



Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization's mission:

SEE SCHEDULE O

2

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

☐ Yes

☒ No

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

3

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

☐ Yes

☒ No

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

4

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

4a

(Code: ) (Expenses \$ 2,753,596,430 including grants of \$ 54,828,542 ) (Revenue \$ 3,015,732,885 )

SEE SCHEDULE O

4b

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

SEE SCHEDULE O

4c

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

SEE SCHEDULE O

4d

Other program services (Describe in Schedule O.)

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

4e

Total program service expenses 2,753,596,430

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 <b>Section 501(c)(3) organizations.</b> 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)?                                                                                                  | 11f Yes |    |
| 12a If "Yes," complete Schedule D, Part XI. Did the organization prepare, or 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                 | 25a | No  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                                         | 25b | No  |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?                                                                                                          | 26  | No  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | 27  | No  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |     |     |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | 28a | No  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   | 28b | Yes |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                      | 28c | No  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .                                                                                                                                                                                                                                                                              | 29  | Yes |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?                                                                                                                                                                                                                                                  | 30  | No  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                          | 31  | No  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | 32  | No  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?                                                                                                                                                                                                                                              | 33  | No  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .                                                                                                                                                                                                                                          | 34  | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                     | 35a | Yes |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                 | 35b | Yes |
| 36  | <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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  | 3,181 |
| b  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b  | 0     |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes   |

| Part V                                                                                                                                                                                    |                                                                                                                                                                                                                                                  | Statements Regarding Other IRS Filings and Tax Compliance (continued) |        |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------|----|
| 2a                                                                                                                                                                                        | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                          | 2a                                                                    | 14,736 |    |
| 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                                                                                                                                                                                         | Enter the name of the foreign country: _____<br>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                                                                    |        |    |
| h                                                                                                                                                                                         | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                     | 7h                                                                    |        |    |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? |                                                                                                                                                                                                                                                  | 8                                                                     |        |    |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                       |        |    |
| a                                                                                                                                                                                         | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                               | 9a                                                                    |        |    |
| b                                                                                                                                                                                         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                        | 9b                                                                    |        |    |
| 10 Section 501(c)(7) organizations. Enter:                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                       |        |    |
| a                                                                                                                                                                                         | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                               | 10a                                                                   |        |    |
| b                                                                                                                                                                                         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                            | 10b                                                                   |        |    |
| 11 Section 501(c)(12) organizations. Enter:                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                       |        |    |
| a                                                                                                                                                                                         | Gross income from members or shareholders . . . . .                                                                                                                                                                                              | 11a                                                                   |        |    |
| b                                                                                                                                                                                         | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                          | 11b                                                                   |        |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                            |                                                                                                                                                                                                                                                  | 12a                                                                   |        |    |
| b                                                                                                                                                                                         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                  | 12b                                                                   |        |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                       |        |    |
| a                                                                                                                                                                                         | Is the organization licensed to issue qualified health plans in more than one state? . . . . .                                                                                                                                                   | 13a                                                                   |        |    |
| Note. See the instructions for additional information the organization must report on Schedule O.                                                                                         |                                                                                                                                                                                                                                                  |                                                                       |        |    |
| b                                                                                                                                                                                         | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                              | 13b                                                                   |        |    |
| c                                                                                                                                                                                         | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                   | 13c                                                                   |        |    |
| 14a                                                                                                                                                                                       | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                             | 14a                                                                   |        | No |
| b                                                                                                                                                                                         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .                                                                                                                                | 14b                                                                   |        |    |
| 15                                                                                                                                                                                        | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .                                                                             | 15                                                                    |        | No |
| 16                                                                                                                                                                                        | Is the organization an investment company as defined in section 4960(b)(1)(A)? . . . . .                                                                                                                                                         | 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? . . . . .<br>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

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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 | 18  |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                                  | 2  | Yes |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                                    | 3  |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                       | 4  |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                             | 5  |     | No |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                     | 6  | Yes |    |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                     | 7a | Yes |    |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                              | 7b | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                      |    |     |    |
| a  | The governing body?                                                                                                                                                                                                                                                                                    | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                  | 8b | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                           | 9  |     | No |

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

|     |                                                                                                                                                                                                                                                                                              |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                              |     | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a |     | No |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | 10b |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a | Yes |    |
| b   | Describe 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, 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 CTR 4TH FL 529 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)<br>Name and title                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) TABB MD KEVIN<br>.....<br>TTEE & CEO (EX-OFF) (CEO, BILH)                 | 1.00<br>.....<br>64.00                                                                     | X                                                                                                         |                        | X       |              |                              |        | 0                                                                             | 4,313,387                                                                          | 1,097,028                                                                                     |
| (2) HEALY PETER<br>.....<br>PRESIDENT & TRUSTEE (EX-OFFICIO)                  | 55.00<br>.....<br>10.00                                                                    | X                                                                                                         |                        | X       |              |                              |        | 1,597,609                                                                     | 0                                                                                  | 84,548                                                                                        |
| (3) SHORETT PETER<br>.....<br>TTEE(CEO DESIG) (SR EVP & COO, BILH)            | 1.00<br>.....<br>64.00                                                                     | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 1,559,476                                                                          | 48,246                                                                                        |
| (4) CHAIKOF MD PHD ELLIOT L<br>.....<br>TTEE (EXOFF)/SURG CHF; HMFP SURG CHR  | 30.00<br>.....<br>32.00                                                                    | X                                                                                                         |                        |         |              |                              |        | 608,771                                                                       | 608,771                                                                            | 117,162                                                                                       |
| (5) KIMBALL MD MPH ALEXA B<br>.....<br>TTEE (EX-OFF) (PRES & CEO, HMFP)       | 1.00<br>.....<br>64.00                                                                     | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 1,089,830                                                                          | 109,829                                                                                       |
| (6) SZABO MD PHD HON GYONGYI<br>.....<br>TTEE (EXOFF), CHIEF ACADEMIC OFFICER | 1.00<br>.....<br>57.00                                                                     | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 1,013,205                                                                          | 89,291                                                                                        |
| (7) ZEIDEL MD MARK L<br>.....<br>TTEE (EXOFF)/MED CHIEF; HMFP MED CHR         | 30.00<br>.....<br>33.00                                                                    | X                                                                                                         |                        |         |              |                              |        | 446,016                                                                       | 446,016                                                                            | 87,340                                                                                        |
| (8) LI MD FACP CHIANG J<br>.....<br>TRUSTEE; PHYSICIAN-SCIENTIST              | 1.00<br>.....<br>55.00                                                                     | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 56,083                                                                             | 0                                                                                             |
| (9) BERMAN ANN E<br>.....<br>TRUSTEE & VICE CHAIR                             | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        | X       |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (10) DESIMONE THOMAS<br>.....<br>TRUSTEE AND CHAIR                            | 1.00<br>.....<br>1.00                                                                      | X                                                                                                         |                        | X       |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (11) FULP CAROL<br>.....<br>TRUSTEE AND VICE CHAIR                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        | X       |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (12) REMIS HACKEL DANIELLE F<br>.....<br>TRUSTEE & VICE CHAIR                 | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        | X       |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (13) AIN ARON<br>.....<br>TRUSTEE                                             | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (14) CRONIN MICHAEL F<br>.....<br>TRUSTEE                                     | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (15) CUTLER JOEL E<br>.....<br>TRUSTEE                                        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (16) EVERHART PAMELA D<br>.....<br>TRUSTEE                                    | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (17) FISH MD GUY L<br>.....<br>TRUSTEE                                        | 1.00<br>.....<br>1.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |

Part VII

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

| (A)<br>Name and title                                                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) GARCIA CARLOS<br>.....<br>TRUSTEE                                           | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (19) JONES KIMBERLY Y<br>.....<br>TRUSTEE                                        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (20) KLARMAN BETH<br>.....<br>TRUSTEE                                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (21) KNEZ DEBRA S<br>.....<br>TRUSTEE                                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (22) LESSER PAMELA<br>.....<br>TRUSTEE                                           | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (23) MORTON KAREN V<br>.....<br>TRUSTEE                                          | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (24) REHNERT GEOFFREY S<br>.....<br>TRUSTEE                                      | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (25) SAGAN PAUL L<br>.....<br>TRUSTEE                                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (26) VORLICEK MARTHA<br>.....<br>TRUSTEE                                         | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                        |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (27) RIOS CINDY<br>.....<br>TREAS (EX-OFF) (EXEC VP & CFO, BILH)                 | 1.00<br>.....<br>64.00                                                                     |                                                                                                           |                        | X       |              |                              |        | 0                                                                             | 1,471,427                                                                          | 217,736                                                                                       |
| (28) KATZ ESQ JAMIE<br>.....<br>CLERK (EX-OFF); GENERAL COUNSEL BILH             | 1.00<br>.....<br>64.00                                                                     |                                                                                                           |                        | X       |              |                              |        | 0                                                                             | 1,270,175                                                                          | 32,002                                                                                        |
| (29) FRANCIOLI CARL<br>.....<br>ASST TREAS (EX-OFF) (CFO, BIDMC)                 | 55.00<br>.....<br>2.00                                                                     |                                                                                                           |                        | X       |              |                              |        | 564,449                                                                       | 0                                                                                  | 36,098                                                                                        |
| (30) ARMSTRONG ESQ EMILY<br>.....<br>ASST CLERK (DIV VP DEP GC BOS, BILH)        | 1.00<br>.....<br>61.00                                                                     |                                                                                                           |                        | X       |              |                              |        | 0                                                                             | 309,666                                                                            | 41,550                                                                                        |
| (31) AZOCAR MD RUBEN<br>.....<br>VP, PERIOPERATIVE SERVICES                      | 55.00<br>.....<br>0.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 694,051                                                                       | 0                                                                                  | 104,996                                                                                       |
| (32) WEISS MD MBA MSC ANTHONY P<br>.....<br>CHIEF MEDICAL OFFICER                | 55.00<br>.....<br>0.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 602,680                                                                       | 0                                                                                  | 110,017                                                                                       |
| (33) LARKIN MATTHEW<br>.....<br>SVP, COO OF BIDMC                                | 55.00<br>.....<br>0.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 544,795                                                                       | 0                                                                                  | 32,233                                                                                        |
| (34) SCHWARTZSTEIN MD RICHARD M<br>.....<br>VP, EDUC; PHYS, PULMONARY MEDICINE   | 30.00<br>.....<br>30.00                                                                    |                                                                                                           |                        |         | X            |                              |        | 487,205                                                                       | 16,875                                                                             | 59,720                                                                                        |
| (35) AYOUB JO<br>.....<br>VP, HR BUS PTR; DIV VP, BOSTON REG                     | 55.00<br>.....<br>1.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 438,087                                                                       | 0                                                                                  | 50,014                                                                                        |
| (36) MARKSON MD MPH LAWRENCE J<br>.....<br>VP & CHIEF MED INFO OFFICER           | 1.00<br>.....<br>55.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 0                                                                             | 391,714                                                                            | 57,156                                                                                        |
| (37) VOLPE ELLEN<br>.....<br>VICE PRESIDENT, AMBULATORY SERVICES                 | 55.00<br>.....<br>0.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 386,112                                                                       | 0                                                                                  | 57,919                                                                                        |
| (38) FOLEY DNP MHA RN JANE<br>.....<br>INTERIM CNO & SVP, PATIENT CARE SVCS      | 55.00<br>.....<br>0.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 353,459                                                                       | 0                                                                                  | 44,477                                                                                        |
| (39) DORE JARROD<br>.....<br>VP, CAPITAL FACILITIES & ENGINEERING                | 55.00<br>.....<br>1.00                                                                     |                                                                                                           |                        |         | X            |                              |        | 319,708                                                                       | 0                                                                                  | 14,803                                                                                        |
| (40) RODRIGUEZ MD EDWARD KENNETH<br>.....<br>ORTHOPAEDIC SURGERY CHIEF; HMFP CHR | 30.00<br>.....<br>32.00                                                                    |                                                                                                           |                        |         |              | X                            |        | 519,444                                                                       | 519,444                                                                            | 113,734                                                                                       |
| (41) TALMOR MD MPH DANIEL<br>.....<br>ANESTHESIA CHIEF; HMFP ANESTHES CHAIR      | 30.00<br>.....<br>32.00                                                                    |                                                                                                           |                        |         |              | X                            |        | 452,339                                                                       | 452,339                                                                            | 102,118                                                                                       |
| (42) STEVENSON MD PHD MARY ANN<br>.....<br>RAD ONCOLOGY CHIEF; HMFP RAD ONC CHR  | 30.00<br>.....<br>33.00                                                                    |                                                                                                           |                        |         |              | X                            |        | 451,507                                                                       | 451,507                                                                            | 76,862                                                                                        |
| (43) KRUSKAL MD PHD JONATHAN B<br>.....<br>CHIEF, RADIOLOGY; HMFP RADIOLOGY CHR  | 30.00<br>.....<br>31.00                                                                    |                                                                                                           |                        |         |              | X                            |        | 431,852                                                                       | 431,852                                                                            | 75,608                                                                                        |
| (44) GUISE MD JEANNE-MARIE<br>.....<br>CHIEF OF OB/GYN; HMFP OB/GYN CHAIR        | 30.00<br>.....<br>31.00                                                                    |                                                                                                           |                        |         |              | X                            |        | 414,580                                                                       | 414,580                                                                            | 106,458                                                                                       |
| (45) CULLEN MICHAEL R<br>.....<br>FMR ASST TREAS (EXO) CFO, SVP, FIN             | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                        |         |              |                              | X      | 259,620                                                                       | 0                                                                                  | 0                                                                                             |
| (46) SAFFITZ MD PHD JEFFREY E<br>.....<br>FORMER INTERIM CAO                     | 0.00<br>.....<br>56.00                                                                     |                                                                                                           |                        |         |              |                              | X      | 0                                                                             | 735,585                                                                            | 75,129                                                                                        |
| (47) MAURER RN MSN MARSHA<br>.....<br>FRMR CNO & SVP PATIENT CARE SERVICES       | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                        |         |              |                              | X      | 355,635                                                                       | 0                                                                                  | 25,622                                                                                        |

|                                                             |           |            |           |
|-------------------------------------------------------------|-----------|------------|-----------|
| 1b Sub-Total . . . . .                                      |           |            |           |
| c Total from continuation sheets to Part VII, Section A . . |           |            |           |
| d Total (add lines 1b and 1c) . . . . .                     | 9,927,919 | 15,551,932 | 3,067,696 |

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 4,389

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

Section B. Independent Contractors

1

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

| (A)<br>Name and business address                                                                                                                                       | (B)<br>Description of services   | (C)<br>Compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| BETH ISRAEL LAHEY HEALTH INC,<br>529 MAIN STREET<br>CHARLESTOWN, MA 02129                                                                                              | PROFESSIONAL & OTHER SERVICES    | 1,128,992,643       |
| AMERISOURCEBERGEN DRUG CORP,<br>PO BOX 29808<br>NEW YORK, NY 10087                                                                                                     | PHARMACEUTICAL & HEALTHCARE SVCS | 411,200,699         |
| HARVARD MEDICAL FACULTY PHYSICIANS,<br>375 LONGWOOD AVENUE<br>BOSTON, MA 02215                                                                                         | LEASED PHYSICIAN SERVICES        | 189,497,246         |
| US BANK TRUST CO NATIONAL ASSN,<br>111 SW 5TH AVENUE<br>PORTLAND, OR 97204                                                                                             | INVESTMENT MGMT SERVICES         | 51,337,741          |
| FIDELITY INVESTMENTS INSTITUTIONAL,<br>PO BOX 73307<br>CHICAGO, IL 60673                                                                                               | EMPLOYEE RETIREMENT BENEFIT SVCS | 32,635,912          |
| 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 918 |                                  |                     |

Part VIII

Statement of Revenue

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

|                                         | (A)<br>Total revenue                                                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|-----------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Contributions, Gifts, Grants, and Other | 1a Federated campaigns                                                                 |                                                    | 1a                                      |                                                                    |
| Amt Similar Amounts                     | b Membership dues                                                                      |                                                    | 1b                                      |                                                                    |
|                                         | c Fundraising events                                                                   |                                                    | 1c236,117                               |                                                                    |
|                                         | d Related organizations                                                                |                                                    | 1d                                      |                                                                    |
|                                         | e Government grants (contributions)                                                    |                                                    | 1e                                      |                                                                    |
|                                         | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above |                                                    | 1f69,697,983                            |                                                                    |
|                                         | g Noncash contributions included in<br>lines 1a - 1f:\$                                |                                                    | 1g4,410,072                             |                                                                    |
|                                         | h Total. Add lines 1a-1f                                                               |                                                    | 69,934,100                              |                                                                    |

|                         |                                      |               |               |               |  |  |
|-------------------------|--------------------------------------|---------------|---------------|---------------|--|--|
| Program Service Revenue | 2a NET PATIENT CARE                  | Business Code |               |               |  |  |
|                         |                                      | 622110        | 2,096,967,276 | 2,096,967,276 |  |  |
|                         | b FED SPONSORED RESEARCH             | 541715        | 200,392,684   | 200,392,684   |  |  |
|                         | c OTHER SPONSORED RESEAR             | 541715        | 81,879,840    | 81,879,840    |  |  |
|                         | d GRADUATE MED EDU                   | 622111        | 46,362,055    | 46,362,055    |  |  |
|                         | e SERVICES TO AFFILIATES             | 622111        | 8,932,780     | 8,932,780     |  |  |
|                         | f All other program service revenue. |               |               |               |  |  |
|                         | 9 Total. Add lines 2a-2f.            | 2,434,534,635 |               |               |  |  |

|                                                |                                                                                                                               |                                                |               |            |  |           |            |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|------------|--|-----------|------------|
| Other Revenue                                  | 3 Investment income (including dividends, interest, and other similar amounts)                                                |                                                |               | 21,676,420 |  | 2,341,527 | 19,334,893 |
|                                                | 4 Income from investment of tax-exempt bond proceeds                                                                          |                                                |               |            |  |           |            |
|                                                | 5 Royalties                                                                                                                   |                                                |               | 574,983    |  |           | 574,983    |
|                                                | 6a Gross rents                                                                                                                | (i) Real                                       | (ii) Personal |            |  |           |            |
|                                                |                                                                                                                               | 6a                                             | 5,036,994     |            |  |           |            |
|                                                |                                                                                                                               | b Less: rental expenses                        | 6b            |            |  |           |            |
|                                                | c Rental income or (loss)                                                                                                     | 6c                                             | 3,071,917     | 3,071,917  |  |           | 1,500,618  |
|                                                | d Net rental income or (loss)                                                                                                 |                                                |               |            |  |           |            |
|                                                | 7a Gross amount from sales of assets other than inventory                                                                     | (i) Securities                                 | (ii) Other    |            |  |           |            |
|                                                |                                                                                                                               | 7a                                             | 1,323,337     |            |  |           |            |
|                                                |                                                                                                                               | b Less: cost or other basis and sales expenses | 7b            |            |  |           |            |
|                                                | c Gain or (loss)                                                                                                              | 7c                                             | 1,323,337     | 1,323,337  |  | 1,321,595 | 1,742      |
|                                                | d Net gain or (loss)                                                                                                          |                                                |               |            |  |           |            |
|                                                | 8a Gross income from fundraising events (not including \$ 236,117 of contributions reported on line 1c). See Part IV, line 18 | 8a                                             | 63,150        |            |  |           |            |
|                                                |                                                                                                                               | b Less: direct expenses                        | 8b            |            |  |           |            |
|                                                | c Net income or (loss) from fundraising events                                                                                |                                                |               | 63,150     |  |           | 63,150     |
|                                                | 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 |                                                                                                                               |                                                |               |            |  |           |            |

|                     |                                    |               |               |               |            |            |
|---------------------|------------------------------------|---------------|---------------|---------------|------------|------------|
| OtherRevenueMiscAmt | 11a PHARMACY                       | Business Code |               |               |            |            |
|                     |                                    | 456110        | 565,737,693   | 565,737,693   |            |            |
|                     | b PARKING REVENUE                  | 812930        | 13,350,649    |               | 22,860     | 13,327,789 |
|                     | c REBATES AND REFUNDS              | 622110        | 12,705,153    | 12,705,153    |            |            |
|                     | d All other revenue                |               | 16,180,742    | 2,755,404     | 7,658,040  | 5,767,298  |
|                     | e Total. Add lines 11a-11d         |               | 607,974,237   |               |            |            |
|                     | 12 Total revenue. See instructions |               | 3,139,152,779 | 3,015,732,885 | 12,915,321 | 40,570,473 |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21<br>. . . . .                                                                                                                        | 51,822,388            | 51,822,388                      |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22<br>. . . . .                                                                                                                                                   |                       |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.<br>. . . . .                                                                                           | 3,006,154             | 3,006,154                       |                                        |                             |
| 4 Benefits paid to or for members<br>. . . . .                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                       | 7,739,573             | 7,540,023                       | 199,550                                |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)<br>. . . . .                                                                               | 640,877               | 624,317                         | 16,560                                 |                             |
| 7 Other salaries and wages . . . . .                                                                                                                                                                                                       | 757,016,455           | 737,455,409                     | 19,561,046                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)<br>. . . . .                                                                                                                          | 32,693,723            | 31,848,925                      | 844,798                                |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                        | 68,828,185            | 67,049,707                      | 1,778,478                              |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                 | 73,374,463            | 71,478,530                      | 1,895,933                              |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                     | 376,920,554           | 85,070,969                      | 282,690,416                            | 9,159,169                   |
| b Legal . . . . .                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| c Accounting . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                       | 137,037               |                                 | 137,037                                |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  | 350,538               |                                 |                                        | 350,538                     |
| 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.)                                                                                                                              | 393,539,025           | 393,178,530                     | 360,495                                |                             |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                               | 3,618,670             | 3,490,737                       | 127,933                                |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                     | 146,347,580           | 120,498,732                     | 25,848,848                             |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                      | 49,661,897            | 49,661,897                      |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                     | 101,414,500           | 101,414,500                     |                                        |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                     | 12,647,629            | 12,647,629                      |                                        |                             |
| 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                                                                                                                                                                                                                          | 516,611,047           | 516,611,047                     |                                        |                             |
| b MEDICAL SUPPLIES                                                                                                                                                                                                                         | 270,874,316           | 270,874,316                     |                                        |                             |
| c DIRECT RESEARCH EXPENSE                                                                                                                                                                                                                  | 164,878,126           | 164,878,126                     |                                        |                             |
| d MEDICAID ASSESSMENT                                                                                                                                                                                                                      | 39,020,952            | 39,020,952                      |                                        |                             |
| e All other expenses                                                                                                                                                                                                                       | 25,424,055            | 25,423,542                      | 513                                    |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 3,096,567,744         | 2,753,596,430                   | 333,461,607                            | 9,509,707                   |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

