. SMITH INTERIM SERVICES APPROXIMATELY $254,800 FOR MR. HURN'S SERVICES IN CALENDAR YEAR 2022. KATZ, ESQ., JAMIE UNLESS OTHERWISE NOTED BELOW, MR. KATZ HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2023: - GENERAL COUNSEL AND CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. - CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. - CLERK (EX-OFFICIO) - MOUNT AUBURN HOSPITAL - CLERK (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL - CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. - CLERK - COMMUNITY PHYSICIANS ASSOCIATES, INC. - CLERK (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. - CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. - CLERK (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. - CLERK (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. - CLERK (EX-OFFICIO) - ANNA JAQUES HOSPITAL - CLERK - SEACOAST AFFILIATED GROUP PRACTICE, INC. - 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)RAND 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 AND REHABILITATION CENTER, INC. - DIRECTOR 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) - NORTHEAST HOSPITAL CORPORATION - TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. - TRUSTEE AND CLERK - CAB HEALTH AND RECOVERY SERVICES, INC. - TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. - CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL - CLERK (EX-OFFICIO) - JOSLIN CLINIC, INC. - CLERK (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. - CLERK (EX-OFFICIO) - MOUNT AUBURN PROFESSIONAL SERVICES, INC. - CLERK - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP O TERM BEGAN ON MARCH 31, 2023 - CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. - CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. O TERM BEGAN ON MARCH 31, 2023 EFFECTIVE JULY 1, 2023, BETH ISRAEL LAHEY HEALTH BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES INC. WHICH IN TURN SERVES AS THE SOLE MEMBER OF EXETER HOSPITAL AND ADDITIONAL AFFILIATES. AS OF THAT DATE MR. KATZ ASSUMED THE FOLLOWING ADDITIONAL POSITIONS: - CLERK (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. - CLERK (EX-OFFICIO) - EXETER HOSPITAL, INC. - CLERK (EX-OFFICIO) - CORE PHYSICIANS, LLC - SECRETARY (EX-OFFICIO) - ROCKINGHAM VISITING NURSE ASSOCIATION AND HOSPICE AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $68,094. INCLUDED IN THIS AMOUNT IS A DISTRIBUTION FROM A NONQUALIFIED PLAN IN THE AMOUNT OF $72,875 AND AN UNREALIZED LOSS IN THE AMOUNT OF $24,281.
SCHEDULE J FOOTNOTES (CONTINUED):	KERNDL, JOHN UNLESS OTHERWISE NOTED BELOW, MR. KERNDL HELD THE FOLLOWING POSITIONS THROUGH DECEMBER 31, 2022: - EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. - TRUSTEE AND TREASURER - CAB HEALTH AND RECOVERY SERVICES, INC. - TREASURER - COMMUNITY PHYSICIANS ASSOCIATES, INC. - TREASURER - CAREGROUP PARMENTER HOME CARE & HOSPICE, INC. - TRUSTEE, TREASURER (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. - TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, 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 - TREASURER (EX-OFFICIO) MOUNT AUBURN PROFESSIONAL SERVICES, INC. - 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 (EX-OFFICIO) - 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), TREASURER(EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. - TRUSTEE (EX-OFFICIO), 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 - DIRECTOR (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. - TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. - TREASURER (EX-OFFICIO) - ANNA JAQUES HOSPITAL, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. - MANAGING DIRECTOR - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC - MANAGING DIRECTOR, TREASURER - 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. - TREASURER (EX-OFFICIO) - JOSLIN CLINIC, INC. - TREASURER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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. KERNDL INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $109,434. OF THIS AMOUNT, $89,934 WAS UNVESTED AT SEPTEMBER 30, 2023. OTHER REPORTABLE COMPENSATION FOR MR. KERNDL ALSO INCLUDES $ 7,961 RELATED TO TEMPORARY HOUSING.
SCHEDULE J FOOTNOTES (CONTINUED):	KIMBALL, M.D., MPH., ALEXA B. UNLESS OTHERWISE NOTED BELOW, DR. KIMBALL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2023: - PRESIDENT & CHIEF EXECUTIVE OFFICER, DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - PRESIDENT AND DIRECTOR (EX-OFFICIO) - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - PRESIDENT & DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION - TRUSTEE - BETH ISRAEL LAHEY HEALTH, INC. - TRUSTEE (EX-OFFICIO) (PRESIDENT & CHIEF EXECUTIVE OFFICER OF HMFP) - 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 DEPARTMENT OF PSYCHIATRY FOUNDATION - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC. - DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF RADIATION ONCOLOGY FOUNDATION - DIRECTOR (EX-OFFICIO) (NON-VOTING) - BETH ISRAEL DERMATOLOGY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) (NON-VOTING) - BIH PATHOLOGY FOUNDATION, INC. - DIRECTOR (EX-OFFICIO) (NON-VOTING) - BIH RADIOLOGIC FOUNDATION, INC. AS REQUIRED IN FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 MS. KIMBALL INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $16,423. KRUSKAL, M.D., PH.D., JONATHAN B - CHIEF OF RADIOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & CHAIR OF RADIOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & PRESIDENT - BIH RADIOLOGIC FOUNDATION, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. KRUSKAL INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $16,122. INCLUDED IN THIS AMOUNT IS AN UNREALIZED LOSS IN THE AMOUNT OF $4,378 IMPACTING THE NONQUALIFIED BALANCE. LARKIN, MATTHEW - SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. O TERM BEGAN JANUARY 30, 2023 AS NOTED, MR. LARKIN SERVED IN THE POSITION ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 COMPENSATION. ACCORDINGLY, SINCE MR. LARKIN DID NOT BEGIN SERVING IN HIS POSITION UNTIL CALENDAR YEAR 2023, THERE IS NO COMPENSATION TO REPORT IN THIS FILING. MAURER, RN, MSN, MARSHA - CHIEF NURSING OFFICER AND SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. MAURER RETIRED FROM THE POSITION ABOVE ON MARCH 17, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 MS. MAURER INCLUDES A DISTRIBUTION FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF $13,420. THIS AMOUNT INCLUDES A DISTRIBUTION FROM A NONQUALIFIED PLAN IN THE AMOUNT OF $21,540 AND AN UNREALIZED LOSS IN THE AMOUNT OF $27,620 IMPACTING THE NONQUALIFIED BALANCE. PURSLEY, M.D., DEWAYNE M. - CHIEF OF NEONATOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO), VICE CHAIR, & NEONATOLOGY CHAIR MEDICAL DIRECTOR, KLARMAN FAMILY NICU - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & PRESIDENT - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION, INC. - TRUSTEE - SEACOAST AFFILIATED GROUP PRACTICE, INC. - TRUSTEE - ANNA JAQUES HOSPITAL, INC.