☐

|                             |                                                                                                                               |                                                                                                                                                                                                                           |               | (A)               |               | (B)           |               |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|---------------|---------------|---------------|
|                             |                                                                                                                               |                                                                                                                                                                                                                           |               | Beginning of year |               | End of year   |               |
| Assets                      | 1                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                                                                                                                       |               | -50,984,330       | 1             | -2,992,634    |               |
|                             | 2                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                                                                                                          |               | 677,511,840       | 2             | 704,145,351   |               |
|                             | 3                                                                                                                             | Pledges and grants receivable, net . . . . .                                                                                                                                                                              |               | 54,182,417        | 3             | 72,438,727    |               |
|                             | 4                                                                                                                             | Accounts receivable, net . . . . .                                                                                                                                                                                        |               | 265,837,944       | 4             | 349,954,402   |               |
|                             | 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 . . . . .                                                                                                                                                                                 |               | -50,508           | 7             |               |               |
|                             | 8                                                                                                                             | Inventories for sale or use . . . . .                                                                                                                                                                                     |               | 49,942,056        | 8             | 47,457,944    |               |
|                             | 9                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           |               | 6,429,753         | 9             | 14,747,311    |               |
|                             | 10a                                                                                                                           | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                             | 10a           | 3,643,469,392     |               |               |               |
|                             | b                                                                                                                             | Less: accumulated depreciation . . . . .                                                                                                                                                                                  | 10b           | 2,377,153,523     | 1,088,420,375 | 10c           | 1,266,315,869 |
|                             | 11                                                                                                                            | Investments—publicly traded securities . . . . .                                                                                                                                                                          |               |                   | 11            |               |               |
|                             | 12                                                                                                                            | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                              |               | 249,605,319       | 12            | 345,240,884   |               |
|                             | 13                                                                                                                            | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                               |               |                   | 13            |               |               |
|                             | 14                                                                                                                            | Intangible assets . . . . .                                                                                                                                                                                               |               |                   | 14            |               |               |
|                             | 15                                                                                                                            | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                              |               | 767,463,216       | 15            | 1,012,174,917 |               |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 33) . . . . .                                                           |                                                                                                                                                                                                                           | 3,108,358,082 | 16                | 3,809,482,771 |               |               |
| Liabilities                 | 17                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                                                                                                           |               | 208,339,343       | 17            | 275,980,455   |               |
|                             | 18                                                                                                                            | Grants payable . . . . .                                                                                                                                                                                                  |               | 1,132,083         | 18            | -30,876       |               |
|                             | 19                                                                                                                            | Deferred revenue . . . . .                                                                                                                                                                                                |               | 87,042,167        | 19            | 85,752,603    |               |
|                             | 20                                                                                                                            | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                     |               | 953,573,317       | 20            | 1,479,156,610 |               |
|                             | 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 . . . . .                                         |               | 398,464,859       | 25            | 362,289,202   |               |
|                             | 26                                                                                                                            | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                      |               | 1,648,551,769     | 26            | 2,203,147,994 |               |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |                                                                                                                                                                                                                           |               |                   |               |               |               |
|                             | 27                                                                                                                            | Net assets without donor restrictions . . . . .                                                                                                                                                                           |               | 1,150,075,998     | 27            | 1,220,260,189 |               |
|                             | 28                                                                                                                            | Net assets with donor restrictions . . . . .                                                                                                                                                                              |               | 309,730,315       | 28            | 386,074,588   |               |
|                             | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 . . . . .                                                                                                                                                                               |               | 1,459,806,313     | 32            | 1,606,334,777 |               |
|                             | 33                                                                                                                            | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                  |               | 3,108,358,082     | 33            | 3,809,482,771 |               |

Part XI

Reconciliation of Net Assets

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

|    |                                                                                                                |    |               |
|----|----------------------------------------------------------------------------------------------------------------|----|---------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 3,139,152,779 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 3,096,567,744 |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 42,585,035    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,459,806,313 |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 159,888,225   |
| 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  | -55,944,796   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | 10 | 1,606,334,777 |

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| c  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                                                                                                                                                                                                           | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                     | Yes |    |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

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

Part II

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

Section A. Public Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                 |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                 |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                              |          |          |          |          |          |           |
| <b>5</b> 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) . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022  | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4. . .                                                                                                                                                                     |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                     |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . .                                                                                     |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                                                                        |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                       |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b> |                          |
| <b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                  | <b>15</b> |                          |
| <b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               |           | <input type="checkbox"/> |

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                           | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| c Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                                                                |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                                                        | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 Amounts from line 6. . .                                                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .                                                                                  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                              |          |          |          |          |          |           |
| c Add lines 10a and 10b.                                                                                                                                                                                                |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.                                                                                         |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) .                                                                                                                                                                     |          |          |          |          |          |           |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                 |    |  |
|-----------------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 |  |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .                      | 16 |  |

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

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>3</b> | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                 |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |                                                                                                                                                                                                                   |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b> |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b> |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b> |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b> |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b> |
| <b>6</b> 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) | <b>6</b> |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b> |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b> |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

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

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

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                                                                                                                                           |              |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Section D - Distributions                                                                  |                                                                                                                                           | Current Year |
| 1                                                                                          | Amounts paid to supported organizations to accomplish exempt purposes                                                                     | 1            |
| 2                                                                                          | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     | 2            |
| 3                                                                                          | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                     | 3            |
| 4                                                                                          | Amounts paid to acquire exempt-use assets                                                                                                 | 4            |
| 5                                                                                          | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)                                                    | 5            |
| 6                                                                                          | Other distributions (describe in Part VI). See instructions                                                                               | 6            |
| 7                                                                                          | Total annual distributions. Add lines 1 through 6.                                                                                        | 7            |
| 8                                                                                          | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | 8            |
| 9                                                                                          | Distributable amount for 2023 from Section C, line 6                                                                                      | 9            |
| 10                                                                                         | Line 8 amount divided by Line 9 amount                                                                                                    | 10           |

| Section E - Distribution Allocations<br>(see instructions) | (i)<br>Excess Distributions                                                                                                                                                    | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1                                                          | Distributable amount for 2023 from Section C, line 6                                                                                                                           |                                        |                                           |
| 2                                                          | Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI ). See instructions.                                                       |                                        |                                           |
| 3                                                          | Excess distributions carryover, if any, to 2023:                                                                                                                               |                                        |                                           |
| a                                                          | From 2018. . . . .                                                                                                                                                             |                                        |                                           |
| b                                                          | From 2019. . . . .                                                                                                                                                             |                                        |                                           |
| c                                                          | From 2020. . . . .                                                                                                                                                             |                                        |                                           |
| d                                                          | From 2021. . . . .                                                                                                                                                             |                                        |                                           |
| e                                                          | From 2022. . . . .                                                                                                                                                             |                                        |                                           |
| f                                                          | Total of lines 3a through e                                                                                                                                                    |                                        |                                           |
| g                                                          | Applied to underdistributions of prior years                                                                                                                                   |                                        |                                           |
| h                                                          | Applied to 2023 distributable amount                                                                                                                                           |                                        |                                           |
| i                                                          | Carryover from 2018 not applied (see instructions)                                                                                                                             |                                        |                                           |
| j                                                          | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                         |                                        |                                           |
| 4                                                          | Distributions for 2023 from Section D, line 7: \$                                                                                                                              |                                        |                                           |
| a                                                          | Applied to underdistributions of prior years                                                                                                                                   |                                        |                                           |
| b                                                          | Applied to 2023 distributable amount                                                                                                                                           |                                        |                                           |
| c                                                          | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                               |                                        |                                           |
| 5                                                          | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. |                                        |                                           |
| 6                                                          | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                         |                                        |                                           |
| 7                                                          | Excess distributions carryover to 2024. Add lines 3j and 4c.                                                                                                                   |                                        |                                           |
| 8                                                          | Breakdown of line 7:                                                                                                                                                           |                                        |                                           |
| a                                                          | Excess from 2019. . . . .                                                                                                                                                      |                                        |                                           |
| b                                                          | Excess from 2020. . . . .                                                                                                                                                      |                                        |                                           |
| c                                                          | Excess from 2021. . . . .                                                                                                                                                      |                                        |                                           |
| d                                                          | Excess from 2022. . . . .                                                                                                                                                      |                                        |                                           |
| e                                                          | Excess from 2023. . . . .                                                                                                                                                      |                                        |                                           |

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

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

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

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

|                                                                                               |                                                                                                                                                                                     |                                                     |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br><br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                               |                                                                                                                                                                                     | <b>2023</b>                                         |
| Name of the organization<br>BETH ISRAEL DEACONESS MEDICAL CENTER<br>INC                       |                                                                                                                                                                                     | <b>Employer identification number</b><br>04-2103881 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

**Employer identification number**  
04-2103881

## Part I

### Contributors

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

|                                                                     |                                                  |
|---------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br>BETH ISRAEL DEACONESS MEDICAL CENTER<br>INC | Employer identification number<br><br>04-2103881 |
|---------------------------------------------------------------------|--------------------------------------------------|

Part II

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

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

|                                                                     |                                                  |
|---------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br>BETH ISRAEL DEACONESS MEDICAL CENTER<br>INC | Employer identification number<br><br>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)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|                           | <div></div>                           | <div></div>                              | <div></div>                         |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |
|                           | <div></div>                           | <div></div>                              |                                     |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

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<br>BETH ISRAEL DEACONESS MEDICAL CENTER<br>INC | Employer identification number<br><br>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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> 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)).

- ACheck▶☐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).
- BCheck▶☐if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| c Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| d Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table> |                                                    | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The lobbying nontaxable amount is:                 |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20% of the amount on line 1e.                      |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$100,000 plus 15% of the excess over \$500,000.   |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$175,000 plus 10% of the excess over \$1,000,000. |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,000,000.                                       |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| i Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                          |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount                             |          |          |          |          |           |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                             |          |          |          |          |           |
| d Grassroots nontaxable amount                            |          |          |          |          |           |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                        |          |          |          |          |           |

Part II-B

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

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

|    |                                                                                                                                                                                                                               | (a) |    | (b)     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|    |                                                                                                                                                                                                                               | Yes | No | Amount  |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| a  | Volunteers? .....                                                                                                                                                                                                             |     | No |         |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            | Yes |    |         |
| c  | Media advertisements? .....                                                                                                                                                                                                   | Yes |    |         |
| d  | Mailings to members, legislators, or the public? .....                                                                                                                                                                        | Yes |    |         |
| e  | Publications, or published or broadcast statements? .....                                                                                                                                                                     | Yes |    |         |
| f  | Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     | No |         |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             | Yes |    |         |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     | No |         |
| i  | Other activities? .....                                                                                                                                                                                                       | Yes |    | 137,037 |
| j  | Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    | 137,037 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II-B, LINE 1: | BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 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 \$137,037 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES. |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

|                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>BETH ISRAEL DEACONESS MEDICAL CENTER<br>INC | Employer identification number<br>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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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).<br><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |    |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                                                                                                                                                                         |    |
| a | Total number of conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                            | 2a |
| b | Total acreage restricted by conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) . . . . .                                                                                                                                                                                                                                                                                                                                                                | 2c |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .                                                                                                                                                                                                                                                                                                    | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____                                                                                                                                                                                                                                                                                                               |    |
| 4 | Number of states where property subject to conservation easement is located ▶ _____                                                                                                                                                                                                                                                                                                                                                                         |    |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                               |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>▶ _____                                                                                                                                                                                                                                                                                                        |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>▶ \$ _____                                                                                                                                                                                                                                                                                                           |    |
| 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)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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:<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____<br>(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:<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____<br>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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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 . . . . .                     | 309,730,316      | 361,836,472    | 384,225,348        | 337,811,145          | 320,834,479         |
| b Contributions . . . . .                                  | 41,488,743       | 12,249,985     | 32,723,293         | 29,758,444           | 9,338,360           |
| c Net investment earnings, gains, and losses               | 37,531,226       | 28,365,359     | -27,392,415        | 24,091,677           | 11,060,325          |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  | 92,721,501     | 27,719,754         | 7,435,918            | 3,422,020           |
| f Administrative expenses . . . . .                        | 2,675,697        |                |                    |                      |                     |
| g End of year balance . . . . .                            | 386,074,588      | 309,730,315    | 361,836,472        | 384,225,348          | 337,811,144         |

2

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

a

Board designated or quasi-endowment ▶ 71.000 %

b

Permanent endowment ▶ 29.000 %

c

Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 3b     |     |    |

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property                                                                                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                         |                                      | 24,282,879                      |                              | 24,282,879     |
| b Buildings . . . . .                                                                                     |                                      | 1,632,086,734                   | 894,285,702                  | 737,801,032    |
| c Leasehold improvements                                                                                  |                                      | 65,536,141                      | 64,225,844                   | 1,310,297      |
| d Equipment . . . . .                                                                                     |                                      | 1,870,187,626                   | 1,412,432,279                | 457,755,347    |
| e Other . . . . .                                                                                         |                                      | 51,376,012                      | 6,209,698                    | 45,166,314     |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,266,315,869  |

Schedule D (Form 990) 2022

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<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                              |
| (2) Closely-held equity interests . . . . .                             |                |                                                              |
| (3) Other _____                                                         |                |                                                              |
| (A) INVESTMENTS IN BILHIP                                               | 326,669,788    | F                                                            |
| (B) ASSETS HELD                                                         | 18,571,096     | C                                                            |
| (B)                                                                     |                |                                                              |
| (C)                                                                     |                |                                                              |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    | 345,240,884    |                                                              |

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:<br>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                                                        | 614,211,647    |
| (2)DEPOSITS                                                                   | 850,766        |
| (3)PROF LIABILITY INSURANCE RECOVERY                                          | 52,150,284     |
| (4)DEFERRED COMPENSATION                                                      | 1,123,477      |
| (5)OPERATING LEASED ASSETS                                                    | 155,834,126    |
| (6)OTHER RECEIVABLES                                                          | 3,553,234      |
| (7)OTHER CURRENT ASSETS                                                       | 41,077,756     |
| (8)ASSETS IN PERPETUAL TRUSTS                                                 | 143,373,627    |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ | 1,012,174,917  |

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                                            |                |
| POST RETIREMENT MEDICAL BENEFITS                                    | 2,149,300      |
| CLINICAL TRIALS                                                     | 31,719,353     |
| PROFESSIONAL LIAB RESERVES                                          | 65,006,989     |
| OPERATING LEASED LIABILITIES                                        | 160,461,916    |
| DEFINED BENEFIT PENSION LIABILITY                                   | 66,284,140     |
| SECURITY DEPOSITS                                                   | 10,000         |
| ESTIMATED THIRD PARTY SETTLEMENTS                                   | 17,630,214     |
| OTHER LIABILITIES                                                   | 13,703,294     |
| WORKERS COMPENSATION                                                | 4,341,764      |
| DEFERRED COMPENSATION                                               | 982,232        |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 362,289,202    |

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, 2024 AND 2023, RESPECTIVELY. |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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 or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

☒No
- 2

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

3

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

| (a) Region                                           | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) EAST ASIA AND THE PACIFIC                        |                                     | 28                                                                         | PROGRAM SERVICES                                                                                                                               | AIDS PATIENT CARE AND RESEARCH                                                                         | 1,125,996                                                |
| (2) EAST ASIA AND THE PACIFIC                        |                                     |                                                                            | GRANT-MAKING                                                                                                                                   |                                                                                                        | 164,249                                                  |
| (3) EUROPE (INCLUDING ICELAND & GREENLAND)           |                                     |                                                                            | GRANT-MAKING                                                                                                                                   |                                                                                                        | 521,504                                                  |
| (4) NORTH AMERICA                                    |                                     |                                                                            | GRANT-MAKING                                                                                                                                   |                                                                                                        | 768,478                                                  |
| (5) SOUTH ASIA                                       |                                     |                                                                            | GRANT-MAKING                                                                                                                                   |                                                                                                        | 130,083                                                  |
| (6) SUB-SAHARAN AFRICA                               |                                     |                                                                            | GRANT-MAKING                                                                                                                                   |                                                                                                        | 1,421,840                                                |
| (7)                                                  |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (8)                                                  |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (9)                                                  |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (10)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (11)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (12)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (13)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (14)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (15)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (16)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| (17)                                                 |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| 3a Sub-total . . . . .                               | 0                                   | 28                                                                         |                                                                                                                                                |                                                                                                        | 4,132,150                                                |
| b Total from continuation sheets to Part I . . . . . | 0                                   | 0                                                                          |                                                                                                                                                |                                                                                                        | 0                                                        |
| c Totals (add lines 3a and 3b)                       | 0                                   | 28                                                                         |                                                                                                                                                |                                                                                                        | 4,132,150                                                |

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   | 164,249                  | ELECTRONIC FUND/WIRE TRANSFER   | 0                                |                                       |                                                       |
| (2)  |                          |                                              | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH SUB-AWARD   | 521,504                  | ELECTRONIC FUND/WIRE TRANSFER   | 0                                |                                       |                                                       |
| (3)  |                          |                                              | NORTH AMERICA                          | RESEARCH SUB-AWARD   | 768,478                  | ELECTRONIC FUND/WIRE TRANSFER   | 0                                |                                       |                                                       |
| (4)  |                          |                                              | SOUTH ASIA                             | RESEARCH SUB-AWARD   | 130,083                  | ELECTRONIC FUND/WIRE TRANSFER   | 0                                |                                       |                                                       |
| (5)  |                          |                                              | SUB-SAHARAN AFRICA                     | RESEARCH SUB-AWARD   | 1,421,840                | ELECTRONIC FUND/WIRE TRANSFER   | 0                                |                                       |                                                       |
| (6)  |                          |                                              |                                        |                      |                          |                                 |                                  |                                       |                                                       |
| (7)  |                          |                                              |                                        |                      |                          |                                 |                                  |                                       |                                                       |
| (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

0

3 Enter total number of other organizations or entities

5

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

Part III can be duplicated if additional space is needed.