SCHEDULE J FOOTNOTES (CONTINUED):	RIOS, CINDY - TREASURER (EX-OFFICIO) AND INTERIM CHIEF FINANCIAL OFFICER BETH ISRAEL LAHEY HEALTH, INC. O TERM BEGAN JANUARY 1, 2023 - SENIOR VICE PRESIDENT AND OPERATIONS CHIEF FINANCIAL OFFICER BETH ISRAEL LAHEY HEALTH, INC. O TERM ENDED DECEMBER 31, 2022 UNLESS OTHERWISE NOTED, EFFECTIVE JANUARY 1, 2023, MS. RIOS ALSO ASSUMED THE FOLLOWING POSITIONS: - TREASURER - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP O TERM BEGAN MARCH 31, 2023 - TREASURER (EX-OFFICIO) - CAREGROUP PARMENTER HOME CARE & HOSPICE, INC. - TREASURER (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. - TRUSTEE & TREASURER - CAB HEALTH AND RECOVERY SERVICES, INC. - TREASURER (EX-OFFICIO) - ANNA JAQUES HOSPITAL, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. - TREASURER (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. - TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. O TERM BEGAN MARCH 31, 2023 - TREASURER (EX-OFFICIO) - COMMUNITY PHYSICIANS ASSOCIATES, INC. - TREASURER (EX-OFFICIO) - JOSLIN CLINIC, INC. - TREASURER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. - TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. - TREASURER (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. - TREASURER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. - TREASURER (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER - TREASURER (EX-OFFICIO) - LAHEY CLINIC, INC. - TREASURER (EX-OFFICIO) - MOUNT AUBURN HOSPITAL - TREASURER (EX-OFFICIO) - MOUNT AUBURN PROFESSIONAL SERVICES, INC. - TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL - TREASURER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION - TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. - DIRECTOR & TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. - TREASURER (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION - TRUSTEE & TREASURER (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION - TRUSTEE & TREASURER (EX-OFFICIO) - SEACOAST NURSING & REHABILITATION CENTER, INC. - TRUSTEE & TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL EFFECTIVE JULY 1, 2023, BETH ISRAEL LAHEY HEALTH BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES INC. WHICH IN TURN SERVES AS THE SOLE MEMBER OF EXETER HOSPITAL AND ADDITIONAL AFFILIATES. AS OF THAT DATE MS. RIOS ASSUMED THE FOLLOWING ADDITIONAL POSITIONS: - TREASURER (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. - TREASURER (EX-OFFICIO) - EXETER HOSPITAL, INC. - TREASURER (EX-OFFICIO) - ROCKINGHAM VISITING NURSE ASSOC & HOSPICE MS. RIOS SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 INCLUDES PAYMENTS FOR TEMPORARY HOUSING AND MOVING EXPENSES IN THE AMOUNT OF $41,927 AND 9,904, RESPECTIVELY. DEFERRED COMPENSATION IN THE AMOUNT OF $187,500 INCLUDED IN THIS FILING FOR MS. RIOS RELATES TO A MILESTONE PAYMENT WHICH, AS OF DECEMBER 31, 2022, WAS NOT FUNDED, WAS NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THIS AMOUNT IS INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.
SCHEDULE J FOOTNOTES (CONTINUED):	RODRIGUEZ, M.D., EDWARD KENNETH - CHIEF OF ORTHOPEADIC SURGERY - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & ORTHOPAEDIC SURGERY CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & PRESIDENT - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. RODRIGUEZ INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $19,638. INCLUDED IN THIS AMOUNT IS AN UNREALIZED LOSS IN THE AMOUNT OF $858 IMPACTING THE NONQUALIFIED BALANCE. SCHWARTZSTEIN, M.D., RICHARD - TRUSTEE (EX-OFFICIO) AND EXECUTIVE DIRECTOR CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL - VICE PRESIDENT OF EDUCATION - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - CHIEF, DIVISION OF PULMONARY, CRITICAL CARE AND SLEEP MEDICINE HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - ELLEN AND MELVIN GORDON PROFESSOR OF MEDICAL EDUCATION - HARVARD MEDICAL SCHOOL SKURA, SAMUEL - FORMER CHIEF OPERATING OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. SKURA SERVED IN THE POSITION ABOVE IN THE PRIOR FISCAL YEAR UNTIL AUGUST 19, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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. SKURA INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $(4,236). INCLUDED IN THIS AMOUNT IS AN UNREALIZED LOSS IN THE AMOUNT OF $23,736 IMPACTING THE NONQUALIFIED BALANCE. STEVENSON, M.D., PH.D., MARY ANN - CHIEF OF RADIATION ONCOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO), BOARD CHAIR, CLERK, & RADIATION ONCOLOGY CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION - DIRECTOR AND PRESIDENT (EX-OFFICIO) - RADIATION ONCOLOGY FOUNDATION - TRUSTEE - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. STEVENSON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $16,400. INCLUDED IN THIS AMOUNT IS AN UNREALIZED LOSS IN THE AMOUNT OF $4,100 IMPACTING THE NONQUALIFIED BALANCE.
SCHEDULE J FOOTNOTES (CONTINUED):	SZABO, MD, PHD, HON SCD, GYONGYI - CHIEF ACADEMIC OFFICER - BETH ISRAEL LAHEY HEALTH, INC. - TRUSTEE (EX-OFFICIO), 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. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. SZABO INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $16,266. INCLUDED IN THIS AMOUNT IS AN UNREALIZED LOSS IN THE AMOUNT OF $4,234 IMPACTING THE NONQUALIFIED BENEFIT BALANCE. TABB, M.D., KEVIN UNLESS OTHERWISE NOTED BELOW, DR. TABB HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2023: - PRESIDENT AND CHIEF EXECUTIVE OFFICER; TRUSTEE (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. - CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. - TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY CLINIC, INC. - TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. - TRUSTEE (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. - PRESIDENT (EX-OFFICIO) AND TRUSTEE (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. - TRUSTEE (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. - TRUSTEE (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION - TRUSTEE, BOARD CHAIR (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - WINCHESTER HOSPITAL - DIRECTOR AND PRESIDENT (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) AND TRUSTEE (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION - CHIEF EXECUTIVE OFFICER AND TRUSTEE - CAB HEALTH AND RECOVERY SERVICES, INC. - CHIEF EXECUTIVE OFFICER AND TRUSTEE - HEALTH AND EDUCATION HOUSING SERVICES, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. - CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. - 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 (EX-OFFICIO) - ANNA JAQUES HOSPITAL, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - JOSLIN CLINIC, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. EFFECTIVE JULY 1, 2023, BETH ISRAEL LAHEY HEALTH BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES INC. WHICH IN TURN SERVES AS THE SOLE MEMBER OF EXETER HOSPITAL AND ADDITIONAL AFFILIATES. AS OF THAT DATE DR. TABB ASSUMED THE FOLLOWING ADDITIONAL POSITIONS: - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. - CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - EXETER HOSPITAL, INC. 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) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. - TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL - TRUSTEE (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL - TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL AND WINCHESTER HEALTHCARE MANAGEMENT - TRUSTEE (EX-OFFICIO) - ANNA JAQUES HOSPITAL, INC. AND SEACOAST AFFILIATED GROUP PRACTICE - TRUSTEE (EX-OFFICIO) - JOSLIN DIABETES CENTER - TRUSTEE (EX-OFFICIO) - JOSLIN CLINIC - TRUSTEE (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. - TRUSTEE (EX-OFFICIO) - EXETER HOSPITAL, INC. ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 $388,031. THIS AMOUNT INCLUDES A DISTRIBUTION FROM A NONQUALIFIED PLAN IN THE AMOUNT OF $453,944 AND UNREALIZED LOSSES IMPACTING HIS NONQUALIFIED BENEFIT IN THE AMOUNT OF $85,413. DEFERRED COMPENSATION IN THE AMOUNT OF $250,000 INCLUDED IN THIS FILING FOR DR. TABB RELATES TO A MILESTONE PAYMENT WHICH, AS OF DECEMBER 31, 2022, WAS NOT FUNDED, WAS NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THIS AMOUNT IS INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. TALMOR, M.D., MPH, DANIEL - CHIEF OF ANESTHESIA - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & ANESTHESIA CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) & PRESIDENT - BETH ISRAEL ANAESTHESIA FOUNDATION, INC. OTHER REPORTABLE COMPENSATION INCLUDES A PAYMENT FOR PTO CASHED-OUT IN 2022 IN THE AMOUNT OF $25,754. VOLPE, ELLEN - VICE PRESIDENT, AMBULATORY SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 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, 2023: - TRUSTEE (EX-OFFICIO) AND CHIEF (MEDICINE) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - DIRECTOR (EX-OFFICIO) AND MEDICINE CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - 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 - HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR. ZEIDEL SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. AS REQUIRED IN FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 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 2022 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

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

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	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57584YTK5	07-31-2019	211,922,775	MDFA - SERIES 2019K - SEE PART VI		X		X		X
B	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57584YJW0	06-26-2018	479,594,374	MDFA - SERIES 2018J-1,J-2 - SEE PART VI		X		X		X
C	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XMT5	05-12-2016	257,611,877	MDFA - SERIES 2016I - SEE PART VI		X		X		X
D	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XFW6	10-21-2015	262,828,878	MDFA - LAHEY SERIES F - SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,790,000	13,875,000	53,195,000	28,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	211,922,775	504,358,641	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	19,714,020	499,764,267	19,066,493	94,764,737
11	Other spent proceeds	189,277,638		236,095,988	160,202,232
12	Other unspent proceeds				
13	Year of substantial completion	2019	2021	2016	2021

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X	X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X	X			X	X	
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
BOND A, ENTITY 1:	PART I, ROW A, COLUMN F: FOR TAX PURPOSES (PURSUANT TO PROPOSED TREASURY REGULATIONS SECTION 1.150-1(D)(2)(II)(C)), THE ISSUE'S PROCEEDS OTHER THAN THOSE ALLOCATED TO COSTS OF ISSUANCE WERE ALLOCATED TO CAPITAL EXPENDITURES ON THE DATE OF CLOSING. THE PRESENTATION SHOWN HERE DEPARTS FROM THE TAX TREATMENT, REFLECTING THE CHARACTERIZATION OF THE TRANSACTION FOR OTHER PURPOSES, AND IS MORE IN ACCORDANCE TO THE FINANCIAL ACCOUNTING PRESENTATION.
BOND B, ENTITY 1:	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 $24,764,267 OF INVESTMENT EARNINGS. PART IV, COLUMN B, LINE 2C: FINAL REBATE CALCULATION SHOWING NO REBATE DUE COMPLETED ON 09/30/2023.
BOND C, ENTITY 1:	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 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 $125,030 OF INVESTMENT EARNINGS. PART IV, COLUMN D, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.
BOND A, ENTITY 2:	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 06/04/1998), FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS. PART II, COLUMN B, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO LONGER IN ESCROW 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 HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART II, COLUMN B, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO LONGER IN ESCROW PART IV, ROW 2C, COLUMN B: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 10, 2009.
PART III, LINE 9 AND PART IV, LINE 7:	THIS FORM 990 SCHEDULE K REPRESENTS TAX-EXEMPT DEBT OF ALL MEMBERS OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP WHICH WAS FORMED IN JUNE 2020. THE MAJORITY OF BILH OBLIGATED GROUP MEMBERS HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH NOT EVERY MEMBER OF THE BILH OBLIGATED GROUP HAS FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURES, THOSE THAT HAVE NOT NEVERTHELESS FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. THIS FORM 990 SCHEDULE K REPRESENTS TAX-EXEMPT DEBT OF ALL MEMBERS OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP WHICH WAS FORMED IN JUNE 2020. THE OBLIGATED GROUP INCLUDES THE FOLLOWING ENTITIES: BETH ISRAEL DEACONESS MEDICAL CENTER, INC., MOUNT AUBURN HOSPITAL, BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC., NEW ENGLAND BAPTIST HOSPITAL, BETH ISRAEL DEACONESS HOSPITAL MILTON, INC., BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC., MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, MOUNT AUBURN PROFESSIONAL SERVICES, INC., LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC., LAHEY CLINIC HOSPITAL, INC., NORTHEAST HOSPITAL CORPORATION, WINCHESTER HOSPITAL, AND ANNA JAQUES HOSPITAL. THE OBLIGATED GROUP IS AWARE OF THE INSTRUCTIONS TO SCHEDULE K THAT STATE THAT "IF THE ORGANIZATION HAS ONE OR MORE RELATED ORGANIZATIONS (FOR EXAMPLE, PARENT AND SUBSIDIARY RELATIONSHIP), IT MUST COMPLETE SCHEDULE K (FORM 990) CONSISTENT WITH THE FILINGS(S) OF ITS RELATED ORGANIZATION(S). THE SAME LIABILITY SHOULDN'T BE REPORTED BY MORE THAN ONE OF THE RELATED ORGANIZATIONS." THE OBLIGATED GROUP IS CURRENTLY WORKING TOWARD A DETERMINATION REGARDING THE REPORTING OF TAX-EXEMPT DEBT AMONG ITS MEMBERS WITH RESPECT TO SCHEDULE K. IN THE ABSENCE OF SUCH A DETERMINATION, FOR THE REPORTING PERIOD ENDING ON 09/30/2023, THE OBLIGATED GROUP HAS INCLUDED ALL TAX-EXEMPT BOND ISSUES ON EACH OF ITS MEMBER'S FORM 990 SCHEDULE KS, WHICH IS CONSISTENT WITH THE APPROACH THAT HAS BEEN TAKEN SINCE THE OBLIGATED GROUP'S FORMATION. THE OBLIGATED GROUP INTENDS TO MODIFY ITS FILING POSITION TO BE IN LINE WITH THE INSTRUCTIONS TO SCHEDULE K ON ALL SUBSEQUENT FORM 990S.