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

Part IV

Foreign Forms

- 1

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

☒ Yes

☐ No
- 2

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

☐ Yes

☒ No
- 3

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

☐ Yes

☒ No
- 4

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

☒ Yes

☐ No
- 5

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

☐ Yes

☒ No
- 6

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

☒ Yes

☐ No



# Additional Data

**Software ID:**

**Software Version:**

SCHEDULE G  
(Form 990)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

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

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

| (i) Name and address of individual or entity (fundraiser)                                 | (ii) Activity        | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                                                           |                      | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1<br>DOING GOOD DIGITAL LLC<br>668 N COAST HWY 224<br><br>LAGUNA BEACH, CA 92651          | MARKETING CONSULTING |                                                                | No | 0                                 | 61,188                                                            | -61,188                                           |
| 2<br>RAISE THE BAR LLC<br>36 RANGELEY ROAD<br><br>NEWTON, MA 02465                        | REPORTING CONSULTING |                                                                | No | 0                                 | 91,883                                                            | -91,883                                           |
| 3<br>ZURI GROUP LLC<br>328 NW BOND STREET STE 204<br><br>BEND, OR 97703                   | STRATEGY CONSULTING  |                                                                | No | 0                                 | 173,767                                                           | -173,767                                          |
| 4<br>DAILEY INNOVATIONS INC<br>9091 SNOWDEN RIVER PKWY STE 1200<br><br>COLUMBIA, MD 21046 | DEI CONSULTING       |                                                                | No | 0                                 | 16,044                                                            | -16,044                                           |
| 5                                                                                         |                      |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                                                         |                      |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                                                         |                      |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                                                         |                      |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                                                         |                      |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                                                        |                      |                                                                |    |                                   |                                                                   |                                                   |
| Total                                                                                     |                      |                                                                |    |                                   | 342,882                                                           | -342,882                                          |

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

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

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

| Revenue         |                                                                             | (a)Event #1                     | (b) Event #2                             | (c)Other events | (d) Total events                   |
|-----------------|-----------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------|------------------------------------|
|                 |                                                                             | BOSTON MARATHON<br>(event type) | SADHGURU CENTER<br>EVENT<br>(event type) | (total number)  | (add col. (a) through<br>col. (c)) |
| Revenue         | 1 Gross receipts . . . . .                                                  | 212,861                         | 86,406                                   |                 | 299,267                            |
|                 | 2 Less: Contributions . . . . .                                             | 212,861                         | 23,256                                   |                 | 236,117                            |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                           |                                 | 63,150                                   |                 | 63,150                             |
|                 |                                                                             |                                 |                                          |                 |                                    |
| 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) . . . . . ▶ |                                 |                                          |                 | 63,150                             |

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

| Revenue         |                                                                                 | (a) Bingo                                                             | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                   | (c) Other gaming                                                      | (d) Total gaming (add<br>col.(a) through col.(c)) |
|-----------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                 |                                                                       |                                                                       |                                                                       |                                                   |
| Direct Expenses | 1 Gross revenue . . . . .                                                       |                                                                       |                                                                       |                                                                       |                                                   |
|                 | 2 Cash prizes . . . . .                                                         |                                                                       |                                                                       |                                                                       |                                                   |
|                 | 3 Noncash prizes . . . . .                                                      |                                                                       |                                                                       |                                                                       |                                                   |
|                 | 4 Rent/facility costs . . . . .                                                 |                                                                       |                                                                       |                                                                       |                                                   |
|                 | 5 Other direct expenses . . . . .                                               |                                                                       |                                                                       |                                                                       |                                                   |
|                 | 6 Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____% ..<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____% ..<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____% ..<br><input type="checkbox"/> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE G, 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. |

SCHEDULE H  
(Form 990)

Hospitals

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**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 . . . . .                                                                                                                                                                                                                                                                                                                                     | Yes |    |
| b                                                                                                                                              | If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                            | Yes |    |
| 2                                                                                                                                              | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> 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:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 40000.0000000000 %                                                            | Yes |    |
| b                                                                                                                                              | Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %                            | Yes |    |
| c                                                                                                                                              | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.                                                                                         |     |    |
| 4                                                                                                                                              | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .                                                                                                                                                                                                                                                    | Yes |    |
| 5a                                                                                                                                             | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .                                                                                                                                                                                                                                                                                                           | Yes |    |
| b                                                                                                                                              | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                    |     | No |
| c                                                                                                                                              | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                          |     |    |
| 6a                                                                                                                                             | Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                  | Yes |    |
| b                                                                                                                                              | If "Yes," did the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                               | Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |

| 7 Financial Assistance and Certain Other Community Benefits at Cost                          |                                                 |                               |                                     |                               |                                   |                              |
|----------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs                                    | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                  |                                                 |                               | 29,073,079                          | 8,866,396                     | 20,206,683                        | 0.650 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                            |                                                 |                               | 101,463,845                         | 102,463,219                   | 0                                 | 0 %                          |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |                                                 |                               |                                     |                               |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs . . . . .                  |                                                 |                               | 130,536,924                         | 111,329,615                   | 20,206,683                        | 0.650 %                      |
| Other Benefits                                                                               |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4). |                                                 |                               | 19,016,294                          | 6,567,343                     | 12,448,951                        | 0.400 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                  |                                                 |                               | 145,637,684                         | 46,362,055                    | 99,275,629                        | 3.210 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                    |                                                 |                               | 238,515,150                         | 162,361,683                   | 76,153,467                        | 2.460 %                      |
| h Research (from Worksheet 7) . . . . .                                                      |                                                 |                               | 373,820,436                         | 282,272,524                   | 91,547,912                        | 2.960 %                      |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |                                                 |                               | 12,867,446                          | 46,600                        | 12,820,846                        | 0.410 %                      |
| j Total. Other Benefits . . . . .                                                            |                                                 |                               | 789,857,010                         | 497,610,205                   | 292,246,805                       | 9.440 %                      |
| k Total. Add lines 7d and 7j . . . . .                                                       |                                                 |                               | 920,393,934                         | 608,939,820                   | 312,453,488                       | 10.090 %                     |

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                                     |                               | 290,180                              |                               | 290,180                            | 0.010 %                      |
| 9  | Other                                                     |                               |                                      |                               |                                    |                              |
| 10 | Total                                                     |                               | 290,180                              |                               | 290,180                            | 0.010 %                      |

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

9,657,720

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

567,318,545

6

Enter Medicare allowable costs of care relating to payments on line 5

6

630,954,354

7

Subtract line 6 from line 5. This is the surplus (or shortfall)

7

-63,635,809

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

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

9b

Yes

No

Part IV

Management Companies and Joint Ventures

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
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| 13                 |                                               |                                                  |                                                                                    |                                               |

Part V

Facility Information

Section A. Hospital Facilities

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

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

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

|  |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|

Facility  
reporting group

|   |                                                                                                              |   |   |  |   |  |   |   |   |                                             |
|---|--------------------------------------------------------------------------------------------------------------|---|---|--|---|--|---|---|---|---------------------------------------------|
| 1 | BETH ISRAEL DEACONESS MEDICAL<br>CENTER<br>330 BROOKLINE AVENUE<br>BOSTON, MA 02215<br>WWW.BIDMC.ORG<br>VL42 | X | X |  | X |  | X | X | X | TERTIARY CARE<br>ACADEMIC MEDICAL<br>CENTER |
|---|--------------------------------------------------------------------------------------------------------------|---|---|--|---|--|---|---|---|---------------------------------------------|

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No  |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Community Health Needs Assessment |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
| 1                                 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1   | No  |
| 2                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.<br>. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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.<br>. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):<br>a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility<br>b <input checked="" type="checkbox"/> Demographics of the community<br>c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br>d <input checked="" type="checkbox"/> How data was obtained<br>e <input checked="" type="checkbox"/> The significant health needs of the community<br>f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br>g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br>h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests<br>i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)<br>j <input type="checkbox"/> Other (describe in Section C) | 3   | Yes |
| 4                                 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
| 5                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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<br>. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):<br>a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART VI</u><br>b <input type="checkbox"/> Other website (list url): _____<br>c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br>d <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7   | Yes |
| 8                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8   | Yes |
| 9                                 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 10                                | Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>. . . . .<br>a If "Yes" (list url): <u>SEE PART VI</u><br>b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10  | Yes |
| 11                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 12a                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12a | No  |
| b                                 | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12b |     |
| c                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

BETH ISRAEL DEACONESS MEDICAL CENTER

| Name of hospital facility or letter of facility reporting group                                                                                                                                                                                                                   |    | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:                                                                                                                                                                           |    |     |    |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:                                                                                       | 13 | Yes |    |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400.000000000000 %                                                                                                                          |    |     |    |
| b <input type="checkbox"/> Income level other than the FPG (describe in Section C)                                                                                                                                                                                                |    |     |    |
| c <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                 |    |     |    |
| d <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                           |    |     |    |
| e <input type="checkbox"/> Insurance status                                                                                                                                                                                                                                       |    |     |    |
| f <input type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                |    |     |    |
| g <input type="checkbox"/> Residency                                                                                                                                                                                                                                              |    |     |    |
| h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                      |    |     |    |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                          |    |     |    |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                        |    |     |    |
| d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                  |    |     |    |
| e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br>SEE SUPPLEMENTAL INFORMATION                                                                                                                                                       |    |     |    |
| b <input type="checkbox"/> The FAP application form was widely available on a website (list url):<br>_____                                                                                                                                                                        |    |     |    |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br>SEE SUPPLEMENTAL INFORMATION                                                                                                                           |    |     |    |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                            |    |     |    |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                           |    |     |    |
| f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                         |    |     |    |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations                                                                                                 |    |     |    |
| j <input type="checkbox"/> 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>17</b> 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? . . . . . | <b>17</b> | Yes |    |
| <b>18</b> 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:                                |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                     |           |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                       |           |     |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous                                                                                                                                |           |     |    |
| <b>d</b> <input type="checkbox"/> Actions that required a legal or judicial process                                                                                                                                                                                                   |           |     |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                       |           |     |    |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                            |           |     |    |
| <b>19</b> 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? . . . . .                                                 | <b>19</b> |     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged:                                                                                                                                                                                                  |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                     |           |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                       |           |     |    |
| <b>c</b> <input type="checkbox"/> Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous                                                                                                                               |           |     |    |
| <b>d</b> <input type="checkbox"/> Actions that required a legal or judicial process                                                                                                                                                                                                   |           |     |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                       |           |     |    |
| <b>20</b> 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):                                                                                        |           |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the                                                                                                                      |           |     |    |
| <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the ECA and SAP application process (if not, describe in Section C)                                                                                                                     |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)                                                                                                                                                       |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)                                                                                                                                                              |           |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                       |           |     |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                     |           |     |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                   |           |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--|
| <b>21</b> 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? | <b>21</b> | Yes |  |
| If "No," indicate why: . . . . .                                                                                                                                                                                                                                                                                                                  |           |     |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                 |           |     |  |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                               |           |     |  |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section                                                                                                                                                                                            |           |     |  |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                   |           |     |  |

### **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 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>22</b> | 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.                                                                                                                        |           |    |
|           | <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period                                                                                                                                              |           |    |
|           | <b>b</b> <input checked="" type="checkbox"/> 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                                                          |           |    |
|           | <b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with<br>Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                    |           |    |
|           | <b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method                                                                                                                                                                                                          |           |    |
| <b>23</b> | 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?<br>If "Yes," explain in Section C. . . . . | <b>23</b> | No |
| <b>24</b> | 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? . . . . .<br>If "Yes," explain in Section C.                                                                                                 | <b>24</b> | No |

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

[illegible]

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

6

| Name and address                                                                                | Type of Facility (describe) |
|-------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> 1 - BETH ISRAEL DEACONESS HEALTHCARE LEXIN<br>482 BEDFORD STREET<br>LEXINGTON,MA 02420 | OUTPATIENT MEDICAL CARE     |
| <b>2</b> 2 - BETH ISRAEL DEACONESS HEALTHCARE CHELS<br>1000 BROADWAY<br>CHELSEA,MA 02150        | OUTPATIENT MEDICAL CARE     |
| <b>3</b> 3 - BOWDOIN STREET HEALTH CENTER<br>230 BOWDOIN STREET<br>DORCHESTER,MA 02122          | OUTPATIENT MEDICAL CARE     |
| <b>4</b> 4 - CHESTNUT HILL AMBULATORY CARE<br>200 BOYLSTON STREET<br>NEWTON,MA 02467            | OUTPATIENT MEDICAL CARE     |
| <b>5</b> 5 - BETH ISRAEL DEACONESS CANCER CENTER<br>148 CHESTNUT STREET<br>NEEDHAM,MA 02492     | OUTPATIENT MEDICAL CARE     |
| <b>6</b> 6 - WILLIAM ARNOLD-CAROL A WARFIELD<br>1 BROOKLINE PLACE<br>BROOKLINE,MA 02445         | OUTPATIENT MEDICAL CARE     |
| <b>7</b>                                                                                        |                             |
| <b>8</b>                                                                                        |                             |
| <b>9</b>                                                                                        |                             |
| <b>10</b>                                                                                       |                             |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS | 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). 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, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,700 PHYSICIANS AND 39,000 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 IMPACTED BY HEALTH ISSUES AND OTHER SOCIAL AND ECONOMIC 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 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 TO COMMUNITY GROUPS OF \$25,269,797 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. |

| Form and Line Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| COMMUNITY BENEFITS LEADERSHIP/TEAM | <p>BIDMC'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 MANAGER OF COMMUNITY BENEFITS. THE VICE PRESIDENT OF COMMUNITY BENEFITS HAS DIRECT ACCESS TO AND IS ACCOUNTABLE TO THE DIVISIONAL PRESIDENT, METRO BOSTON, BILH AND BIDMC PRESIDENT. 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, 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 (DEPARTED SEPTEMBER 2024) 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 JEAN MCCLURKEN, LICSW, DIRECTOR OF BEHAVIORAL HEALTH, FENWAY HEALTH (JOINED JUNE 2024) SANDY NOVACK, SOCIAL WORKER, PATIENT FAMILY ADVISOR 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 (DEPARTED IN APRIL 2024) RICHARD ROUSE, ADVISORY BOARD MEMBER, MISSION HILL MAIN STREETS LEONARDO RUIZ SANCHEZ, LEAD COMMUNITY ORGANIZER, FENWAY COMMUNITY DEVELOPMENT CORPORATION (JOINED SEPTEMBER 2024) 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 STRATEGY</p> <p>MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT</p> <p>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 COHORTS</p> <p>AS 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 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</p> |

| Form and Line Reference                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|                                                                     | 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                                                                                                     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| 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 METHODS<br>BIDMC'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.<br>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 FIELDLED 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 FIELDLED 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 METHODS<br>BIDMC 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) HOSPITAL DISCHARGES (2019) MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2020) MASSACHUSETTS INSTITUTE OF TECHNOLOGY, EVICTION LAB (2018) ROBERT WOOD JOHNSON COUNTRY HEALTH RANKINGS |

| Form and Line Reference                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|                                           | (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 STRESS, DEPRESSION, AND SOCIAL ISOLATION WERE LEADING TO COMMUNITY HEALTH CONCERNS. THE ASSESSMENT IDENTIFIED SPECIFIC CONCERNS ABOUT THE IMPACT OF |

| Form and Line Reference                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                       | MENTAL HEALTH ISSUES FOR YOUTH AND YOUNG ADULTS, THE MENTAL HEALTH IMPACTS OF 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: <a href="https://www.bidmc.org/-/media/files/beth-israel-org/about-bidmc/helping-our-community/community-initiatives/community-benefits/bidmc-2022-community-health-needs-assessment.pdf">HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/BIDMC-2022-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF</a> IN 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: <a href="https://www.bidmc.org/-/media/files/bidmc-implementation-strategy.pdf">HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BIDMC-IMPLEMENTATION-STRATEGY.PDF</a> BIDMC COMPLETED ITS PREVIOUS CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). THAT CHNA IS AVAILABLE ON THE BIDMC WEBSITE AT: <a href="https://www.bidmc.org/-/media/files/beth-israel-org/about-bidmc/helping-our-community/community-initiatives/community-benefits/chna-report93019final.pdf">HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/CHNA-REPORT93019FINAL.PDF</a> FINALLY, 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: <a href="https://www.bidmc.org/-/media/files/beth-israel-org/about-bidmc/helping-our-community/community-initiatives/community-benefits/implementation-strategy-2020-2022.pdf">HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/IMPLEMENTATION-STRATEGY-2020-2022.PDF</a> EACH OF THESE DOCUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A). |
| COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS | (SCHEDULE H, PART V, SECTION B, LINE 11)AS NOTED ABOVE, BIDMC'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 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 - ADDRESSING COMMUNITY 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 ADDRESS SECONDARY TRAUMATIC STRESS AMONG DOMESTIC VIOLENCE AND MEDICAL SERVICE PROVIDERS. IN FY24, BIDMC PROVIDED SERVICES TO 626 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                         | <p>SKILLS AND HIGHER INCOMES. IN FY24 BILH'S OFFICE OF WORKFORCE DEVELOPMENT RECRUITED 99 COMMUNITY MEMBERS INTO PIPELINE PROGRAMS AND HIRED 100% OF THEM. ADDITIONALLY, 26 YOUTH WERE EMPLOYED IN PAID SUMMER JOBS AT BIDMC. OTHER EXAMPLES OF SUCCESS ARE LISTED IN THE SUBSEQUENT SCHEDULE H IMPLEMENTATION STRATEGY UPDATE. BIDMC IS ROOTED IN PROVIDING HEALTHCARE TO POPULATIONS WHO HAVE HISTORICALLY NOT HAD ADEQUATE ACCESS TO CARE. BIDMC CONTINUES TO EXPAND ACCESS THROUGHOUT 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 COMMUNITIES. 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 ISSUES SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, AND ACCESS TO CARE. FOR EXAMPLE, 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, 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 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.STRATEGIES1.1 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 COMMUNITY HIRING HEALTHY NEIGHBORHOODS INITIATIVE THE WELLNESS CENTER AT BOWDOIN STREET HEALTH CENTER VILLAGE IN PROGRESS (VIP) COMMUNITY HEALING RESPONSE NETWORK (FKA 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</p> |