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

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	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	MDFA - SERIES 2015 H-1 - SEE PART VI		X		X		X
B	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	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	94,030,000	8,860,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	203,702,204	30,340,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,348,479	365,445		
8	Credit enhancement from proceeds		47,003		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	201,353,725	29,927,552		
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	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				
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 %				
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 %				
6	Total of lines 4 and 5		0.100 %		0 %				
7	Does the bond issue meet the private security or payment test?		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				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	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					

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			MORGAN STANLEY					
c	Term of hedge			2000.0000000000 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Return Reference	Explanation

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Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,695,238	COMMUNITY HEALTH SERVICES		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,135,354	MEDICAL EQUIPTMENT VENDOR		No
(3) CLARA HEIDEN	DAUGHTER OF KEY EMPLOYEE, MARSHA MAURER	99,938	FAMILY MEMBER COMPENSATION		No
(4) SARAH SCHWARTZSTEIN	SPOUSE OF KEY EMPLOYEE, RICHARD SCHWARTZSTEIN	49,053	FAMILY MEMBER COMPENSATION		No
(5) HANNAH SCHWARTZSTEIN	DAUGHTER OF KEY EMPLOYEE, RICHARD SCHWARTZSTEIN	13,994	FAMILY MEMBER COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

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	21,102	2,486,274	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				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EQUIP+SUPPLIES)	X	2	35,738	COST OR SELLING PRIC
26	Other ▶ (SEE PART II)	X	5	8,186	COST OR SELLING PRIC
27	Other ▶ (EVENT SUPPLIES)	X	1	2,095	COST OR SELLING PRIC
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBERS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.
FORM 990, SCHEDULE M, PART I, LINE 26:	ITEMS FOR PATIENTS / WORKERS

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number
04-2103881

Return Reference	Explanation
PART I, LINE 1 PRIMARY MISSION:	TO PROVIDE EXTRAORDINARY CARE, WHERE THE PATIENT COMES FIRST, SUPPORTED BY WORLD-CLASS EDUCATION AND RESEARCH. FORM 990, PART III, LINE 1: 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), ANNA JAQUES HOSPITAL (AJH), 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), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), THE JOSLIN DIABETES CENTER 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). IN ADDITION, AS OF JULY 1, 2023, BILH BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES, INC WHICH IN TURNS SERVES AS THE SOLE MEMBER OF EXETER HOSPITAL. 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 SOUTHERN NEW HAMPSHIRE 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 AND ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,800 PHYSICIANS AND 38,000 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 2023 REGARDING PATIENT VOLUME ARE IDENTIFIED BELOW: INPATIENT DISCHARGES: 36,076 OUTPATIENT STATISTICS CLINIC ENCOUNTERS: 832,150 EMERGENCY DEPARTMENT VISITS: 53,436 RADIOLOLGY EXAMS: 259,672 AMBULATORY SURGERY CASES: 12,877 RADIATION THERAPY TREATMENTS: 24,576 ENDOSCOPY TREATMENTS: 27,091 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 $23,848,613 FOR THE PERIOD COVERED BY THIS FILING: CHARITY CARE, AT COST $13,427,475 PAYMENTS TO HEALTH SAFETY NET TRUST (HSN) $18,936,054 PAYMENTS FROM HEALTH SAFETY NET TRUST $8,514,916 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 $ IN THE FISCAL YEAR ENDED SEPTEMBER 30, 2023 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 $ IN THE FISCAL PERIOD COVERED BY THIS FILING, $ 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

Return Reference	Explanation
	STREET COMMUNITY FACILITY, THE MEDICAL CENTER'S PROVISION OF OUTPATIENT AMBULATORY CARE AND URGENT CARE CENTERS AND CERTAIN PRIMARY CARE VISITS THROUGH BIDMC'S ONSITE PRIMARY CARE OFFICES.
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 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 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 XX 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 XX 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. IN ADDITION, THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES ENGAGED IN SIGNIFICANT ACTIVITIES SUPPORTING BEHAVIORAL HEALTH IN THE PRIMARY CARE AND OTHER HEALTHCARE SETTINGS AS WELL AS OTHER HEALTHCARE INITIATIVES FOR THE COMMUNITIES SERVED. PLEASE SEE FORM 990 SCHEDULE H FOR ADDITIONAL INFORMATION.
IN ADDITION TO BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'S PROGRAM	SERVICE ACCOMPLISHMENTS DESCRIBED ABOVE, AND AS NOTED FURTHER BELOW, THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK ENGAGED IN SIGNIFICANT ACTIVITIES FOCUSED ON EXPANDING ACCESS TO CARE AND SERVICES, INCLUDING UNDERSERVED PATIENT POPULATIONS IN ORDER TO REDUCE HEALTH INEQUITIES. THERE WAS ALSO A STRONG FOCUS ON CONTINUING TO PROVIDE HIGH QUALITY CARE AT A LOWER COST, WHEN APPROPRIATE. BILH CONTINUES TO FOCUS ON THE BEHAVIORAL HEALTH CARE NEEDS OF ITS COMMUNITIES AS WELL. PLEASE SEE FORM 990 SCHEDULE H FOR ADDITIONAL INFORMATION.
FORM 990, PART IV, LINE 12:	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, 2023. 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 DIRECT OR INDIRECT SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING: 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 JAQUES HOSPITAL (AJH), BETH ISRAEL LAHEY HEALTH PHARMACY, JOSLIN DIABETES CENTER AND THEIR AFFILIATES. EFFECTIVE JULY 1, 2023, BILH BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES, INC. (EHRI) AND THREE MONTHS OF EHRI'S ACTIVITY AS WELL AS THREE MONTHS OF EHRI'S AFFILIATES' ACTIVITY, INCLUDING EXETER HOSPITAL, ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF BILH AND AFFILIATES. THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE THE ACCOUNTS OF, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND HMFP'S AFFILIATES. HMFP AND ITS AFFILIATES ARE INTEGRALLY RELATED TO HELPING BILH, BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.
FORM 990, PART IV, LINE 24A:	AS DESCRIBED IN THIS FORM 990 AND FOR THE PERIOD COVERED BY THIS FILING, 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 DIRECT OR INDIRECT SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DURING THIS SAME PERIOD, WAS A MEMBER OF THE BILH OBLIGATED GROUP AND ITS TAX-EXEMPT BOND FINANCING WAS ISSUED THROUGH EITHER THE BILH OBLIGATED GROUP OR THROUGH A PREVIOUS