| Form and Line Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                                                 | HEALTHY IN THE CITY) EXPLORE INSTALLATION OF FREIGHT FARMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| METRICS AND STATUS UPDATE:                      | <p>* BASED ON DATA COLLECTED BETWEEN APRIL 1, 2024 AND SEPT 30, 2024 *HOUSING: A NEW COHORT OF HOUSING GRANTEES RECEIVED 3-YEAR GRANTS THAT BEGAN JANUARY 2024. DATA COLLECTION BEGAN APRIL 2024 AND IS ONGOING. OUTCOME DATA WILL BE SHARED IN FUTURE REPORTS ON THE MEASURES BELOW. HOUSING STABILITY HOUSING INSTABILITY HOUSING CONTROL **HOUSING (BASED ON DATA COLLECTED BETWEEN JULY 1, 2021 AND SEPT 30, 2023NOTE: FUNDING FOR THIS COHORT OF GRANTEES ENDED DECEMBER 2023. METRICS AND OUTCOMES ARE BELOW. 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) NUMBER OF YOUTHS HOUSED: (FY23: 24) *JOBS AND FINANCIAL SECURITY: A NEW COHORT OF JOBS AND FINANCIAL SECURITY GRANTEES RECEIVED 3-YEAR GRANTS THAT BEGAN JANUARY 2024. DATA COLLECTION BEGAN APRIL 2024 AND IS ONGOING. OUTCOME DATA WILL BE SHARED IN FUTURE REPORTS ON THE MEASURES BELOW. AWARENESS AND UTILIZATION OF SKILLS AND RESOURCES FINANCIAL GOAL ORIENTATION FINANCIAL WELL-BEING PROGRAM SUCCESSES **FINANCIAL CAPABILITY AND HOPE: BASED ON DATA COLLECTED BETWEEN JULY 1, 2021 AND SEPT 30, 2023. NOTE: FUNDING FOR THIS COHORT OF GRANTEES ENDED DECEMBER 2023. METRICS AND OUTCOMES ARE BELOW. FY23: 334 PARTICIPANTS FROM SIX GRANTEES ACHIEVED A POSITIVE INCREASE IN FINANCIAL HABITS AND SIGNIFICANT IMPROVEMENTS IN FINANCIAL CAPABILITY. 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 AVAILABLE; FY24: ACROSS FOUR COLLECTIVES, AN AVERAGE OF 78% OF COLLECTIVE MEMBERS REPORTED THAT THEY HAVE STRENGTHENED THEIR RELATIONSHIPS WITH OTHER MEMBERS) VILLAGE IN PROGRESS AND COMMUNITY HEALING RESPONSE NETWORK (FKA NEIGHBORHOOD TRAUMA TEAM) NUMBER OF LEVEL 4 OR 5 NEIGHBORHOOD INCIDENTS RESPONDED TO (FY23: 12 INCIDENTS; FY24: 11 INCIDENTS) NUMBER OF THERAPEUTIC SESSIONS PROVIDED (FY23: 534; FY24: DATA NOT AVAILABLE DUE TO STAFF TURNOVER) YOUTH SUMMER JOBS PROGRAM AND BIDMC YOUTH ADVISORS NUMBER OF YOUTH INVOLVED (FY23: 34; FY24: 26) NUMBER 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; FY24: BILH GOVERNMENT AFFAIRS ADVOCATED, DIRECTLY OR THROUGH THE STATE HOSPITAL ASSOCIATION OR COMMUNITY COALITIONS, FOR 9 BILLS THAT SUPPORTED ACCESS TO SERVICES TO ADDRESS THE ROOT CAUSES OF POOR HEALTH OUTCOMES FOR ALL MASSACHUSETTS RESIDENTS) ENVIRONMENTAL SUSTAINABILITY GREENHOUSE GAS EMISSIONS (FY23: BIDMC REDUCED ORGANIZATIONAL EMISSIONS BY 11.9% IN FY23 FROM A BASELINE OF 2016; FY24: BIDMC REDUCED ORGANIZATIONAL EMISSIONS BY 14.6% IN FY24 FROM A BASELINE OF 2016) % LOCAL FOOD AND BEVERAGE SPEND (FY23: PURCHASED 17.3% SUSTAINABLE AND LOCAL FOOD &amp; BEVERAGE IN FY23, AN INCREASE OF 0.2% FROM FY22; FY24: PURCHASED 17.0% SUSTAINABLE AND LOCAL FOOD &amp; BEVERAGE IN FY24, A DECREASE OF 0.3%) WASTE DIVERSION (FY23: ACHIEVED 56.8% DIVERSION, AN INCREASE OF 6.7% FROM FY22; FY24: ACHIEVED 55.8% DIVERSION, A DECREASE OF 1.0% FROM FY23) THE CENTER FOR VIOLENCE PREVENTION AND RECOVERY (CVPR) NUMBER OF SEXUAL ASSAULT VICTIMS RECEIVING SERVICES (FY23: 702; FY24: 626) NUMBER OF SERVICES PROVIDED TO SEXUAL ASSAULT VICTIMS IN THE EMERGENCY DEPARTMENT (ED) (FY23: 66; FY24: SERVICES PROVIDED TO 63 SURVIVORS) NUMBER OF EDUCATION AND OUTREACH SERVICES TO 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 27 TRAININGS TO 662 EMPLOYEES; FY24: CVPR HOSTED 12 TRAININGS TO 489 EMPLOYEES FY23: CVPR PROVIDED TWO GROUPS WITH 8 SESSIONS OF SERVICE TO COMMUNITY GROUPS AROUND SECONDARY TRAUMATIC STRESS; FY24: DATA NOT AVAILABLE. NUMBER OF SAFE BED OVERNIGHT STAYS (FY23: 6, FY24: 14) NUMBER OF HEALING CIRCLES (FY23: 32, AND 390 TOTAL ATTENDEES; FY24: 24, AND 92 TOTAL ATTENDEES) HEALTHY EATING AND ACTIVE LIVING NUMBER OF PARTICIPANTS IN HEALTHY IN THE CITY (FY23: 43; FY24: 144, OF WHICH 63 WERE NEW ENROLLMENTS) NUMBER 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; FY24: 958 BAGS THROUGH FAIR FOODS WERE DISTRIBUTED FOR FREE, 573 GROCERY STORE VOUCHERS WERE DISTRIBUTED TO PATIENTS, AND 314 MEALS WERE DONATED TO FOOD FOR FREE) NUMBER 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; FY24: 387)</p> |
| PRIORITY AREA 2: CHRONIC AND COMPLEX CONDITIONS | <p>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.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.STRATEGIES2.1 PROVIDE PREVENTIVE HEALTH INFORMATION, SERVICES, AND SUPPORT FOR THOSE AT RISK FOR COMPLEX AND/ OR CHRONIC CONDITIONS AND SUPPORT EVIDENCE-BASED CHRONIC</p>                                                                                                                                                                                                                                                                                                                                                                                                                             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|                         | <p>DISEASE TREATMENT AND SELF-MANAGEMENT PROGRAMS.INITIATIVES TO ADDRESS THE PRIORITY THE WELLNESS CENTER AT BOWDOIN STREET HEALTH CENTER BILH PHARMACY ASSISTANCE PROGRAMS COMMUNITY-BASED DIABETES PREVENTION AND TREATMENT PROGRAMS CANCER PATIENT NAVIGATORS SUPPORT GROUPS LUNG CANCER EARLY DETECTION SCREENING IMPLEMENT BILH DIABETES DISPARITIES INITIATIVE STRATEGIESMETRICS AND STATUS UPDATES: NUMBER OF PATIENTS SERVED AT CCA HEALTH CENTERS, AFFILIATED FQHC'S AND OUTER CAPE HEALTH SERVICES (FY23: 122,800; FY24: 119,994) NUMBER OF MEDICAL CARE SERVICE VISITS (INCLUDING VIRTUAL) PROVIDED AT CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY23: 386,100; FY24: 355,374) PERCENTAGE OF CCA FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND OUTER CAPE HEALTH SERVICES PATIENTS WITH DIABETES WITH HBA1C &lt; 9 CONTROLLED (FY23: 75%; FY24: 75%). PERCENTAGE OF CCA FQHC AND OUTER CAPE HEALTH SERVICES PATIENTS WITH HYPERTENSION WHO HAD A BLOOD PRESSURE &lt; 140/90 [CONTROLLED] (FY23: 65%; FY24: 63%) NUMBER OF SUPPORT GROUPS (FY23: 9 SUPPORT GROUPS MET REGULARLY AND A TOTAL OF 252 MEETINGS WERE HELD; FY24: 8 SUPPORT GROUPS MET REGULARLY) NUMBER OF PATIENTS ATTENDING SUPPORT GROUPS (FY23: AVERAGE OF 6 PATIENTS ATTENDED EACH SUPPORT GROUP MEETING; FY24: ABOUT 63 PATIENTS ATTENDED SUPPORT GROUPS) NUMBER OF PATIENTS RECEIVING EARLY DETECTION LUNG CANCER SCREENING (FY23: 1,250 PATIENTS; FY24: 1,364) NUMBER OF POLICIES REVIEWED AND SUPPORTED (FY23: BILH CONDUCTED DIRECT ADVOCACY FOR ONE POLICY: AN ACT RELATIVE TO BREAST CANCER EQUITY AND EARLY DETECTION; FY24: BILH GOVERNMENT AFFAIRS ADVOCATED, DIRECTLY OR THROUGH THE STATE HOSPITAL ASSOCIATION OR COMMUNITY COALITIONS, FOR 5 BILLS SUPPORTING ACCESS TO SERVICES TO PREVENT OR ADDRESS CHRONIC OR COMPLEX CONDITIONS FOR ALL MASSACHUSETTS RESIDENTS)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.STRATEGIES3.1 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.3.3 ADDRESS THE HEALTH-RELATED SOCIAL NEEDS (HRSN) OF PATIENTS IN ORDER TO SUPPORT ACCESS TO CARE.3.4 PROVIDE AND PROMOTE CAREER SUPPORT SERVICES AND CAREER MOBILITY PROGRAMS TO HOSPITAL EMPLOYEES.3.5 PROMOTE ACCESS TO HEALTH INSURANCE, PATIENT FINANCIAL COUNSELORS, AND NEEDED MEDICATIONS FOR PATIENTS WHO ARE UNINSURED OR UNDERINSURED.3.6 ADVOCATE FOR AND SUPPORT POLICIES AND PROGRAM THAT ADDRESS HEALTHCARE ACCESS.3.7 SUPPORT RESEARCH AIMED AT PROVIDING MORE EQUITABLE CARE FOR PATIENTS AND COMMUNITY MEMBERS.3.8 PROVIDE AND SUPPORT RESIDENTS WITH TRANSPORTATION ACCESS, PUBLIC SAFETY, EMERGENCY CARE, PUBLIC HEALTH AND EMERGENCY PREPAREDNESS.INITIATIVES TO ADDRESS THE PRIORITY INTERPRETER SERVICES COMMUNITY CARE ALLIANCE (CCA) AND SUPPORT FOR COMMUNITY-BASED PRIMARY AND SPECIALTY CARE NETWORK/IT INTEGRATION AND ACCESS FOR CCA HEALTH CENTERS CARE CONNECTION 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 FINANCIAL COUNSELING PHARMACY PROGRAMS MEDICAL AND CRITICAL CARE TRANSPORTATION TRAUMA, EMERGENCY MANAGEMENT, AND PUBLIC HEALTH SURVEILLANCE PUBLIC SAFETYMETRICS AND STATUS UPDATES: NUMBER OF PATIENTS ASSISTED WITH INTERPRETER SERVICES (FY23: 53,442; FY24: 40,783 NUMBER OF INTERPRETER SERVICES PROVIDED (FY23: 298,022; FY24: 311,031) NUMBER OF LANGUAGES PROVIDED (FY23: 72; FY24: 84) NUMBER OF SPECIALISTS AT CCA HEALTH CENTERS (FY23: 36; FY24: 26) NUMBER OF PATIENTS SEEN AT AFFILIATED FQHCS (FY23: 95,934; FY24: 111,128) NUMBER OF VISITS PROVIDED AT AFFILIATED FQHCS (FY23: 305,353; FY24: 355,374) NUMBER OF PATIENTS WITHOUT INSURANCE SERVED AT FQHC CCA HEALTH CENTERS (FY23: 5,977; FY24: 6,716). NUMBER OF PATIENTS ASSISTED WITH HEALTH-RELATED SOCIAL NEED (HRSN) NUMBER OF PATIENTS PROVIDED WITH HOUSING SUPPORT (FY23, FY24: DATA NOT AVAILABLE) NUMBER OF PATIENTS PROVIDED EMERGENCY FOOD OR GIFT CARDS (FY23, FY24: DATA NOT AVAILABLE) NUMBER OF PATIENTS PROVIDED CLOTHING (FY23, FY24: DATA NOT AVAILABLE) NUMBER OF EMPLOYEES WHO PARTICIPATED IN CAREER SUPPORT AND CAREER MOBILITY PROGRAMS: (FY23: 111; FY24: 1,044 ACROSS BILH SYSTEM) NUMBER OF EMPLOYEES WHO WERE PROMOTED (FY23: DATA NOT AVAILABLE) NUMBER OF PATIENTS SCREENED FOR ELIGIBILITY (FY23: 315,578; FY24: 2,866*) NUMBER OF PATIENTS ENROLLED INTO ENTITLEMENT PROGRAMS (FY23: 31,251; FY24: 947*) NUMBER OF PATIENTS ENROLLED IN MASSHEALTH (FY23: 15,703; FY24: DATA NOT AVAILABLE*) NUMBER OF PATIENTS ENROLLED IN HEALTH SAFETY NET (HSN): (FY23: 6,639; FY24: 9,044*) *NEW METHODOLOGY AND THE DEPLOYMENT OF A NEW ELECTRONIC MEDICAL RECORD AFFECTED FINANCIAL COUNSELING DATA IN FY24. NUMBER 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; FY24: BILH GOVERNMENT AFFAIRS ADVOCATED, DIRECTLY OR THROUGH THE STATE HOSPITAL ASSOCIATION OR COMMUNITY COALITIONS, FOR 23 BILLS SUPPORTING EQUITABLE HEALTH CARE ACCESS FOR ALL MASSACHUSETTS RESIDENTS) AMOUNT OF FUNDING DEDICATED TO DISPARITIES</p> |

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                                                      | RESEARCH (FY23: \$4,860,470; FY24: \$4,716,868) NUMBER OF PATIENTS ASSISTED WITH TRANSPORTATION (DATA NOT AVAILABLE) NUMBER TAXI OR RIDE-SHARING VOUCHERS PROVIDED (FY23: 5,660; FY24: 7,059)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 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, 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.STRATEGIES1.1 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 (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 HOSPITALMETRICS AND STATUS UPDATES* FY23 INFORMATION IS BASED ON DATA COLLECTED BETWEEN JULY 1, 2021 AND SEPT 30, 2023. A NEW COHORT OF BEHAVIORAL HEALTH GRANTEEES RECEIVED 3-YEAR GRANTS THAT BEGAN JANUARY 2024. DATA COLLECTION BEGAN APRIL 2024 AND IS ONGOING. *NUMBER OF BEHAVIORAL HEALTH PATIENTS REACHED (FY23: 748; FY24: 104) *NUMBER OF BEHAVIORAL HEALTH COUNSELING SESSIONS (FY23: 1,603; FY24: 372) *MENTAL HEALTH SYMPTOMS: (FY23: MORE THAN 3 OF EVERY 5 PARTICIPANTS EXPERIENCED IMPROVEMENT IN THEIR MENTAL HEALTH SYMPTOMS BETWEEN BASELINE AND ENDPOINT (61.9%); FY24: DATA NOT AVAILABLE) 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); FY24: DATA NOT YET AVAILABLE). *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); FY24: DATA NOT YET AVAILABLE). NUMBER OF INTEGRATED BEHAVIORAL HEALTH CONSULTATIONS PROVIDED IN BSHC PRIMARY CARE CLINIC (FY23: 399; FY24: MODEL CHANGED SEE METRIC BELOW) NUMBER OF REFERRALS MADE TO BEHAVIORAL HEALTH COMMUNITY HEALTH WORKER AT BSHC (FY24: 96) NUMBER OF PRACTICES USING THE COLLABORATIVE CARE/INTEGRATIVE CARE MODEL (FY23: 5; FY24: 7) NUMBER OF POLICIES REVIEWED AND SUPPORTED: (FY23: DATA NOT AVAILABLE; FY24: BILH GOVERNMENT AFFAIRS ADVOCATED, DIRECTLY OR THROUGH THE STATE HOSPITAL ASSOCIATION OR COMMUNITY COALITIONS, FOR 8 BILLS SUPPORTING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE SERVICES FOR ALL MASSACHUSETTS RESIDENTS) NUMBER OF MEDICAL PROFESSIONALS AND TRAINEES WHO RECEIVED TRAINING ON TRAUMA-INFORMED CARE (FY23 AND FY24: 340) NUMBER OF COMMUNITY PARTNERS/COLLABORATORS THAT RECEIVED TRAINING ON TRAUMA-INFORMED CARE (FY23 AND FY24: 191) |
| 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, 10.09% 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 <a href="https://www.bidmc.org/about-bidmc/helping-our-community/community-initiatives/community-benefits">HTTPS://WWW.BIDMC.ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS</a> . THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS. AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT BIDMC FILED WITH THE ATTORNEY GENERAL'S OFFICE. EMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, BIDMC IS A GENERAL MEDICAL AND SURGICAL HOSPITAL, RESEARCH HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24-HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEBIDMC'S NET COST OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|                                                   | <p>CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$20,206,683 THE FISCAL YEAR ENDED SEPTEMBER 30, 2024 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 \$52 MILLION FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. 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 CAREMEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, BIDMC ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC GENERATED \$102,463,219 RELATED TO TREATING MEDICAID PATIENTS WHICH EXCEEDED THE COST OF CARE PROVIDED BY BIDMC FOR SUCH SERVICES BY \$999,374 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. DURING THE FISCAL PERIOD COVERED BY THIS FILING, 19.3% OR 233,055 OF BIDMC'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS. IN ADDITION, 37.6% OR 454,086 OF THE HOSPITAL'S PATIENT CASES WERE WITH MEDICAID PATIENTS. 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 \$35.5 MILLION RELATED TO TREATING MEDICAID 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 \$567,318,545 RELATED TO TREATING MEDICARE PATIENTS. THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY \$63,635,809. OF THESE AMOUNTS, REVENUE OF \$17,595,295 IS RELATED TO THE PROVISION OF BEHAVIORAL HEALTH, OB/GYN, CHELSEA URGENT CARE, BOWDOIN DEPARTMENTS, CHESTNUT HILL URGENT CARE, AND HEALTH CARE ASSOCIATES (HCA) SERVICES 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 \$76,153,466. IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH BIDMC CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H. INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, BIDMC HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED. HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE TO 12.15%.BAD DEBTsin addition to CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, BIDMC ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF \$9,657,720 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2. AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7. RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED. THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH) AND AFFILIATES FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2024 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 JAKUES HOSPITAL (AJH), EXETER HEALTH RESOURCES, INC. (EHRI), EXETER HOSPITAL (EH), 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).</p> |
| FINANCIAL STATEMENT FOOTNOTE: REVENUE RECOGNITION | <p>THE SYSTEMS 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 PAYORS 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.REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE SYSTEM. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL EXPECTED (OR ACTUAL) CHARGES. THE SYSTEM BELIEVES THAT THIS METHOD PROVIDES A REASONABLE REPRESENTATION OF THE TRANSFER OF SERVICES</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|                         | <p>OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO INPATIENT SERVICES. THE SYSTEM MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE HOSPITAL, OR COMMENCEMENT OF A PATIENT SERVICE, TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE OR COMPLETION OF THE OUTPATIENT SERVICES. PATIENT ENCOUNTERS AND RELATED EPISODES OF CARE AND PROCEDURES QUALIFY AS DISTINCT GOODS AND SERVICES, PROVIDED SIMULTANEOUSLY TOGETHER WITH OTHER READILY AVAILABLE RESOURCES, IN A SINGLE INSTANCE OF SERVICE, AND THEREBY CONSTITUTE A SINGLE PERFORMANCE OBLIGATION FOR EACH PATIENT ENCOUNTER AND, IN MOST INSTANCES, OCCUR AT READILY DETERMINABLE TRANSACTION PRICES. ALL SERVICES PROVIDED ARE EXPECTED TO RESULT IN CASH FLOWS AND ARE THEREFORE REFLECTED AS NET REVENUE IN THE CONSOLIDATED FINANCIAL STATEMENTS.THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. THE ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS ARE BASED ON CONTRACTUAL AGREEMENTS, DISCOUNT POLICIES AND HISTORICAL CASH COLLECTION EXPERIENCE. DIFFERENCES BETWEEN STANDARD CHARGES AND ESTIMATED TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE AND ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED. ADJUSTMENTS ARISING FROM A CHANGE IN THE TRANSACTION PRICE WERE NOT SIGNIFICANT DURING THE YEARS ENDED SEPTEMBER 30, FOR 2024 OR 2023. REVENUES UNDER THE TRADITIONAL FEE FOR SERVICE MEDICARE AND MEDICAID PROGRAMS ARE BASED PRIMARILY ON PROSPECTIVE PAYMENT SYSTEMS. RETROSPECTIVELY DETERMINED COST-BASED REVENUES UNDER THESE PROGRAMS, WHICH WERE MORE PREVALENT IN EARLIER PERIODS, AND CERTAIN OTHER PAYMENTS, SUCH AS DISPROPORTIONATE SHARE HOSPITAL AND BAD DEBT EXPENSE REIMBURSEMENT, WHICH ARE BASED ON OUR HOSPITALS COST REPORTS, ARE ESTIMATED USING HISTORICAL TRENDS AND CURRENT FACTORS. COST REPORT SETTLEMENTS UNDER THESE PROGRAMS ARE SUBJECT TO AUDIT BY MEDICARE AND MEDICAID AUDITORS AND ADMINISTRATIVE AND JUDICIAL REVIEW, AND IT CAN TAKE SEVERAL YEARS UNTIL FINAL SETTLEMENT OF SUCH MATTERS IS DETERMINED AND COMPLETELY RESOLVED. THE SYSTEM RECORDS ACCRUALS TO REFLECT THE EXPECTED FINAL SETTLEMENTS ON COST REPORTS. FOR FILED COST REPORTS, THE ACCRUAL IS RECORDED BASED ON THOSE COST REPORTS AND SUBSEQUENT ACTIVITY. THE ACCRUAL FOR PERIODS FOR WHICH A COST REPORT IS YET TO BE FILED IS RECORDED BASED ON ESTIMATES OF WHAT THE SYSTEM EXPECTS TO REPORT ON THE FILED COST REPORTS. AFTER THE COST REPORT IS FILED, THE ACCRUAL MAY NEED TO BE ADJUSTED. SETTLEMENTS WITH THIRD-PARTY PAYORS FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO AUDITS, REVIEWS OR INVESTIGATIONS ARE CONSIDERED VARIABLE CONSIDERATION AND ARE INCLUDED IN THE DETERMINATION OF THE ESTIMATED TRANSACTION PRICE FOR PROVIDING PATIENT CARE USING THE MOST LIKELY OUTCOME METHOD. THESE SETTLEMENTS ARE ESTIMATED BASED ON THE TERMS OF THE PAYMENT AGREEMENT WITH THE PAYOR, CORRESPONDENCE FROM THE PAYOR AND HISTORICAL SETTLEMENT ACTIVITY, INCLUDING AN ASSESSMENT TO ENSURE THAT IT IS PROBABLE THAT A SIGNIFICANT REVERSAL IN THE AMOUNT OF CUMULATIVE REVENUE RECOGNIZED WILL NOT OCCUR WHEN THE UNCERTAINTY ASSOCIATED WITH THE RETROACTIVE ADJUSTMENT IS SUBSEQUENTLY RESOLVED.ESTIMATED SETTLEMENTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN, OR AS YEARS ARE SETTLED OR ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS.THE SYSTEM IS NOT AWARE OF ANY MATERIAL CLAIMS, DISPUTES, OR UNSETTLED MATTERS WITH ANY PAYORS THAT WOULD AFFECT REVENUES THAT HAVE NOT BEEN ADEQUATELY PROVIDED FOR AND DISCLOSED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. BECAUSE THE LAWS, REGULATIONS, INSTRUCTIONS AND RULE INTERPRETATIONS GOVERNING MEDICARE AND MEDICAID REIMBURSEMENT ARE COMPLEX, SUBJECT TO INTERPRETATION AND CAN CHANGE FREQUENTLY, THE ESTIMATES RECORDED COULD CHANGE BY MATERIAL AMOUNTS.CONSISTENT WITH THE SYSTEM'S MISSION, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THE SYSTEM HAS DETERMINED IT HAS PROVIDED IMPLICIT PRICE CONCESSIONS TO UNINSURED PATIENTS AND PATIENTS WITH OTHER UNINSURED BALANCES (E.G., COPAYS AND DEDUCTIBLES). THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS THE SYSTEM EXPECTS TO COLLECT BASED ON ITS COLLECTION HISTORY WITH THOSE PATIENTS. PATIENTS WHO MEET THE SYSTEM'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. THE SYSTEM HAS DETERMINED THAT IT HAS PROVIDED SUFFICIENT IMPLICIT PRICE CONCESSIONS FOR THESE ACCOUNTS. PRICE CONCESSIONS, INCLUDING CHARITY CARE, ARE NOT REPORTED AS REVENUE.PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED CO-PAYS, CO-INSURANCE AND DEDUCTIBLES, WHICH VARY IN AMOUNT. THE SYSTEM ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH CO-PAYS, CO-INSURANCE AND DEDUCTIBLES AND FOR THOSE WHO ARE UNINSURED BASED ON HISTORICAL COLLECTION EXPERIENCE AND CURRENT MARKET CONDITIONS. THE DISCOUNT OFFERED TO CERTAIN UNINSURED PATIENTS IS RECOGNIZED AS A CONTRACTUAL ALLOWANCE, WHICH REDUCES NET OPERATING REVENUES AT THE TIME THE SELF-PAY ACCOUNTS ARE RECORDED. THE UNINSURED PATIENT ACCOUNTS, NET OF CONTRACTUAL ALLOWANCES RECORDED, ARE FURTHER REDUCED TO THEIR NET REALIZABLE VALUE AT THE TIME THEY ARE RECORDED THROUGH IMPLICIT PRICE CONCESSIONS BASED ON HISTORICAL COLLECTION TRENDS FOR SELF-PAY ACCOUNTS AND OTHER FACTORS THAT AFFECT THE ESTIMATION PROCESS. ALTHOUGH OUTCOMES VARY, THE SYSTEM'S POLICY IS TO ATTEMPT TO COLLECT AMOUNTS DUE FROM PATIENTS, INCLUDING CO-PAYS, CO-INSURANCE AND DEDUCTIBLES DUE FROM PATIENTS WITH INSURANCE, AT THE TIME OF SERVICE WHILE COMPLYING WITH ALL FEDERAL AND STATE STATUTES AND REGULATIONS.OTHER REVENUE INCLUDES CONTRIBUTIONS AND NET ASSETS RELEASED FROM RESTRICTIONS AS WELL AS CAFETERIA AND PARKING INCOME. ADDITIONALLY, PHARMACY SALES AND OTHER CONTRACTS RELATED TO HEALTH CARE SERVICES ARE INCLUDED IN OTHER REVENUE AND CONSIST OF CONTRACTS WHICH VARY IN DURATION AND IN PERFORMANCE. REVENUE IS RECOGNIZED WHEN THE PERFORMANCE OBLIGATIONS IDENTIFIED WITHIN THE INDIVIDUAL CONTRACTS ARE SATISFIED AND COLLECTIONS ARE PROBABLE. OTHER REVENUE FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023 ALSO INCLUDED FUNDING RECEIVED FROM FEDERAL AND STATE SOURCES</p> |

| Form and Line Reference                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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|                                                                       | RELATED TO THE COVID-19 PANDEMIC AMOUNTING TO \$17,500 AND \$6,100, RESPECTIVELY.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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 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 DISCRIMINATE 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 APRIL 24, 2024.FINANCIAL 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 |

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                      | <p>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 <a href="https://www.bidmc.org/patient-and-visitor-information/patient-information/your-hospital-bill/financial-assistance">HTTPS://WWW.BIDMC.ORG/PATIENT-AND-VISITOR-INFORMATION/PATIENT-INFORMATION/YOUR-HOSPITAL-BILL/FINANCIAL-ASSISTANCE</a>. IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE. (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3).THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS. SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE. IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED. THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMENTS. INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED. ADDITIONALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FINANCIAL ASSISTANCE POLICY - PLAIN LANGUAGE SUMMARY | <p>AS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE. THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION, INCLUDING THE WEBSITE ADDRESS, THE LOCATION AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE. THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY. LINKS TO FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTSTHE 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: <a href="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-charges">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 CHARGES</a>AS 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 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. THE HOSPITAL MAY DEFER OR REQUIRE PAYMENT BEFORE PROVIDING MEDICALLY NECESSARY SERVICES (OTHER THAN EMERGENCY MEDICAL SERVICES) TO PATIENTS WITH UNPAID BALANCES WHO HAVE FAILED TO PROVIDE REQUESTED INFORMATION FOR PROCESSING A FINANCIAL ASSISTANCE APPLICATION OR WITH RESPECT TO A PAYMENT PLAN. THE HOSPITAL DOES NOT PROVIDE A 30-DAY WRITTEN NOTICE IN ADVANCE OF TAKING SUCH ACTION, AS SUCH NOTICE IS NOT REQUIRED BY THE SECTION 501(R) REGULATIONS. (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</p> |

| Form and Line Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                                                             | <p>STATEMENT IS AVAILABLE. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS RESEARCH HAS 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 CARE THAT IMPROVES THE QUALITY OF LIFE. MEDICAL CENTER SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACT THE LIVES OF PATIENTS AND IMPROVE THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC HAD 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, AND VIROLOGY, INFECTION CONTROL AND INFECTIOUS DISEASES AND CARDIOLOGY/CARDIAC SURGERY. AS NOTED IN THIS FILING, THE MEDICAL CENTER IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND IS COMMITTED TO MAINTAINING A COLLABORATIVE CULTURE; TO MAINTAINING MODERN, HIGH-QUALITY FACILITIES, AND TO TAKING FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG THE HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS. THE MEDICAL CENTER DESIGNS AND IMPLEMENTS MANY INTERDEPARTMENTAL AND INTERDISCIPLINARY RESEARCH PROGRAMS WITHIN THE INSTITUTION. THE MEDICAL CENTER ALSO COLLABORATES WITH OTHER NATIONALLY RECOGNIZED AND WORLD-RENOWNED EXPERTS IN VARIOUS FIELDS IN AN EFFORT TO TRANSLATE NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE. THE MEDICAL CENTER PARTICIPATES IN HARVARD CATALYST, THE HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER, WHICH BRINGS TOGETHER THE INTELLECTUAL FORCE, TECHNOLOGIES, AND CLINICAL EXPERTISE AT HARVARD UNIVERSITY AND ITS ACADEMIC, HEALTH CARE, AND COMMUNITY PARTNERS TO CREATE CONNECTIONS, ENABLE RESEARCH AT THE CUTTING EDGE OF DISCOVERY, AND NURTURE CLINICAL AND TRANSLATIONAL RESEARCHERS WITH THE GOAL OF IMPROVING HUMAN HEALTH. STUDIES BY MEDICAL CENTER RESEARCHERS ARE ROUTINELY PUBLISHED IN THE WORLD'S LEADING SCIENTIFIC JOURNALS, INCLUDING NATURE, SCIENCE, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND THE NEW ENGLAND JOURNAL OF MEDICINE, WHICH HELPS TO BRING THE RESEARCH FINDINGS TO CLINICIANS AND PATIENTS BEYOND THE MEDICAL CENTER.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES: | <p>ANESTHESIA, CRITICAL CARE, AND PAIN MEDICINE EMERGENCY MEDICINE MEDICINE ALLERGY AND INFLAMMATION CARDIOVASCULAR MEDICINE CENTER FOR VASCULAR BIOLOGY RESEARCH CLINICAL INFORMATICS CLINICAL NUTRITION ENDOCRINOLOGY EXPERIMENTAL MEDICINE GASTROENTEROLOGY GENERAL MEDICINE AND PRIMARY CARE GENETICS GERONTOLOGY HEMATOLOGY AND ONCOLOGY HEMOSTASIS AND THROMBOSIS IMMUNOLOGY INFECTIOUS DISEASE INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGY MOLECULAR AND VASCULAR MEDICINE NEPHROLOGY PULMONOLOGY RHEUMATOLOGY SIGNAL TRANSDUCTION TRANSLATIONAL RESEARCH TRANSPLANT IMMUNOLOGY NEONATOLOGY NEUROLOGY OBSTETRICS AND GYNECOLOGY ORTHOPAEDIC SURGERY PATHOLOGY PSYCHIATRY RADIOLOGY SURGERY CARDIAC SURGERY CENTER FOR MINIMALLY INVASIVE SURGERY NEUROSURGERY PLASTIC AND RECONSTRUCTIVE SURGERY VASCULAR SURGERY TRANSPLANT INSTITUTED DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED \$91,547,912 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 2.96% OF THE MEDICAL CENTER'S TOTAL EXPENSES. ADDITIONALLY, THE MEDICAL CENTER REPORTED \$282,272,524 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS ON SCHEDULE H, PART I LINE 7H COLUMN D, WHICH, IF INCLUDED IN SCHEDULE H, PART I, LINE 7H COLUMN E CALCULATION, WOULD INCREASE THE NET COMMUNITY BENEFIT REPORTED FROM RESEARCH ACTIVITIES ON THIS SCHEDULE H, PART I, LINE 7H TO 12.07%. RESEARCH ENGAGED IN AT THE MEDICAL CENTER THE REAL CORNERSTONES OF THE MEDICAL CENTER'S SUCCESS CAN BE DESCRIBED IN THREE KEY WORDS: INNOVATION, CULTIVATION, AND TRANSFORMATION. BEGINNING WITH SUPPORT OF BOLD AND INNOVATIVE IDEAS, EXTENDING TO CULTIVATION AND NURTURING OF PROMISING YOUNG SCIENTISTS, AND CULMINATING IN THE TRANSFORMATION OF NOVEL DISCOVERIES INTO THERAPIES AND DIAGNOSTICS, THE MEDICAL CENTER'S RESEARCH PROGRAM HAS EMERGED AS A UNIQUE AND SUCCESSFUL MODEL FOR TODAY'S RAPIDLY CHANGING HEALTH CARE LANDSCAPE. EXAMPLES OF THE RESEARCH ENGAGED IN AT BIDMC BELOW IS INFORMATION RELATED TO JUST A HANDFUL OF THE CUTTING-EDGE RESEARCH STUDIES ENGAGED IN BY 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.</p> <p>1. FIRST-OF-ITS-KIND STUDY FINDS HIDDEN CLUES TO RARE TYPE OF PANCREATIC CANCER, OPENS DOORS TO NEW THERAPIES</p> <p>PANCREATIC NEUROENDOCRINE TUMORS (PANNETS) ARE A RARE KIND OF CANCER THAT FORMS IN THE PANCREAS. PHYSICIANS STILL HAVE DIFFICULTY PREDICTING HOW THE DISEASE WILL AFFECT INDIVIDUAL PATIENTS AND HOW BEST TO TREAT IT. BIDMC SCIENTISTS USED PROTEOGENOMICS, THE INTEGRATED LARGE-SCALE STUDY OF GENES AND PROTEINS IN CANCER CELLS, TO LEARN MORE ABOUT THESE TUMORS. USING 37 TUMOR SAMPLES, THE TEAM DISCOVERED FOUR PREVIOUSLY UNDESCRIBED PANNETS. TWO OF THESE SUBTYPES SHOWED HIGH RECURRENCE RATES, SUGGESTING A PREVIOUSLY UNRECOGNIZED CLINICAL AGGRESSIVENESS. THESE TUMORS ALSO SHOWED SIGNS OF LOW OXYGEN LEVELS AND INFLAMMATION BOTH LINKED TO MORE AGGRESSIVE CANCERS. THE SCIENTISTS ALSO FOUND CHANGES IN HOW THE CANCER CELLS USE ENERGY AND HOW THEY HIDE FROM THE IMMUNE SYSTEM, FINDINGS WHICH COULD HELP RESEARCHERS DEVELOP NEW TREATMENTS. IMPORTANTLY, THE RESEARCHERS ADD, THESE PROTEOMIC SUBTYPES WOULD NOT HAVE BEEN DISCOVERABLE USING PRIOR GENOMICS-BASED APPROACHES TO PANNETS OR CURRENT STATE-OF-THE-ART CLINICOPATHOLOGICAL</p> |