Return Reference	Explanation
	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, INC.'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, 2023 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, INC'S BALANCE SHEET, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS INCLUDING THIS DISCLOSURE IN ITS FORM 990 BECAUSE BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS A MEMBER OF THE BILH OBLIGATED GROUP. FORM 990, PART V, LINE 2A: FOR THE CALENDAR YEAR 2022, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC) SERVED AS THE COMMON PAY AGENT FOR THE FOLLOWING ENTITIES MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (MCB), AND BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (BID-NEEDHAM). BIDMC IS A TAX-EXEMPT AFFILIATE OF BOTH ENTITIES. 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, INC. 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, INC. 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. (BILH) SERVED AS DIRECT OR INDIRECT SOLE MEMBER TO: 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 JAQUES HOSPITAL (AJH), BETH ISRAEL LAHEY HEALTH PHARMACY, JOSLIN DIABETES CENTER AND TO AFFILIATES OF THESE ENTITIES. EFFECTIVE JULY 1, 2023, BILH ALSO BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES, INC. (EHRI) AND ITS AFFILIATES', INCLUDING EXETER 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 3	HURN, IRWIN INTERIM ASSISTANT TREASURER, INTERIM CHIEF FINANCIAL OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER MR. HURN'S SERVICES IN THE INTERIM ROLE ABOVE WERE RETAINED THROUGH B.E. SMITH INTERIM SERVICES, LLC. HE STARTED IN THE POSITION LISTED ABOVE ON JULY 9, 2022 PRIOR TO THE BEGINNING OF THE FISCAL YEAR COVERED BY THIS FILING. HE SERVED IN THE ROLE THROUGH JANUARY 8, 2023. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2022 COMPENSATION. BETH ISRAEL DEACONESS MEDICAL CENTER PAID B.E. SMITH INTERIM SERVICES APPROXIMATELY $254,800 FOR MR. HURN'S SERVICES IN CALENDAR YEAR 2022.
FORM 990, PART VI, SECTION A, LINE 6	FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS DIRECT OR INDIRECT 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 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 JAQUES HOSPITAL (AJH), BETH ISRAEL LAHEY HEALTH PHARMACY, JOSLIN DIABETES CENTER AND TO AFFILIATES OF THESE ENTITIES. EFFECTIVE JULY 1, 2023, BILH ALSO BECAME THE SOLE MEMBER OF EXETER HEALTH RESOURCES, INC. (EHRI) AND ITS AFFILIATES', INCLUDING EXETER HOSPITAL. EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES.
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

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	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.
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE DIRECT OR INDIRECT SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. THIS FORM 990 IS PREPARED BY THE BILH TAX DEPARTMENT IN CONJUNCTION WITH DELOITTE TAX, LLP (DELOITTE). AS PART OF THIS PROCESS, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND FUNCTIONS WITHIN BILH AND BETH ISRAEL DEACONESS MEDICAL CENTER TO ENSURE THAT ALL FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS INCLUDE BUT ARE NOT LIMITED TO: FINANCE AND ACCOUNTING, HUMAN RESOURCES AND PAYROLL, TREASURY, COMPLIANCE, LEGAL, COMMUNITY BENEFITS, FINANCIAL ASSISTANCE AND REIMBURSEMENT, GOVERNANCE, DEVELOPMENT, GRADUATE MEDICAL EDUCATION, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. BETH ISRAEL DEACONESS MEDICAL CENTER'S FORM 990 IS REVIEWED INTERNALLY BY THE BILH ASSISTANT VICE PRESIDENT, TAXATION AND EXTERNALLY BY DELOITTE. BETH ISRAEL DEACONESS MEDICAL CENTER'S FORM 990, ALONG WITH THE FORMS 990 OF ALL ENTITIES IN THE BILH NETWORK, ARE DISCUSSED WITH THE BILH AUDIT AND COMPLIANCE COMMITTEE. DELOITTE SIGNS THE FINAL RETURNS. 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	AS NOTED THROUGHOUT THIS FILING, 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