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|                                        | <p>PANNET SUBTYPING. LEAD AUTHOR MICHAEL ROEHL, CHIEF OF THE DEPARTMENT OF PATHOLOGY AND PI AT BIDMC SAID: "PROTEOGENOMICS REPRESENTS A SIGNIFICANT STEP FORWARD IN UNDERSTANDING PANCREATIC NEUROENDOCRINE TUMORS, AND OUR PUBLICLY AVAILABLE PROTEOMIC PANNET DATASET SHOULD BE OF IMMEDIATE INTEREST TO SCIENTISTS AND PHYSICIANS AROUND THE WORLD." 2. RESEARCHERS HALT PROGRESSION IN PARKINSON'S DISEASE MOUSE MODEL, OPENING THE DOOR TO POTENTIAL DISEASE-MODIFYING TREATMENT FOR PATIENTS WITH PARKINSON'S DISEASEINVESTIGATORS AT BIDMC SHED NEW LIGHT ON KEY CELLULAR PROCESSES INVOLVED IN THE PROGRESSION OF PARKINSON'S DISEASE (PD). AFFECTING AROUND 10 MILLION PEOPLE WORLDWIDE, PARKINSON'S DISEASE IS A NEURODEGENERATIVE DISORDER CAUSED BY THE PROGRESSIVE LOSS OF THE GROUP OF BRAIN CELLS RESPONSIBLE FOR PRODUCING DOPAMINE, A NEUROTRANSMITTER THAT PLAYS A CRITICAL ROLE IN REGULATING MOVEMENT AND COORDINATION. AS THESE NEURONS DEGENERATE AND DOPAMINE LEVELS DECREASE, INDIVIDUALS WITH PARKINSON'S DISEASE EXPERIENCE A WIDE RANGE OF SYMPTOMS, INCLUDING TREMORS, STIFFNESS AND DIFFICULTIES WITH BALANCE AND COORDINATION.RESEARCHERS IN THE LAB OF SENIOR AUTHOR DAVID K. SIMON, MD, PHD, DIRECTOR OF THE PARKINSON'S DISEASE &amp; MOVEMENT DISORDERS CENTER, IN COLLABORATION WITH COLLEAGUES AT THE UNIVERSITY OF CAMBRIDGE AND MISSION THERAPEUTICS, PERFORMED TWO SETS OF COMPLEMENTARY EXPERIMENTS SHOWING THAT INHIBITING A SPECIFIC ENZYME IN A MOUSE MODEL PROTECTS THE DOPAMINE-PRODUCING NEURONS THAT ARE NORMALLY LOST AS PD PROGRESSES, EFFECTIVELY HALTING THE PROGRESSION OF THE DISEASE. THE FINDINGS OPEN THE DOOR TO THE DEVELOPMENT OF NOVEL THERAPEUTICS TARGETING THE ENZYME THAT MAY SLOW OR PREVENT THE PROGRESSION OF PARKINSON'S DISEASE IN PEOPLE A MAJOR UNMET NEED. "OUR LAB IS FOCUSED ON WORKING OUT THE ORIGINS OF PARKINSON'S DISEASE AND IT IS OUR HOPE THATONE DAYWE WILL BE ABLE TO SLOW DOWN OR EVEN PREVENT DISEASE PROGRESSION IN PATIENTS," SAID FIRST AUTHOR TRACY-SHI ZHANG FANG, PHD, AN INSTRUCTOR IN SIMON'S LAB. "THE CURRENT STUDY'S FINDINGS PAVE THE WAY TOWARD THAT FUTURE."3. AI CHATBOT SHOWS POTENTIAL AS DIAGNOSTIC PARTNER, RESEARCHERS FINDPHYSICIAN-INVESTIGATORS AT BIDMC COMPARED A CHATBOT'S PROBABILISTIC REASONING TO THAT OF HUMAN CLINICIANS. THE FINDINGS, PUBLISHED IN JAMA NETWORK OPEN, SUGGEST THAT ARTIFICIAL INTELLIGENCE COULD SERVE AS USEFUL CLINICAL DECISION SUPPORT TOOLS FOR PHYSICIANS.BASING THEIR STUDY ON A PREVIOUSLY PUBLISHED NATIONAL SURVEY OF MORE THAN 550 PRACTITIONERS PERFORMING PROBABILISTIC REASONING ON FIVE MEDICAL CASES, ADAM RODMAN, MD, AN INTERNAL MEDICINE PHYSICIAN AND INVESTIGATOR IN THE DEPARTMENT OF MEDICINE, AND COLLEAGUES FED THE PUBLICLY AVAILABLE LARGE LANGUAGE MODEL (LLM), CHAT GPT-4, THE SAME SERIES OF CASES AND RAN AN IDENTICAL PROMPT 100 TIMES TO GENERATE A RANGE OF RESPONSES.THE CHATBOT JUST LIKE THE PRACTITIONERS BEFORE THEMWAS TASKED WITH ESTIMATING THE LIKELIHOOD OF A GIVEN DIAGNOSIS BASED ON PATIENTS' PRESENTATION. THEN, GIVEN TEST RESULTS SUCH AS CHEST RADIOGRAPHY FOR PNEUMONIA, MAMMOGRAPHY FOR BREAST CANCER, STRESS TEST FOR CORONARY ARTERY DISEASE AND A URINE CULTURE FOR URINARY TRACT INFECTION, THE CHATBOT PROGRAM UPDATED ITS ESTIMATES.WHEN TEST RESULTS WERE POSITIVE, IT WAS SOMETHING OF A DRAW; THE CHATBOT WAS MORE ACCURATE IN MAKING DIAGNOSES THAN THE HUMANS IN TWO CASES, SIMILARLY ACCURATE IN TWO CASES AND LESS ACCURATE IN ONE CASE. BUT WHEN TESTS CAME BACK NEGATIVE, THE CHATBOT SHONE, DEMONSTRATING MORE ACCURACY IN MAKING DIAGNOSES THAN HUMANS IN ALL FIVE CASES.BUT RODMAN IS LESS INTERESTED IN HOW CHATBOTS AND HUMANS PERFORM TOE-TO-TOE THAN IN HOW HIGHLY SKILLED PHYSICIANS' PERFORMANCE MIGHT CHANGE IN RESPONSE TO HAVING THESE NEW SUPPORTIVE TECHNOLOGIES AVAILABLE TO THEM IN THE CLINIC, ADDED RODMAN."HUMANS STRUGGLE WITH PROBABILISTIC REASONING, THE PRACTICE OF MAKING DECISIONS BASED ON CALCULATING ODDS," SAID RODMAN. "WE CHOSE TO EVALUATE PROBABILISTIC REASONING IN ISOLATION BECAUSE IT IS A WELL-KNOWN AREA WHERE HUMANS COULD USE SUPPORT. HUMANS SOMETIMES FEEL THE RISK IS HIGHER THAN IT IS AFTER A NEGATIVE TEST RESULT, WHICH CAN LEAD TO OVERTREATMENT, MORE TESTS AND TOO MANY MEDICATIONS."</p> |
| 4. BIDMC'S COMPLEX HYPERTENSION CENTER | <p>IS THE REGION'S ONLY AMERICAN HEART ASSOCIATION - CERTIFIED COMPREHENSIVE CARE CENTER PHYSICIAN-SCIENTISTS AT BIDMC, LED BY ERIC A. SECESKY, MD, ARE AT THE FOREFRONT OF A BREAKTHROUGH TREATMENT FOR PATIENTS WITH TREATMENT-RESISTANT HYPERTENSION-DANGEROUSLY HIGH BLOOD PRESSURE THAT PERSISTS DESPITE TAKING THREE OR MORE MEDICATIONS. FOR THESE HIGH-RISK PATIENTS, BIDMC IS AMONG THE FIRST IN THE NATION TO OFFER RENAL DENERVATION (RDN), A MINIMALLY INVASIVE PROCEDURE THAT TARGETS OVERACTIVE NERVES NEAR THE KIDNEYS TO HELP LOWER BLOOD PRESSURE.SECESKY, DIRECTOR OF VASCULAR INTERVENTION AT BIDMC, PIONEERED THE USE OF RDN AT THE MEDICAL CENTER AND SERVES AS SITE PRINCIPAL INVESTIGATOR ON MAJOR CLINICAL TRIALS THAT HELPED SECURE FDA APPROVAL FOR TWO CATHETER-BASED RDN DEVICES. THE PROCEDURE INVOLVES THREADING A DEVICE THROUGH THE GROIN TO REACH THE RENAL ARTERIES. ONE USES HEAT-FILLED BALLOONS; THE OTHER, RADIOFREQUENCY ABLATION-BOTH DESIGNED TO DISRUPT NERVE SIGNALS THAT RAISE BLOOD PRESSURE.SO FAR, SECESKY AND HIS TEAM HAVE PERFORMED RDN ON SIX PATIENTS THROUGH BIDMC'S COMPLEX HYPERTENSION CLINIC, WHICH BRINGS TOGETHER A MULTIDISCIPLINARY TEAM TO CARE FOR PATIENTS WITH THE MOST DIFFICULT-TO-CONTROL BLOOD PRESSURE. ON AVERAGE, PATIENTS CAN EXPECT A 710 MMHG DROP IN BLOOD PRESSURE-ENOUGH TO MEANINGFULLY REDUCE THE RISK OF HEART ATTACK AND STROKE OVER TIME."THIS DEVICE IS NOVEL AND STATE-OF-THE ART, BUT MORE IMPORTANTLY, HAVING SOMETHING TO OFFER PEOPLE WITH TREATMENT RESISTANT BLOOD PRESSURE REPRESENTS ONE PART OF OUR OPPORTUNITY TO BUILD ONE OF THE LARGEST HYPERTENSION CENTERS IN NEW ENGLAND."5. NEW AI MODEL FLAGS 3.5 TIMES AS MANY PATIENTS AT RISK FOR PANCREATIC CANCER AS CURRENT SCREENING GUIDELINES; COULD LEAD TO EARLIER DETECTION OF PANCREATIC CANCERHOVERING AT JUST 11 PERCENT, PANCREATIC CANCER HAS THE LOWEST FIVE-YEAR RELATIVE SURVIVAL RATE OF ANY CANCER DIAGNOSIS, LARGELY BECAUSE THE DISEASE IS TYPICALLY CAUGHT IN ITS ADVANCED STAGES. IF CAUGHT IN ITS EARLIEST STAGES, FIVE-YEAR SURVIVAL RATES CAN REACH AS HIGH AS 80 PERCENT; HOWEVER, CURRENT SCREENING GUIDELINES APPLY ONLY TO ABOUT 10 PERCENT OF THE 62,000 PANCREATIC CANCER CASES THAT ARE DIAGNOSED EACH YEAR IN THE UNITED STATES. INVESTIGATORS AT BIDMC BUILT AND VALIDATED A RISK PREDICTION MODEL TO HELP PHYSICIANS IDENTIFY PATIENTS WHO ARE AT HIGH RISK FOR DEVELOPING PANCREATIC CANCER. THE TEAM'S MODEL, A NEURAL NETWORK TRAINED ON DE-IDENTIFIED DATA FROM ELECTRONIC HEALTH RECORDS FROM 55 U.S. HEALTH CARE ORGANIZATIONS, FLAGGED PATIENTS AS AT RISK OF DEVELOPING PANCREATIC CANCER UP</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|                                 | <p>TO 18 MONTHS BEFORE DIAGNOSIS IN PATIENTS 40 YEARS OR OLDER AND CAUGHT 3.5 TIMES AS MANY CASES THAN CURRENT SCREENING GUIDELINES WOULD IF APPLIED TO THE SAME GROUP. THEIR FINDINGS APPEAR IN EBIOMEDICINE, PART OF LANCET DISCOVERY SCIENCE.NAMED PRISMNN, THE TEAM'S MACHINE LEARNING MODEL WAS TRAINED ON DATA FROM MORE THAN 1.5 MILLION EHR PROVIDED BY INDUSTRY PARTNER TRINETX. THE DATA SET INCLUDED AN AVERAGE OF 13 YEARS OF HISTORICAL DATA ABOUT DEMOGRAPHICS, DOCTOR'S VISITS, DIAGNOSES, LAB WORK, PROCEDURES AND MEDICATIONS FOR MORE THAN 35,000 PATIENTS WHO EVENTUALLY DEVELOPED PANCREATIC CANCER AND MORE THAN 1.5 MILLION CONTROLS. THE MODEL FLAGGED PATIENTS AT HIGH RISK FOR DEVELOPING CANCER BASED ON 87 FEATURES IT AUTOMATICALLY SELECTED BASED ON THE INPUT TRAINING DATA."THERE ARE SIGNALS IN THE DATA THAT'S BEING ROUTINELY COLLECTED ALREADY WHEN PEOPLE SEE THEIR PRIMARY CARE PHYSICIAN OR GO TO THE ED WITH A BROKEN ANKLESYMPTOMS THAT SHOW UP, SUCH AS CERTAIN MEDICATIONS OR CHANGES IN LAB VALUES," LIMOR APPELBAUM, AN INVESTIGATOR AT BIDMC, SAID. "TAKEN TOGETHER, THESE ARE ALL SIGNALS THAT CAN PREDICT PANCREATIC CANCER BEFORE THE CANCER IS ACTUALLY DETECTED, AND THAT GIVES US THE OPPORTUNITY TO CATCH THOSE CANCERS EARLY, BEFORE IT HAS SPREAD."6. PLASMA PROTEIN CLUES COULD HELP PREDICT WHO WILL DEVELOP HYPERTENSIONEXERCISE TESTING CAN SERVE AS A POWERFUL PHYSIOLOGIC PROBE TO UNMASK SUBCLINICAL CARDIOVASCULAR ABNORMALITIES WELL BEFORE DISEASE ONSET. FOR EXAMPLE, BLOOD PRESSURE CHANGES DURING EXERCISE (EBP) CAN REVEAL A LATENT TENDENCY TOWARD FUTURE DEVELOPMENT OF HYPERTENSION. AT PRESENT, THERE IS NO RELIABLE CIRCULATING BIOMARKERA PROTEIN OR OTHER MOLECULE PRESENT IN THE BLOOD STREAMINDICATIVE OF FUTURE RISK OF HYPERTENSION.INVESTIGATORS AT BIDMC IDENTIFIED UNIQUE CIRCULATING PROTEINS THAT REFLECT EBP AND THAT MAY, IN TURN, BE EARLY INDICATORS OF FUTURE RISK OF HYPERTENSION. LED BY ROBERT E. GERSZTEN, MD, DIRECTOR OF BIDMC'S NATIONALLY RECOGNIZED PROGRAM IN PERSONAL GENOMICS AND CARDIOMETABOLIC DISEASE, JEREMY ROBBINS, MD, AND MARK SARZYNSKI, PHD, THE SCIENTISTS PERFORMED LARGE-SCALE PROTEOMIC PROFILING AND EBP MEASUREMENTS AMONG 681 HEALTHY ADULTS WHO UNDERWENT CARDIOPULMONARY EXERCISE TESTING BEFORE AND AFTER 20 WEEKS OF ENDURANCE EXERCISE TRAINING.THE STUDY TEAM, INCLUDING LEAD AUTHOR PRASHANT RAO, MBBS, IDENTIFIED 37 PROTEINS ASSOCIATED WITH EBP, MANY OF WHICH WOULD NOT HAVE BEEN IDENTIFIED THROUGH PROFILING RESTING BP ALONE. SEVERAL OF THESE PROTEINS WERE RELEVANT TO VASCULAR BIOLOGY.THE INVESTIGATORS DEMONSTRATED THAT THE EBP-ASSOCIATED PLASMA PROTEIN KNOWN AS TGFBR3 IS A NOVEL CIRCULATING BIOMARKER ASSOCIATED WITH A LOWER RISK OF INCIDENT HYPERTENSION. GENETICALLY PREDICTED LEVELS OF THIS PLASMA PROTEIN WERE INVERSELY ASSOCIATED WITH FUTURE HYPERTENSION RISK IN A DIVERSE POPULATION AND MAY PROTECT AGAINST THE DEVELOPMENT OF CVD. THIS WORK MAY HELP IN DETERMINING WHICH PATIENTS MIGHT BENEFIT FROM EARLY CLINICAL INTERVENTIONS TO REDUCE THE IMPACT OF CARDIOVASCULAR DISEASE.7. DYNAMIC DUO: COMBINING CHOLESTEROL-LOWERING STATINS WITH EXISTING CANCER DRUG SHOWS POTENT EFFECT AGAINST AGGRESSIVE SUBTYPE OF BREAST CANCER IN PRE-CLINICAL MODELSIN A NEW TRANSLATIONAL RESEARCH STUDY, INVESTIGATORS AT BIDMC EXPLORED THE POTENTIAL OF STATINS COMMONLY USED MEDICATIONS FOR MANAGING CHOLESTEROL LEVELS TO WORK IN CONJUNCTION WITH AKT INHIBITORS, A CLASS OF DRUGS THAT TARGET A KEY PATHWAY INVOLVED IN CANCER CELL SURVIVAL AND GROWTH. RESEARCHERS DISCOVERED THAT THIS DRUG COMBINATION POTENTLY KILLED TRIPLE NEGATIVE BREAST CANCER (TNBC) CELLS IN PRECLINICAL MODELS. THE FINDINGS SUGGEST THE DRUG COMBINATION MAY PROVIDE A NEW, EFFECTIVE TREATMENT FOR TNBC, A SUBTYPE OF BREAST CANCER KNOWN FOR ITS AGGRESSIVENESS AND LIMITED TREATMENT OPTIONS AND THAT AFFECTS UP TO 15 PERCENT OF BREAST CANCER PATIENTS.THE BIDMC INVESTIGATORS AND THEIR COLLEAGUES USED A CRISPR-BASED SCREENING APPROACH IN TNBC TO IDENTIFY GENES THAT COULD BE TARGETED IN COMBINATION WITH A RECENTLY FDA-APPROVED AKT-INHIBITOR CALLED CAPIVASERTIB. THE SCREEN IDENTIFIED GENES IN CHOLESTEROL METABOLISM AS CANDIDATES, REVEALING A TNBC-SPECIFIC VULNERABILITY TO THE COMBINATION OF STATINSCHOLESTEROL-LOWERING DRUGS THAT TARGET CELLS' CHOLESTEROL METABOLISMAND AKT INHIBITORS.AS THE SCIENTISTS EXPECTED, THE COMBINATION KILLED TNBC CELLS IN A PANEL OF CELL LINES, PATIENT-DERIVED ORGANOIDS AND MOUSE MODELS. THE FINDINGS PAVE THE WAY FOR CLINICAL TRIALS TO DETERMINE THE SAFETY AND EFFECTIVENESS OF THIS COMBINATION IN PATIENTS. IF SUCCESSFUL, THIS BASIC, DISCOVERY SCIENCE APPROACH COULD LEAD TO A NEW TREATMENT OPTION FOR PATIENTS WITH TNBC, PROVIDING A MUCH-NEEDED ADVANCEMENT IN THE FIGHT AGAINST THIS AGGRESSIVE CANCER.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 736 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 43 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 47 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.</p> |
| CORE CLINICAL TRAINING PROGRAMS | <p>THE 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 \$99,275,629 REPORTED ON THIS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 3.21% % 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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|                                                          | 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, ADVANCED CRITICAL CARE AND ULTRASOUND DERMATOLOGY: CUTANEOUS ONCOLOGY, DERMATOLOGY RESEARCH FELLOWSHIP IN CLINICAL TRIALS AND OUTCOMES RESEARCH (CLEARS) EMERGENCY MEDICINE: EMERGENCY MEDICAL SERVICES, EMERGENCY ULTRASOUND, DISASTER MEDICINE, MEDICAL EDUCATION IN EMERGENCY MEDICINE INTERNAL MEDICINE: ADVANCED CARDIAC NON-INVASIVE IMAGING, ADVANCED ENDOCRINE, DIABETES AND METABOLISM, ADVANCED ENDOSCOPY, ADVANCED INFECTIOUS DISEASE, ADVANCED NEPHROLOGY, CARDIAC MAGNETIC RESONANCE IMAGING, CARDIOVASCULAR DISEASE, CELIAC DISEASE, CLINICAL CARDIAC ELECTROPHYSIOLOGY, CLINICAL INFORMATICS, ENDOCRINOLOGY, DIABETES, AND METABOLISM, GASTROENTEROLOGY, GENERAL MEDICINE, GERIATRIC MEDICINE, GERIATRIC AND DIABETES, GI MOTILITY/FUNCTIONAL BOWEL DISORDERS, GLOBAL HEALTH, HEMATOLOGY AND MEDICAL ONCOLOGY, HEPATOLOGY, HOSPICE AND PALLIATIVE CARE, INFECTIOUS DISEASE, INFLAMMATORY BOWEL DISEASE, INTERVENTIONAL CARDIOLOGY, INTERVENTIONAL PULMONOLOGY, NEPHROLOGY, PULMONARY CRITICAL CARE, RHEUMATOLOGY, SLEEP MEDICINE, SLEEP RESPIRATION, STRUCTURAL HEART DISEASE, TRANSPLANT HEPATOLOGY, TRANSPLANT NEPHROLOGY NEUROLOGY: AUTONOMIC DISORDERS, COGNITIVE BEHAVIORAL NEUROLOGY, CLINICAL NEUROPHYSIOLOGY, EPILEPSY, MOVEMENT DISORDERS, MULTIPLE SCLEROSIS, NEUROLOGY-HIV, NEUROMUSCULAR MEDICINE, NEURO-ONCOLOGY, VASCULAR NEUROLOGY, NEURO CRITICAL CARE OBSTETRICS AND GYNECOLOGY: FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY, GYNECOLOGIC ONCOLOGY, MATERNAL FETAL MEDICINE, REPRODUCTIVE ENDOCRINOLOGY, UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE SURGERY. PATHOLOGY: BLOOD BANKING/TRANSFUSION MEDICINE, CYTOPATHOLOGY, DERMATOPATHOLOGY, HEMATOPATHOLOGY, MEDICAL MICROBIOLOGY, MEDICAL MICROBIOLOGY CPEP, NEUROPATHOLOGY, SELECTIVE PATHOLOGY PSYCHIATRY: EARLY PSYCHOSIS, CONSULT LIAISON PSYCHIATRY RADIOLOGY: DIAGNOSTIC, ABDOMINAL RADIOLOGY, BREAST IMAGING RADIOLOGY, INTERVENTIONAL RADIOLOGY-INDEPENDENT, INTERVENTIONAL RADIOLOGY-INTEGRATED, MRI, MUSCULOSKELETAL IMAGING (MSK), NEURORADIOLOGY, THORACIC IMAGING RADIOLOGY, ADVANCED CROSS-SECTIONAL IMAGING. 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 BIDMC | THE 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 BIDMCTHE GOAL OF THIS PROGRAM IS TO DEVELOP EACH RESIDENT'S JUDGMENT AND SKILLS TO PROVIDE THE HIGHEST QUALITY MEDICAL CARE. THE MEDICAL CENTER TRAINS RESIDENTS AS ACADEMIC INTERNISTS AND PROVIDES THE FOUNDATION FOR THE PRACTICE OF INTERNAL MEDICINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| Form and Line Reference                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|                                           | <p>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.</p> <p>THE INTERNSHIP YEAR EMPHASIZES THE CARE OF PATIENTS IN GENERAL INPATIENT MEDICINE, INTENSIVE CARE MEDICINE, ONCOLOGY, CARDIOLOGY, EMERGENCY MEDICINE AND AMBULATORY CARE UTILIZING BOTH CAMPUSES AND SELECTED OUTSIDE SITES. WORKING AS PART OF A 2-4 PHYSICIAN TEAM WHICH INCLUDES AN OVERSEEING RESIDENT, ATTENDING STAFF AND OFTEN MEDICAL STUDENTS, INTERNS GAIN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH A BROAD RANGE OF MEDICAL DISEASES. INTERNS HAVE PRIMARY RESPONSIBILITY FOR THE CARE OF ALL PATIENTS ADMITTED TO THE MEDICAL WARD SERVICE AND ARE CONSIDERED THEIR PATIENT'S PRIMARY INPATIENT DOCTOR FOR THE DURATION OF THE HOSPITALIZATION. THROUGHOUT INTERN YEAR, INTERNS MAINTAIN A LONGITUDINAL CONTINUITY CLINIC EXPERIENCE WHERE THEY DEVELOP A PANEL OF THEIR OWN PRIMARY CARE PATIENTS. DURING MOST OF THE YEAR, WITH THE EXCEPTION OF INTENSIVE CARE ROTATIONS, AN INTERN WILL HAVE CLINIC ONE HALF-DAY PER WEEK. DISTRIBUTED THROUGHOUT THE YEAR ARE FOUR "AMBULATORY BLOCKS" OF TWO WEEKS DURATION. DURING THIS TIME THE INTERN IS IN THEIR CONTINUITY CLINIC EVERY AFTERNOON AND ATTENDS OUTPATIENT SPECIFIC DIDACTIC LECTURES DURING THE MORNING HOURS. AS MEMBERS OF THE HARVARD FACULTY, INTERNS PLAY AN IMPORTANT ROLE IN TEACHING, BOTH OF THEIR PEERS AND OF ROTATING MEDICAL STUDENTS. WHILE ON THE MEDICAL WARDS, INTERNS PROVIDE DAILY CLINICAL GUIDANCE AND TEACHING TO THIRD AND FOURTH YEAR MEDICAL STUDENTS. AS PART OF THE AMBULATORY CARE CURRICULUM, INTERNS WILL ALSO HAVE THE OPPORTUNITY TO LEAD PRE-CLINIC CONFERENCES. DURING THE YEAR, THERE ARE SPECIAL INTERN-ONLY EDUCATIONAL ACTIVITIES INCLUDING THE TWICE-WEEKLY INTERN REPORT, MONTHLY INTERN FORUM SESSIONS AND BI-ANNUAL 24-HOUR INTERN RETREATS.</p> <p>JUNIOR AND SENIOR RESIDENCY RESIDENCY SOLIDIFIES CLINICAL AND TEACHING SKILLS AND ALLOWS TRAINEES TO EXPERIENCE LEADERSHIP OF A MEDICAL TEAM. JUNIOR RESIDENCY PROVIDES THE FIRST OPPORTUNITY FOR RESIDENTS TO SUPERVISE HOUSESTAFF TEAMS ON GENERAL MEDICAL SERVICES AND IN THE MEDICAL AND CARDIAC INTENSIVE CARE UNITS. SENIOR RESIDENCY PROMOTES CONSOLIDATION AND REFINEMENT OF THESE SKILLS, WITH ATTENDINGS ALLOWING INCREASING AUTONOMY. THE RESIDENT ON THE SERVICE IS LOOKED ON AS THE TEAM LEADER AND ASSUMES PRIMARY RESPONSIBILITY FOR TEACHING OF THE TEAM. RESIDENCY ALSO PROVIDES OPPORTUNITIES FOR INCREASED ELECTIVE TIME TO SAMPLE SUBSPECIALTY ROTATIONS. THIS PROVIDES ADDITIONAL SPECIALTY TRAINING IN AREAS OF INTEREST. THE ELECTIVE OPPORTUNITIES ARE DIVERSE, RANGING FROM ELECTROPHYSIOLOGY TO MUSCULOSKELETAL MEDICINE TO HEALTH POLICY. RESIDENTS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN ONE OF SEVERAL "TRACKS" WITHIN THE RESIDENCY PROGRAM IF INTERESTED IN ADDITIONAL SPECIFIC TRAINING RESOURCES AND EXPERIENCES.</p> <p>TEACHING AS A RESIDENT AS MENTIONED ABOVE, RESIDENTS ARE VIEWED AS SOME OF THE PRIMARY TEACHERS WITHIN THE DEPARTMENT OF MEDICINE. SOME OF THESE TEACHING OPPORTUNITIES WILL ALSO BE OBSERVED BY DEPARTMENT FACULTY TO HELP THE RESIDENT REFINE THE STYLE AND EFFECTIVENESS OF THEIR TEACHING. TEACHING OPPORTUNITIES WILL INCLUDE: LEADING INPATIENT MEDICINE ROUNDS: RESIDENTS ARE IN CHARGE OF RUNNING WARD ROUNDS. MEDICAL STUDENTS AND INTERNS PRESENT TO THE RESIDENT DURING ROUNDS. THE ATTENDING HOSPITALIST IS CONSIDERED THE RESIDENT'S CONSULTANT, WITH THE RESIDENT RETAINING THE PRIMARY DECISION-MAKING ROLE FOR THE PATIENTS ON THEIR SERVICE. DURING THE MONTHS ON MEDICAL WARDS, THE CHIEF RESIDENTS AND FIRM CHIEFS ARE ASSIGNED TO DO WALK ROUND ONCE EACH WEEK WITH ONE OF THE RESIDENTS ON THEIR FIRM. THEY WILL OBSERVE THE RESIDENT RUNNING THE WARD ROUNDS AND PROVIDE FEEDBACK ON THE TEACHING SKILLS OBSERVED DURING ROUNDS.</p> |
| <p>LEADING TEACHING ATTENDING ROUNDS:</p> | <p>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.</p> <p>INTERNAL MEDICINE GLOBAL HEALTH PROGRAM OUR MISSION IS TO TRAIN LEADERS IN GLOBAL HEALTH AND EVALUATE GLOBAL PUBLIC HEALTH PROGRAMS. PROGRAM OBJECTIVES INTRODUCE GLOBAL HEALTH ISSUES TO BIDMC MEDICAL RESIDENTS CONTRIBUTE TO THE HEALTH AND WELL-BEING OF POPULATIONS AROUND THE WORLD ENRICH THE MEDICAL KNOWLEDGE AND ENHANCE THE CLINICAL SKILLS OF RESIDENTS BY PRACTICING IN UNIQUE SETTINGS EXPAND RESEARCH OPPORTUNITIES ADVANCE THE CAREERS OF BIDMC RESIDENTS IN THE FIELDS OF INTERNATIONAL HEALTH, PUBLIC POLICY AND RESEARCH</p> <p>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. 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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|                              | THE HARVARD-LONGWOOD NEUROLOGY PROGRAM. THE PROGRAM CONCENTRATES ON THE TRAINING AND RESEARCH OPPORTUNITIES AVAILABLE ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS, BY COMBINING THE RESOURCES OF TWO MAJOR HARVARD TEACHING HOSPITALS, BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL. THESE COMBINED HOSPITALS, WITH OVER 800 INPATIENT BEDS AND EXTENSIVE OUTPATIENT CLINICS, PROVIDE THE SETTING FOR TRAINING PHYSICIANS IN THE ART AND SCIENCE OF CLINICAL NEUROLOGY.THE COMBINED FACULTY CONSISTS OF MORE THAN 80 NEUROLOGISTS AT THE TWO PARTICIPATING HOSPITALS, AND PROVIDES CORE EXPERIENCES IN INPATIENT AND OUTPATIENT NEUROLOGY, AS WELL AS TRAINING IN ELECTROPHYSIOLOGY (INCLUDING EEG, EMG, AND SLEEP POLYSOMNOGRAPHY) AND NEUROPATHOLOGY. THE KEY DISTINGUISHING FEATURE OF THE PROGRAM IS THE CLOSE RELATIONSHIP BETWEEN THE CLINICAL FACULTY, NEARLY ALL OF WHOM ARE FULL-TIME ACADEMIC NEUROLOGISTS ENGAGED IN SUBSTANTIVE RESEARCH AND TEACHING EFFORTS, AND A SELECT GROUP OF RESIDENTS WHO ARE KEENLY INTERESTED IN FORGING ACADEMIC CAREERS IN NEUROLOGY. VIRTUALLY ALL OF THE CLINICAL TRAINING TAKES PLACE WITHIN A 2 BLOCK RADIUS ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS. A CRITICAL COMPONENT OF THE PROGRAM IS THE OPPORTUNITY FOR RESIDENTS TO HAVE A MENTORED TEACHING EXPERIENCE AS WELL AS THE OPPORTUNITY TO UNDERTAKE A MENTORED PROJECT, WHICH MAY ENTAIL EITHER CLINICAL OR LABORATORY BASED INVESTIGATION OR PREPARATION OF INNOVATIVE TEACHING MATERIALS OR METHODS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PATHOLOGY EDUCATION AT BIDMC | THE DEPARTMENT OF PATHOLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER IS COMMITTED TO PROVIDING STATE-OF-THE-ART TRAINING TO PREPARE PHYSICIANS FOR LEADERSHIP ROLES IN PATHOLOGY AND ACADEMIC MEDICINE. THE PROGRAM OFFERS THREE RESIDENT TRAINING PATHWAYS: FIRST, A COMBINED ANATOMIC PATHOLOGY/CLINICAL PATHOLOGY (AP/CP) PATHWAY PROVIDES COMPREHENSIVE TRAINING IN ALL AREAS OF TISSUE DIAGNOSTICS AND LABORATORY MEDICINE. SECOND, THE AP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS ACADEMIC SURGICAL PATHOLOGISTS. THIRD, THE CP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS FUTURE LEADERS IN LABORATORY MEDICINE. ALL PATHWAYS INCLUDE EXTENSIVE OPPORTUNITIES TO PARTICIPATE IN RESEARCH PROJECTS WITH WORLD-RENOUNDED EXPERTS IN PATHOLOGY OR RELATED DISCIPLINES. KNOWLEDGE COMES THROUGH EXPERIENCE AND EXTENSIVE INTERACTION WITH FACULTY. IN ANATOMIC PATHOLOGY SIGN OUT, RESIDENTS PREPARE THEIR OWN DIAGNOSES AND ARE THEN IN A POSITION TO TAKE FULL ADVANTAGE OF SIGN OUT WITH STAFF MEMBERS. IN CLINICAL PATHOLOGY, RESIDENTS GAIN EXPERIENCE DURING DAILY ROUNDS WITH 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Form and Line Reference    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                            | <p>4-WEEK BLOCKS ANNUALLY. AT THE END OF EACH ROTATION RESIDENTS RECEIVE WRITTEN EVALUATIONS AND HAVE THE OPPORTUNITY TO EVALUATE THE STAFF.FIRST YEAR ROTATIONS EMPHASIZE FUNDAMENTALS AND COMMON RADIOLOGIC EXAMINATIONS IN PREPARATION FOR INPATIENT AND EMERGENCY DEPARTMENT RESPONSIBILITIES. PRIOR TO TAKING CALL, ALL FIRST YEAR RESIDENTS ROTATE THROUGH ABDOMINAL IMAGING, BREAST IMAGING, EMERGENCY RADIOLOGY, FLUOROSCOPY, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, THORACIC IMAGING, AND ULTRASOUND.DURING THE SECOND YEAR, RESIDENTS CONTINUE TO GAIN EXPERIENCE IN THESE SECTIONS, PERFORMING AND INTERPRETING MORE ADVANCED EXAMINATIONS AND INTERVENTIONS AS THEIR LEVELS OF EXPERTISE INCREASE. ADDITIONAL ROTATIONS IN MORE SPECIALIZED TOPICS OCCUR THROUGHOUT THE SECOND THROUGH FOURTH YEARS, INCLUDING INTERVENTIONAL RADIOLOGY, MRI, HEAD AND NECK IMAGING, AND PEDIATRIC RADIOLOGY. IN ADDITION, ALL RESIDENTS PARTICIPATE IN A TWO-WEEK ROTATION IN QUALITY ASSURANCE WHICH PROVIDES THEM WITH ESSENTIAL SKILLS FOR EVENTUAL BOARD RE-CERTIFICATION.ROTATIONS AT OTHER TRAINING LOCATIONS DURING THE SECOND AND THIRD YEARS OF TRAINING INCLUDE: THREE MONTHS OF TRAINING IN PEDIATRIC RADIOLOGY AT THE BOSTON CHILDREN'S HOSPITAL DURING THE SECOND YEAR. FOUR WEEK PROGRAM IN RADIOLOGIC-PATHOLOGIC CORRELATION AT THE ARMED FORCES INSTITUTE OF PATHOLOGY (AIRP) SPONSORED BY THE AMERICAN COLLEGE OF RADIOLOGY IN SILVER SPRINGS, MARYLAND DURING THE THIRD YEAR. ONE MONTH ROTATION AT THE MASSACHUSETTS EYE AND EAR INFIRMARY IN HEAD-AND-NECK RADIOLOGY DURING THE THIRD YEAR.UPON COMPLETION OF THE SECOND YEAR OF RESIDENCY TRAINING, RESIDENTS SELECT AN AREA OF ACADEMIC FOCUS FOR THEIR FOURTH YEAR WHICH WILL GUIDE CHOICES FOR THE 3-MONTH MINI-FELLOWSHIPS AND THE OTHER TWO MONTHS OF ELECTIVE TIME.OUR UNIQUE EDUCATIONAL 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SURGERY EDUCATION AT BIDMC | <p>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 HOUSESTAFF GAIN TRAINING AND PRACTICAL EXPERIENCE IN THE PREOPERATIVE, OPERATIVE, AND POST-OPERATIVE CARE OF PATIENTS. THE PROGRAM EMPHASIZES RESIDENT-FACULTY INTERACTION FOR EDUCATIONAL PURPOSES. TEACHING CONFERENCES AND SEMINARS FOR THE HOUSESTAFF CAPITALIZE ON WORKING RELATIONSHIPS DEVELOPED WITH THE ATTENDING STAFF. UPON COMPLETION OF FIVE YEARS OF SURGICAL TRAINING, RESIDENTS ARE ELIGIBLE FOR THE AMERICAN BOARD OF SURGERY EXAMINATION. DIDACTIC TEACHINGTHE PROGRAM HAS DEDICATED EDUCATION TIME, INCLUDING A STRONG DIDACTIC CONFERENCE SCHEDULE, TO PROVIDE A BASIC FOUNDATION OF SURGICAL KNOWLEDGE AND SKILLS. REQUIRED WEEKLY CONFERENCES INCLUDE: RESIDENT CURRICULUM CONFERENCE / MIS SKILLS LAB SURGICAL SERVICE MORBIDITY/MORTALITY &amp; 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.FORM 990 SCHEDULE H PART VI - IRC 501(R) REPORTING UNDER REVENUE PROCEDURE 2015-21:DURING A REVIEW OF BETH ISRAEL DEACONESS MEDICAL CENTER'S SECTION 501(R) COMPLIANCE IN FY24, IT WAS DETERMINED THAT HOSPITAL WAS NOT CONSISTENTLY OFFERING A COPY OF ITS FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY (PLS) AS PART OF PATIENT INTAKE OR DISCHARGE. THE HOSPITAL HAS WORKED AND IS CONTINUING TO WORK ON TRAINING ITS INTAKE AND DISCHARGE TEAMS TO ENSURE THAT A COPY OF THE PLS IS OFFERED. THE HOSPITAL IS NOT AWARE OF ANY PATIENTS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE THAT WERE ADVERSELY AFFECTED BY NOT BEING OFFERED A COPY OF THE PLS AT EITHER INTAKE OR DISCHARGE. BETH ISRAEL DEACONESS MEDICAL CENTER HAS ADOPTED PROCEDURES THAT REQUIRE IT TO REVIEW, ON A REGULAR BASIS, ITS POLICIES AND PROCEDURE TO ENSURE COMPLIANCE WITH THE REQUIREMENTS OF SECTION 501(R) AND THE REGULATIONS ISSUED THEREUNDER. THOSE PROCEDURES INCLUDE REVIEWING A SECTION 501(R) COMPLIANCE CHECKLIST.BIDMC ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6)OPEN MEDICAL STAFFTHE HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF AND AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. AFFILIATED HEALTH CARE SYSTEM AND ACCOMPLISHMENTS AS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER 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,</p> |

| Form and Line Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                    | <p>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.THE BILH CORE VALUES AND PRINCIPALS ARE LISTED HERE AS WELL AS NETWORK-WIDE ACCOMPLISHMENTS DURING THE FISCAL PERIOD COVERED BY THIS FILING. THE BILH NETWORK IS DELIVERING ON THE PROMISE TO BILH PATIENTS AND COMMUNITIES TO EXPAND ACCESS AND PROVIDE EXTRAORDINARY CARE, WHILE ALSO ADVANCING MEDICINE THROUGH DISCOVERY AND EDUCATION. 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 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| BILH IS ACCOMPLISHING THIS MISSION | <p>BY PROVIDING SUPPORT TO ITS AFFILIATES WHICH INCLUDE:1. A PHYSICIAN ENTERPRISE THAT ENCOMPASSES THE SYSTEM'S NETWORK OF EMPLOYED PRIMARY CARE AND SPECIALTY PHYSICIANS LOCATED THROUGHOUT OUR REGION;2. A HOSPITAL AND AMBULATORY SERVICES GROUP THAT INCLUDES WORLD-CLASS ACADEMIC MEDICAL CENTERS AND TEACHING HOSPITALS WITH AFFILIATIONS WITH HARVARD MEDICAL SCHOOL, UM AND TUFTS UNIVERSITY SCHOOL OF MEDICINE; LEADING COMMUNITY HOSPITALS; A RENOWNED ORTHOPEDICS HOSPITAL; AND COMPREHENSIVE AMBULATORY CENTERS;3. A POPULATION HEALTH ENTERPRISE THAT EMBRACES A MODEL OF CARE TO IMPROVE THE HEALTH OF ALL THOSE SERVED BY BILH; THE POPULATION HEALTH DOMAIN INCLUDES THE SYSTEM'S CLINICALLY INTEGRATED NETWORK OF AFFILIATED PROVIDERS AND VITAL SERVICES, INCLUDING BEHAVIORAL HEALTH AND HOME CARE SERVICES;4. A ROBUST NETWORK OF ADMINISTRATIVE AND OPERATIONAL SERVICES TO ADVANCE STRATEGIC GOALS, BOTH LOCALLY AND AT THE SYSTEM LEVEL, THAT OFFERS EXPERTISE AND STANDARDIZED RESOURCES BASED ON BEST PRACTICES.DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKUES HOSPITAL (AJH), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), THE JOSLIN DIABETES CENTER, EXETER HEALTH RESOURCES, INC (EHRI) 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), EHRI IN TURN SERVED AS THE SOLE MEMBER OF EXETER HOSPITAL AND LHSS IN TURN SERVED AS THE SOLE MEMBER OF BETH ISRAEL LAHEY HEALTH PRIMARY CARE. THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. SEE FORM 990 SCHEDULE R FOR ADDITIONAL AFFILIATED ENTITIES. BILH PROVIDES CENTRALIZED SUPPORT TO ITS NETWORK OF SUPPORTED ORGANIZATIONS. BILH SUPPORT INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING SERVICES: DEVELOPMENT AND FUNDRAISING, STRATEGIC PLANNING, COMPLIANCE, GOVERNANCE AND LEGAL SUPPORT, HUMAN RESOURCES, PATIENT CARE PAYOR CONTRACTING, OPERATIONAL SUPPORT SUCH AS PROCESSING PAYROLL AND ACCOUNTS PAYABLE, NETWORK-WIDE BENEFIT PLAN STRUCTURING AND NETWORK-WIDE CASH MANAGEMENT. BILH OVERSEES THE FINANCIAL WELL-BEING OF ITS AFFILIATES, INCLUDING PROVIDING MANAGEMENT, LEADERSHIP, DEBT STRUCTURING SUPPORT, FINANCING OF CAPITAL PROJECTS THROUGH ITS OBLIGATED GROUP DEBT AND FINANCIAL SUPPORT SERVICES, INCLUDING INTERNAL AND EXTERNAL AUDIT, TREASURY, INSURANCE AND TAX SERVICES. FOR THE FISCAL PERIOD COVERED BY THIS FILING BILH, INC. PROVIDED SERVICES AND SUPPORT TO ITS AFFILIATES, IN THE AMOUNT OF \$15,835,226,845.ADDITIONAL DETAIL ABOUT ACCOMPLISHMENTS ACROSS BILH ARE BELOW. BILH NETWORK ACCOMPLISHMENTS AND ACTIVITIES FISCAL YEAR ENDED SEPTEMBER 30, 2024BILH'S SUPPORT OF ITS AFFILIATES ENABLES THE NETWORK AS A WHOLE TO ACCOMPLISH ITS PRIMARY MISSION OF IMPROVING THE HEALTH OF PATIENTS, THEIR FAMILIES AND THE COMMUNITIES SERVED. AS NOTED PREVIOUSLY IN THIS FILING, BILH STRIVES TO ACCOMPLISH THIS MISSION BY DELIVERING THE HIGH-QUALITY HEALTH CARE THAT EVERY PATIENT DESERVES. BILH BELIEVES THAT EFFECTIVE CARE IS EASILY ACCESSIBLE AND SIMPLE TO USE SO IT IS BILH'S FOCUS TO PROVIDE PATIENTS WITH CARE THAT IS IN CLOSE PROXIMITY AND CONVENIENT REGARDLESS OF WHERE PATIENTS LIVE, THEIR HEALTH HISTORY OR STAGE OF LIFE AND BILH IS ACCOMPLISHING THIS GOAL BY PROVIDING SUPPORT TO EACH OF ITS AFFILIATES, PROVIDING AN ORGANIZATIONAL STRUCTURE AND OPERATING MODEL WHICH IS DRIVEN BY FOUR DEEPLY INTERCONNECTED DOMAINS DESIGNED TO ADVANCE MEANINGFUL PARTNERSHIPS ACROSS ORGANIZATIONS, CARE SETTINGS, SPECIALTIES, AND GEOGRAPHIES TO ENSURE BILH PATIENTS RECEIVE THE CARE THEY NEED IN THE COMMUNITIES WHERE THEY LIVE AND WORK.PATIENT CARE DELIVERY ACROSS THE BILH NETWORK - FISCAL YEAR ENDED SEPTEMBER 30, 2024HOSPITAL CARE:DURING THE PERIOD COVERED BY THIS FILING, THE BILH HOSPITALS PROVIDED CARE TO PATIENTS IN A FULL SPECTRUM OF SPECIALTIES AND UTILIZING A WIDE RANGE OF MODALITIES. BELOW ARE A SAMPLE OF THE HOSPITAL CARE PROVIDED TO BILH PATIENTS. DURING THE FISCAL YEAR COVERED BY THIS FILING, BILH HOSPITALS HAD APPROXIMATELY 4.9 MILLION OUTPATIENT ENCOUNTERS. APPROXIMATELY 80,000 OUTPATIENT/AMBULATORY SURGERIES AND OVER 100,000 ENDOSCOPIES WERE PERFORMED, IN ADDITION, ACROSS BILH HOSPITALS PATIENTS HAD MORE THAN 141,000 ONCOLOGY VISITS AND ALMOST 111,000 ONCOLOGY INFUSIONS, 268,000 EKGS, OVER</p> |