Return Reference	Explanation
	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, INC. IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES WITH BILH SERVING AS BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'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 EXECUTIVES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE BETH ISRAEL LAHEY HEALTH NETWORK. THE BILH COMPENSATION COMMITTEE IS THEREFORE 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, THE BILH COMPENSATION COMMITTEE IS COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AND EXCEPT AS OTHERWISE NOTED BELOW OR IN FORM 990 SCHEDULE J, THE COMPENSATION REPORTED IN THIS FORM 990 FOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE BILH COMPENSATION COMMITTEE. THE BILH COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW. THE BETH ISRAEL LAHEY HEALTH (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. THE BILH COMPENSATION COMMITTEE IS COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES 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 AS VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS FOR BOTH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE 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.
FORM 990, PART VI, SECTION C, LINE 19	AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES WITH BILH SERVING AS BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'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. BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'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 SCHRAFFT'S CITY CENTER, 4TH FLOOR, 529 MAIN STREET CHARLESTOWN, MA 02129
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICES: PROGRAM SERVICE EXPENSES 166,584,388. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 166,584,388. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 77,077,704. MANAGEMENT AND GENERAL EXPENSES 8,545,621. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 85,623,325. PURCHASED SERVICES DIRECT CARE: PROGRAM SERVICE EXPENSES 43,119,371. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 43,119,371. LAUNDRY AND LINEN: PROGRAM SERVICE EXPENSES 6,695,568. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,695,568. MISC SVCS PROVIDED BY AFFILIATES: PROGRAM SERVICE EXPENSES 4,299,658. MANAGEMENT AND GENERAL EXPENSES 111,376. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,411,034. MEAL SERVICES: PROGRAM SERVICE EXPENSES 3,863,447. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,863,447. PEO SERVICES: PROGRAM SERVICE EXPENSES 3,315,922. MANAGEMENT AND GENERAL EXPENSES 367,637. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,683,559. TRANSPORTATION SERVICES CLIENT: PROGRAM SERVICE EXPENSES 3,605,240. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,605,240. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,141,288. MANAGEMENT AND GENERAL EXPENSES 237,405. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,378,693. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 1,958,336. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,958,336. TRANSCRIPTION SERVICES: PROGRAM SERVICE EXPENSES 1,242,561. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,242,561. SECURITY: PROGRAM SERVICE EXPENSES 1,070,708. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,070,708. RESIDENT EXPENSES: PROGRAM SERVICE EXPENSES 1,066,867. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,066,867. LABORATORY SERVICES: PROGRAM SERVICE EXPENSES 1,028,813. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,028,813. ENGINEERING SERVICES: PROGRAM SERVICE EXPENSES 902,689. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 902,689. RECRUITMENT: PROGRAM SERVICE EXPENSES 770,858. MANAGEMENT AND GENERAL EXPENSES 85,465. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 856,323. OUTSIDE DONOR WORKUP: PROGRAM SERVICE EXPENSES 760,529. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 760,529. MAINTENANCE EXPENSE: PROGRAM SERVICE EXPENSES 610,279. MANAGEMENT AND GENERAL EXPENSES 67,662. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 677,941. INTERPRETER SERVICES: PROGRAM SERVICE EXPENSES 645,740. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 645,740. MARROW DONATION: PROGRAM SERVICE EXPENSES 384,895. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL

Return Reference	Explanation
	EXPENSES 384,895. CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 288,753. MANAGEMENT AND GENERAL EXPENSES 32,014. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 320,767. BLOOD DONOR EXPENSES: PROGRAM SERVICE EXPENSES 106,632. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 106,632. ANSWERING SERVICE: PROGRAM SERVICE EXPENSES 61,937. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 61,937. MICROFILMING AND PHOTOGRAPHY: PROGRAM SERVICE EXPENSES 26,019. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 26,019.
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED TO OPERATIONS 6,163,681. NET ASSETS RELEASED FROM RESTRICTIONS 9,721,693. NET ASSETS RELEASED FOR CAPITAL 81,134,317. TRANSFER OF NET ASSETS TO AFFILIATES -38,631,015. PENSION EXPENSE -19,582,790. CHANGE IN FUNDED STATUS OF BENEFITS PLANS 23,248,925. TEMP RESTRICTED RELEASED FOR CAPITAL -79,494,790. PLEDGE TIMING DIFFERENCES AND OTHER 9,169,407.
FORM 990, PART XII, LINE 2C:	AS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES. BETH ISRAEL LAHEY HEALTH (BILH) SERVES AS THE DIRECT OR INDIRECT MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AND BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BETH ISRAEL LAHEY HEALTH. THE AUDIT AND COMPLIANCE COMMITTEE OF BILH'S BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE CONSOLIDATED AUDIT FOR THE NETWORK AS A WHOLE.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number
04-2103881

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ADDISON GILBERT SOCIETY INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 46-4371382	PROFESSIONAL SERVICES & FINANCIAL SUPPORT	MA	501(C)(3)	LINE 10	LAHEY HEALTH SHARED SERVICES INC	Yes	
(2) ANNA JAQUES HOSPITAL 25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(3) ASSOC PHYS HARVARD MED FAC PHY AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	LINE 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 AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	LINE 7 N/A			No
(5) BETH ISRAEL ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(6) BETH ISRAEL COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BEVERLY, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(7)	LINE 7 N/A			No
(7) BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(8) BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(9) BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-8253470	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(10) BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 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 AVE BOSTON, MA 02215 20-4974385	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(12) BETH ISRAEL DEACONESS DEPARTMENT OF RADIATION ONCOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 87-3655583	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(13) BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 110 FRANCIS ST BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(14) 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)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(15) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC 148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(16) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC 275 SANDWICH ST PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(17) BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(18) BETH ISRAEL DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(19) 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)	LINE 10	BETH ISRAEL DEACONESS MEDICAL CENTER INC	Yes	
(20) BETH ISRAEL LAHEY HEALTH PRIMARY CARE 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 47-2248298	HEALTHCARE	MA	501(C)(3)	LINE 10	LAHEY HEALTH SHARED SERVICES INC	Yes	
(21) BETH ISRAEL LAHEY HEALTH INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 83-2671600	MANAGEMENT PROFESSIONAL & IT SUPPORT SERVICES	MA	501(C)(3)	LINE 12C, III-FI N/A			No
(22) BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CENTER - INACTIVE	MA	501(C)(3)	LINE 12A, I N/A			No
(23) BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(24) BID-MILTON PHYSICIAN ASSOCIATES INC 199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 10	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
(25) BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(26) BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 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 - INACTIVE	MA	501(C)(3)	LINE 10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
(28) COMMUNITY PHYSICIANS ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
(29) CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN 375 LONGWOOD AVE BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HPMP AND HMS	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(30) CORE PHYSICIANS LLC 5 ALUMNI DRIVE EXETER, MA 03833 87-0807914	PHYSICIAN PRACTICES	MA	501(C)(3)	LINE 10	EXETER HEALTH RESOURCES INC	Yes	
(31) CPHCH INC DBA BILH AT HOME - WATERTOWN C/O NIPN 600 CUMMINGS CTR BEVERLY, MA 01915 47-1311453	HOME CARE & HOSPICE - INACTIVE	MA	501(C)(3)	LINE 12A, I	NORTHEAST SENIOR HEALTH CORPORATION	Yes	
(32) EXETER HEALTH RESOURCES SELF-INSURANCE TRUST 5 ALUMNI DRIVE EXETER, MA 03833 20-0753662	SELF-INSURANCE TRUST	MA	501(C)(3)	LINE 12A, I	EXETER HEALTH RESOURCES INC	Yes	
(33) EXETER HEALTH RESOURCES INC 5 ALUMNI DRIVE EXETER, MA 03833 02-0222126	SUPPORT COMMUNITY HEALTH & NETWORK MGMT SVCS	MA	501(C)(3)	LINE 12A, I	BETH ISRAEL LAHEY HEALTH INC	Yes	
(34) EXETER HOSPITAL 5 ALUMNI DRIVE EXETER, MA 03833 22-2674014	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	LINE 3	EXETER HEALTH RESOURCES INC	Yes	
(35) EXETER MED REAL INC 5 ALUMNI DRIVE EXETER, MA 03833 02-0418718	REAL ESTATE HOLDING COMPANY	MA	501(C)(25)	LINE 10	EXETER HEALTH RESOURCES INC	Yes	
(36) HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 10	BETH ISRAEL DEACONESS MEDICAL CENTER INC	Yes	
(37) HEALTH AND EDUCATION HOUSING SERVICES INC 199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING - INACTIVE	MA	501(C)(3)	LINE 10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
(38) JORDAN PHYSICIAN ASSOCIATES INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 10	BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH INC	Yes	
(39) JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 02215 22-2984590	PREVENTION, TREATMENT, AND CURE OF DIABETES	MA	501(C)(3)	LINE 12A, I	JOSLIN DIABETES CENTER INC	Yes	
(40) JOSLIN DIABETES CENTER INC ONE JOSLIN PLACE BOSTON, MA 02215 04-2203836	PREVENTION, TREATMENT, AND CURE OF DIABETES	MA	501(C)(3)	LINE 7	BETH ISRAEL LAHEY HEALTH INC	Yes	
(41) LAHEY CLINIC CANADIAN FOUNDATION 130 KING ST WEST TORONTO, ONTARIO CA	FUNDRAISING ORG	CA		N/A			No
(42) LAHEY CLINIC FOUNDATION INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2323457	FINANCIAL & OPERATIONAL SUPPORT TO LCI AND LCH	MA	501(C)(3)	LINE 7	BETH ISRAEL LAHEY HEALTH INC	Yes	
(43) LAHEY CLINIC HOSPITAL INC DBA LAHEY HOSPITAL & MEDICAL CENTER AND LMC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2704686	HEALTHCARE	MA	501(C)(3)	LINE 3	LAHEY CLINIC FOUNDATION INC	Yes	
(44) LAHEY CLINIC INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2704683	HEALTHCARE	MA	501(C)(3)	LINE 10	LAHEY CLINIC FOUNDATION INC	Yes	
(45) LAHEY HEALTH SHARED SERVICES INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-3179972	ADMIN	MA	501(C)(3)	LINE 10	BETH ISRAEL LAHEY HEALTH INC	Yes	
(46) LONGWOOD MEDICAL ENERGY COLLABORATIVE INC 375 LONGWOOD AVE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 12A, I N/A			No
(47) LONGWOOD MEDICAL INTERNATIONAL FOUNDATION INC 375 LONGWOOD AVE BOSTON, MA 02215 04-3208278	INACTIVE CORPORATION	MA	501(C)(3)	LINE 12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
(48) MED CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE 464 HILLSIDE AVE NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	LINE 10	BETH ISRAEL LAHEY HEALTH PRIMARY CARE	Yes	
(49) MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(50) MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL	Yes	
(51) NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(52) NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3135796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL	Yes	
(53) NORTHEAST BEHAVIORAL HEALTH CORP DBA BILH BEHAVIORAL HEALTH SERVICES 199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	LINE 10	BETH ISRAEL LAHEY HEALTH INC	Yes	
(54) NORTHEAST HEALTH SYSTEMS INC 85 HERRICK ST BEVERLY, MA 01915 04-3240453	FINANCIAL & OPERATIONAL SUPPORT	MA	501(C)(3)	LINE 12B, II	LAHEY HEALTH SHARED SERVICES INC	Yes	
(55) NORTHEAST HOSPITAL CORPORATION 85 HERRICK ST BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(56) NORTHEAST MEDICAL PRACTICE INC 85 HERRICK ST BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	LINE 10	NORTHEAST HOSPITAL CORPORATION	Yes	