| Form and Line Reference                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                | <p>59,000 ORTHOPEDIC PROCEDURES, MORE THAN 758,000 RADIOLOGY EXAMS, OVER 312,000 CT EXAMS, MORE THAN 177,000 ULTRASOUND PROCEDURES, OVER 142,000 MRIS, OVER 221,000 OUTPATIENT BREAST IMAGING EXAMS, APPROXIMATELY 312,000 OUTPATIENT REHABILITATION AND PHYSICAL THERAPY VISITS AND MORE THAN 11.7 MILLION OUTPATIENT LAB TESTS WERE PERFORMED. THE BILH HOSPITALS ALSO HAD APPROXIMATELY 432,000 EMERGENCY DEPARTMENT VISITS, MORE THAN 35,000 OBSERVATION CASES AND MORE THAN 137,000 INPATIENT DISCHARGES WITH APPROXIMATELY 729,000 INPATIENT DAYS, INCLUDING MORE THAN 44,000 INPATIENT PSYCH DAYS. DURING THIS PERIOD MORE THAN 31,000 INPATIENT SURGERIES WERE PERFORMED AND APPROXIMATELY 14,000 NEWBORNS WERE DELIVERED AND THERE WERE APPROXIMATELY 52,000 PAIN CLINIC VISITS. BILH HOSPITALS ALSO HAD MORE THAN 75,000 URGENT CARE VISITS DURING THIS PERIOD. NON-HOSPITAL PHYSICIAN CARE:DURING THE PERIOD COVERED BY THIS FILING, THE BILH PHYSICIANS PROVIDED CARE TO PATIENTS OUTSIDE OF THE HOSPITALS AND IN PHYSICIAN OFFICE OR OTHER CLINICAL SETTINGS. BELOW ARE A SAMPLE OF THE NON-HOSPITAL PHYSICIAN SERVICES PROVIDED TO BILH PATIENTS. DURING THE FISCAL YEAR COVERED BY THIS FILING, MORE THAN 470 PRIMARY CARE AND FAMILY PRACTICE PROVIDERS HAD APPROXIMATELY 843,000 PATIENT VISITS AND PROVIDERS ACROSS THE FULL SPECTRUM OF SPECIALTIES HAD MORE THAN 624,000 PATIENT VISITS. IN ADDITION, JOSLIN DIABETES CENTER HAD MORE THAN 27,000 PATIENT VISITS RELATED TO DIABETES CARE AND THERE WERE MORE THAN 53,000 URGENT CARE VISITS TO NON-HOSPITAL URGENT CARE LOCATIONS. COMMUNITY BENEFITS, UNCOMPENSATED CARE, COSTS TO PROVIDE CARE TO MEDICAID AND MEDICARE PATIENTS FISCAL YEAR ENDED SEPTEMBER 30, 2024DURING THE FISCAL YEAR COVERED BY THIS FILING BILH HOSPITALS PROVIDED MORE THAN \$52 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 ENSURE 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 \$35.5 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 \$161 MILLION RELATED TO TREATING MEDICARE PATIENTS. IN ADDITION TO THE COSTS NOTED ABOVE, 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 HEALTH CENTERS AND OTHER GROUPS AS WELL AS COSTS INCURRED RELATED TO SUBSIDIES FOR PRIMARY AND SPECIALTY CARE ACCESS, BEHAVIORAL HEALTH CARE AND OTHER CARE PROVIDED AT A LOSS TOTALING OVER \$150 MILLION. 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.</p> |
| EDUCATION AND RESEARCH<br>FISCAL YEAR ENDED SEPTEMBER 30, 2024 | <p>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 \$370 MILLION IN RESEARCH EXPENSES, MORE THAN \$91 MILLION OF WHICH WERE INTERNALLY FUNDED.ACROSS BILH HOSPITALS, COSTS FOR TRAINING MEDICAL PROFESSIONALS EXCEEDED \$210 MILLION. REIMBURSEMENT FROM MEDICARE FOR THESE ACTIVITIES WAS APPROXIMATELY \$67 MILLION WHICH LEFT A COMBINED SHORTFALL RELATED TO THESE ACTIVITIES ACROSS BILH OF OVER \$143 MILLION WHICH IS AN INVESTMENT IN THE HEALTH SYSTEM OF TOMORROW.ADDITIONAL BILH NETWORK ACTIVITIES -- EXPANDING ACCESS AND SERVICES; CONTINUING TO PROVIDE HIGH QUALITY CARE AT A LOWER COST; BEHAVIORAL HEALTH; COMMUNITY INVESTMENTS FISCAL YEAR ENDED SEPTEMBER 30, 2024THROUGHOUT THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH ("BILH") REMAINED COMMITTED TO DELIVERING HIGH-QUALITY CARE AT A LOWER COST BY LEVERAGING COMMUNITY SETTINGS AND MAINTAINING CARE WITHIN THE BILH PERFORMANCE NETWORK ("BILHPN"), WHEN APPROPRIATE. THE FOLLOWING HIGHLIGHTS SOME OF THESE ONGOING EFFORTS. IN ADDITIONAL TO THE ACCOMPLISHMENTS NOTED ABOVE, BILH CONTINUED THIS COMMITMENT WITH THE FOLLOWING ACTIVITIES: ENHANCING THE BILHPN OPERATING MODELBILH PERFORMANCE NETWORK ("BILHPN") IS BILH'S CLINICALLY INTEGRATED NETWORK OF PHYSICIANS, CLINICIANS, AND HOSPITALS THAT WORK TOGETHER TO PROVIDE HIGH-QUALITY, COST-EFFECTIVE CARE FOR PATIENTS. BILHPN ACHIEVED ITS GOAL OF BECOMING A FULLY INTEGRATED CLINICALLY INTEGRATED NETWORK ("CIN") IN FY 2024. THIS MOVE POSITIONED ITS PROVIDERS TO IMPROVE CARE QUALITY AND SUCCEED IN A VALUE-BASED DELIVERY SYSTEM. ALONGSIDE THIS TRANSFORMATION, BILHPN HAS REDEFINED ITS OPERATING MODEL TO PRIORITIZE HIGH-QUALITY CARE, IMPROVE THE HEALTH OF THE POPULATIONS BILH SERVES, ENHANCE PERFORMANCE, AND PROMOTE WELL-BEING ACROSS ITS NETWORK. THROUGHOUT FY 2024, BILHPN CONCENTRATED ON QUALITY IMPROVEMENT INITIATIVES, SUCH AS REDUCING DISPARITY GAPS, LOWERING READMISSION RATES, IMPROVING DIABETES AND HYPERTENSION MANAGEMENT, AND ENHANCING SKILLED NURSING CARE VISITS. IMPROVING PHARMACY ACCESSTHROUGHOUT FY 2024, BILH PHARMACY EXPERIENCED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                         | <p>SIGNIFICANT EXPANSION THAT REFLECTS ITS ONGOING COMMITMENT TO IMPROVING ACCESS TO CARE AND REDUCING THE COST OF CARE. ITS ACHIEVEMENTS INCLUDE:EXPANDED ACCESS TO 8,000 ADDITIONAL PATIENTS, INCLUDING 5,700 MEDICAID PATIENTS;IMPROVED PATIENT FINANCIAL ASSISTANCE SERVICES;LAUNCHED CLINICS FOCUSED ON WEIGHT LOSS AND IRRITABLE BOWEL SYNDROME AND EXPANDED ACCESS TO ANTICOAGULATION MANAGEMENT THROUGH THE CENTRALIZED ANTICOAGULATION MANAGEMENT PROGRAM;LAUNCHED INSCRIPT TO PROVIDE PHARMACY BENEFIT MANAGEMENT ("PBM") SERVICES TO FULLY INSURED AND SELF-FUNDED HEALTH PLANS, RESULTING IN HEALTH PLAN MEMBERS SAVING OVER 20% IN OUT-OF-POCKET COSTS AND GREATER ACCESS TO MEDICATION; AND, EXPANDED PHARMACY PRESENCE IN CLINICS TO IMPROVE ACCESS TO MEDICATIONS FOR TREATING DIABETES AND CARDIOVASCULAR DISEASES.INCREASING ACCESS TO BEHAVIORAL HEALTH SERVICESIN FY 2024, BILH AWARDED \$1.2 MILLION TO FOUR COMMUNITY-BASED ORGANIZATIONS TO IMPLEMENT BEHAVIORAL HEALTH NAVIGATOR PROGRAMS THAT WILL FUND THE HIRING, TRAINING, AND SUPPORT OF COMMUNITY-BASED BEHAVIORAL HEALTH NAVIGATORS WHO WILL WORK TO IDENTIFY, UNDERSTAND, AND EFFECTIVELY CONNECT RESIDENTS EXPERIENCING MENTAL HEALTH AND SUBSTANCE USE ISSUES TO APPROPRIATE SUPPORT AND ASSISTANCE. THE FOUR NONPROFIT ORGANIZATIONS IN THE GATEWAY MUNICIPALITIES OF HAVERHILL, LYNN, PEABODY, AND QUINCY HAVE BEEN GIVEN \$300,000 EACH FROM FY 2024 TO 2027 TO LAUNCH THESE PROGRAMS IN THEIR COMMUNITIES. LABORATORY SERVICES EXPANSION AND OPTIMIZATIONBILH TRANSITIONED TO CENTRALIZED OVERSIGHT OF ALL LABORATORY DRAW SITES IN FY 2024 AND CREATED 11 NEW COMMUNITY-BASED LAB DRAW STATIONS, WHICH INCREASES PATIENT ACCESS TO LAB SERVICES AND IMPROVES BOTH PATIENT AND PROVIDER SATISFACTION. THE CENTRALIZED OVERSIGHT MODEL BETTER ENABLES BILH TO FOCUS ON QUALITY, SERVICE, AND PHLEBOTOMIST RECRUITMENT. IN ADDITION, BILH CONTINUES TO REFINES TRANSPORTATION ROUTES FOR LAB SPECIMENS, MAINTAINING HIGH STANDARDS FOR TURNAROUND TIMES AND EFFICIENCY, WHICH FURTHER IMPROVES THE OVERALL QUALITY OF LABORATORY SERVICES.ENHANCEMENT OF CARE DELIVERY ACROSS PRIMARY CARE PRACTICESBILH PRIMARY CARE ("BILHPC") CONTINUED TO ENHANCE CARE DELIVERY AND ELEVATE THE QUALITY OF CARE THROUGHOUT ITS PRACTICES, AS DEMONSTRATED BY THE FOLLOWING INITIATIVES:PARTNERED WITH A BILHPN PHARMACIST AND LOCAL DIABETES NURSE EDUCATORS TO LAUNCH A DIABETES HUB AND SPOKE MODEL IN THE MILTON AND NEEDHAM PRIMARY CARE REGIONS, WHERE A DIABETES-SPECIALIZED ADVANCED PRACTICE PRACTITIONER IS EMBEDDED IN THE PRACTICE; COLLABORATED WITH BILH PHARMACY TO PLAN THE EXPANSION OF REMOTE BLOOD PRESSURE MONITORING FOR IMPROVED HYPERTENSION MANAGEMENT;EXPANDED THE VIRTUALIST PROGRAM, ENHANCING ACCESS TO ACUTE AND OVERFLOW CARE; AND INTRODUCED A SELF-SCHEDULING TOOL FOR NEW PATIENTS SEEKING TO ESTABLISH CARE WITH A PRIMARY CARE PROVIDER.EDUCATION AND AWARENESS EFFORTS TO PROMOTE ACCESS TO CAREIN FY 2024, BILH WORKED TO IMPROVE ACCESS FOR MASSHEALTH PATIENTS IN EASTERN MASSACHUSETTS THROUGH VARIOUS COMMUNICATIONS INITIATIVES. A KEY EFFORT WAS LAUNCHING A MONTHLY NEWSLETTER, AVAILABLE IN SEVEN LANGUAGES, TO ENGAGE PATIENTS AND SHARE HEALTH INFORMATION. NEW ENGLAND BAPTIST HOSPITAL ("NEBH") HOSTED INFORMATION SESSIONS TO EDUCATE UNDERSERVED POPULATIONS ABOUT ITS SERVICES. NEBH ALSO PERFORMED OUTREACH TO COMMUNITY HOUSING FACILITIES, PARTICIPATED IN BOSTON MAYOR WU'S HISPANIC HERITAGE MONTH LUNCHEON, AND PARTNERED WITH NEIGHBORHOOD ASSOCIATIONS AND MAIN STREET BOARDS.</p> |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:



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. |
| PART IV, SUPPLEMENTAL INFORMATION - ACCESS TO PRIMARY AND/OR SPECIALTY CARE | AS PREVIOUSLY NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES. THE BILH NETWORK IS DELIVERING ON THE PROMISE TO BILH PATIENTS AND COMMUNITIES TO EXPAND ACCESS AND PROVIDE EXTRAORDINARY CARE, WHILE ALSO ADVANCING MEDICINE THROUGH DISCOVERY AND EDUCATION. TO THAT END, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PROVIDED GRANTS AND OTHER ASSISTANCE IN THE FORM OF CASH ALLOCATIONS FOR PRIMARY AND/OR SPECIALTY CARE OPERATIONS IN THE COMMUNITIES SERVED BY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. THESE AMOUNTS ARE REPORTED IN THIS FORM 990 SCHEDULE I AND MAY NOT BE REFLECTED IN FORM 990 PART IX DEPENDING ON HOW THESE AMOUNTS WERE REPORTED IN THE AUDITED FINANCIAL STATEMENTS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

|                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>BETH ISRAEL DEACONESS MEDICAL CENTER<br>INC | Employer identification number<br>04-2103881 |
|-------------------------------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> |     |    |
| 1b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                               |     |    |
| 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:<br><div><div>a Receive a severance payment or change-of-control payment? . . . . .</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.<br><br>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                     | Yes | No |
| 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:<br><div><div>a The organization? . . . . .</div><div>b Any related organization? . . . . .</div></div> If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| 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:<br><div><div>a The organization? . . . . .</div><div>b Any related organization? . . . . .</div></div> If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | No |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes |    |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |

Part II

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

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

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

| (A) Name and Title                                                   |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------------------------|------|---------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                                      |      | (i) Base compensation                                         | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 TABB MD KEVIN<br>TTEE & CEO (EX-OFF) (CEO, BILH)                   | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 2,183,284                                                     | 1,588,566                           | 541,537                             | 1,052,595                                      | -<br>44,433             | -<br>5,410,415                  | 0                                                                     |
| 2 RIOS CINDY<br>TREAS (EX-OFF) (EXEC VP & CFO, BILH)                 | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 926,412                                                       | 523,188                             | 21,827                              | 182,509                                        | -<br>35,227             | -<br>1,689,163                  | 0                                                                     |
| 3 HEALY PETER<br>PRESIDENT & TRUSTEE (EX-OFFICIO)                    | (i)  | 979,920                                                       | 439,243                             | 178,446                             | 46,650                                         | 37,898                  | 1,682,157                       | 0                                                                     |
|                                                                      | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 4 SHORETT PETER<br>TTEE(CEO DESIG) (SR EVP & COO, BILH)              | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 902,677                                                       | 453,262                             | 203,537                             | 14,020                                         | -<br>34,226             | -<br>1,607,722                  | 0                                                                     |
| 5 CHAIKOF MD PHD ELLIOT L<br>TTEE (EXOFF)/SURG CHF; HMFP SURG CHR    | (i)  | 578,951                                                       | 0                                   | 29,820                              | 31,235                                         | 27,346                  | 667,352                         | 0                                                                     |
|                                                                      | (ii) | 578,951                                                       | 0                                   | 29,820                              | 31,235                                         | -<br>27,346             | -<br>667,352                    | 0                                                                     |
| 6 KATZ ESQ JAMIE<br>CLERK (EX-OFF); GENERAL COUNSEL BILH             | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 820,540                                                       | 322,850                             | 126,785                             | 23,170                                         | -<br>8,832              | -<br>1,302,177                  | 0                                                                     |
| 7 KIMBALL MD MPH ALEXA B<br>TTEE (EX-OFF) (PRES & CEO, HMFP)         | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 834,826                                                       | 218,275                             | 36,729                              | 61,875                                         | -<br>47,954             | -<br>1,199,659                  | 0                                                                     |
| 8 RODRIGUEZ MD EDWARD KENNETH<br>ORTHOPAEDIC SURGERY CHIEF; HMFP CHR | (i)  | 500,198                                                       | 0                                   | 19,246                              | 33,000                                         | 23,867                  | 576