(57) NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA BILH AT HOME 800 CUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	LINE 10	NORTHEAST SENIOR HEALTH CORPORATION	Yes	
(58) NORTHEAST SENIOR HEALTH CORPORATION 85 HERRICK ST BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	LINE 10	LAHEY HEALTH SHARED SERVICES INC	Yes	
(59) ROCKINGHAM VISITING NURSE ASSOCIATION AND HOSPICE 5 ALUMNI DRIVE EXETER, MA 03833 02-0274905	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 10	EXETER HEALTH RESOURCES INC	Yes	
(60) SEACOAST AFFILIATED GROUP PRACTICE INC 25 HIGHLAND AVE NEWBURYPORT, MA 01915 04-3465648	PHYSICIAN GROUP	MA	501(C)(3)	LINE 10	ANNA JAQUES HOSPITAL INC	Yes	
(61) SEACOAST NURSING AND REHABILITATION CENTER INC 300 WASHINGTON ST GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	LINE 10	LAHEY HEALTH SHARED SERVICES INC	Yes	
(62) THE JORDAN HEALTH SYSTEMS INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 7	BETH ISRAEL DEACONESS MEDICAL CENTER INC	Yes	
(63) WINCHESTER COMMUNITY ACCOUNTABLE CARE ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 22-3137856	ACO - INACTIVE	MA	501(C)(3)	LINE 12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
(64) WINCHESTER HEALTHCARE MANAGEMENT INC 41 HIGHLAND AVE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	LINE 12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
(65) WINCHESTER HOSPITAL 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	LINE 3	BETH ISRAEL LAHEY HEALTH INC	Yes	
(66) WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3399570	PROFESSIONAL SERVICES & FINANCIAL SUPPORT	MA	501(C)(3)	LINE 12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BETH ISRAEL LAHEY HEALTH SURGERY CENTER PLYMOUTH LLC 41 RESNIK ROAD PLYMOUTH, MA 02360 88-3871838	SURGERY CENTER	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	BETH ISRAEL DEACONESS MEDICAL CENTER INC	EXCLUDED				No			No	52.700 %
(3) 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	
(4) BILH INVESTMENT PARTNERSHIP LLP 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER INC	EXCLUDED	18,485,733	792,204,979		No	3,593,422		No	65.310 %
(5) NEBSC HOSPITAL HOLDINGS LLC 125 PARKER HILL AVE BOSTON, MA 02120 87-4293833	INVESTMENT PARTNERSHIP	MA	N/A					No			No	
(6) NEW ENGLAND BAPTIST SURGERY CENTER LLC 100 AVON MEADOW LANE AVON, CT 06001 87-4311329	AMBULATORY SURGERY CENTER	MA	N/A					No			No	
(7) PHYSICIAN PROFESSIONAL SERVICES LLP 200 RIVERS EDGE DRIVE MEDFORD, MA 02155 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A					No			No	
(8) SHIELDS IMAGING AT ANNA JAQUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA	N/A					No			No	
(9) WINCHESTER HOSPITALSHIELDS MRI LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 46-2523117	MRI SERVICES	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	(i) 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 LCF 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C					No
(3)LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 H BERMUDA BD	INSURANCE	BD	N/A	C					No
(4)LEDGEWOOD HEALTH CARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	MA	N/A	C					No
(5)NORTHEAST PROPRIETARY CORP 85 HERRICK STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C					No
(6)WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C					No
(7)WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C					No
(8)WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	INACTIVE	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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANNA JAQUES HOSPITAL INC	P	87,102	FMV
(2) MEDICAL CARE OF BOSTON MANAGEMENT CORP	K	43,626,052	FMV
(3) MEDICAL CARE OF BOSTON MANAGEMENT CORP	O	43,092,599	FMV
(4) MEDICAL CARE OF BOSTON MANAGEMENT CORP	P	49,366,830	FMV
(5) MEDICAL CARE OF BOSTON MANAGEMENT CORP	R	38,631,015	FMV
(6) MEDICAL CARE OF BOSTON MANAGEMENT CORP	S	45,423,020	FMV
(7) BETH ISRAEL DEACONESS HOSPITAL - MILTON INC	P	366,312	FMV
(8) BETH ISRAEL DEACONESS HOSPITAL - MILTON INC	Q	162,833	FMV
(9) BETH ISRAEL DEACONESS HOSPITAL - MILTON INC	S	666,843	FMV
(10) BID-MILTON PHYSICIAN ASSOCIATES INC	P	275,796	FMV
(11) BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	K	5,793,345	FMV
(12) BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	O	220,024	FMV
(13) BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	P	5,813,700	FMV
(14) BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	Q	10,996,072	FMV
(15) BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	R	7,316,404	FMV
(16) BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	S	1,766,531	FMV
(17) BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	L	129,112	FMV
(18) BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	Q	4,350,423	FMV
(19) BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	S	2,001,273	FMV
(20) BID-MILTON PHYSICIAN ASSOCIATES INC	L	55,855	FMV
(21) BID-MILTON PHYSICIAN ASSOCIATES INC	M	757,898	FMV
(22) BETH ISRAEL LAHEY HEALTH INC	L	8,879,179	FMV
(23) BETH ISRAEL LAHEY HEALTH INC	M	173,235,674	FMV
(24) BETH ISRAEL LAHEY HEALTH INC	O	100,490,793	FMV
(25) BETH ISRAEL LAHEY HEALTH INC	P	96,212,604	FMV
(26) BETH ISRAEL LAHEY HEALTH INC	Q	1,663,676,792	FMV
(27) BETH ISRAEL LAHEY HEALTH INC	R	6,295,942,749	FMV
(28) BETH ISRAEL LAHEY HEALTH INC	S	2,932,788,460	FMV
(29) BETH ISRAEL LAHEY HEALTH PHARMACY INC	M	43,823,840	FMV
(30) BETH ISRAEL LAHEY HEALTH PHARMACY INC	P	406,481	FMV
(31) BETH ISRAEL LAHEY HEALTH PHARMACY INC	S	20,804,506	FMV
(32) BETH ISRAEL LAHEY HEALTH PRIMARY CARE INC	O	74,701	FMV
(33) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	K	668,920	FMV
(34) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	L	101,672,381	FMV
(35) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	M	84,584,469	FMV
(36) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	O	13,158,484	FMV
(37) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	P	3,319,418	FMV
(38) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Q	3,476,811	FMV
(39) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	R	352,406	FMV
(40) JOSLIN DIABETES CENTER INC	K	93,000	FMV
(41) JOSLIN DIABETES CENTER INC	O	1,773,235	FMV
(42) JOSLIN DIABETES CENTER INC	P	2,076,495	FMV
(43) JOSLIN DIABETES CENTER INC	Q	6,548,657	FMV
(44) LAHEY CLINIC HOSPITAL INC	L	1,096,940	FMV
(45) LAHEY CLINIC HOSPITAL INC	M	11,923,389	FMV
(46) LAHEY CLINIC HOSPITAL INC	O	85,054	FMV
(47) LAHEY CLINIC HOSPITAL INC	P	1,478,172	FMV
(48) LAHEY CLINIC HOSPITAL INC	Q	3,531,373	FMV
(49) LAHEY CLINC INC	L	251,403	FMV
(50) LAHEY CLINC INC	R	395,121	FMV
(51) LAHEY CLINC INC	S	189,182	FMV
(52) LAHEY HEALTH SHARED SERVICES INC	M	812,065	FMV
(53) LAHEY HEALTH SHARED SERVICES INC	P	66,914	FMV
(54) LAHEY HEALTH SHARED SERVICES INC	Q	794,714	FMV
(55) LAHEY HEALTH SHARED SERVICES INC	R	1,203,709	FMV
(56) MOUNT AUBURN HOSPITAL INC	L	1,444,454	FMV
(57) MOUNT AUBURN HOSPITAL INC	P	267,772	FMV
(58) NEW ENGLAND BAPTIST HOSPITAL INC	R	2,469,995	FMV
(59) NEW ENGLAND BAPTIST HOSPITAL INC	S	2,469,995	FMV
(60) NORTHEAST HOSPITAL CORPORATION INC	P	151,888	FMV
(61) NORTHEAST HOSPITAL CORPORATION INC	Q	641,683	FMV
(62) WINCHESTER HOSPITAL INC	L	239,811	FMV
(63) WINCHESTER HOSPITAL INC	P	86,897	FMV
(64) WINCHESTER HOSPITAL INC	M	518,741	FMV

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: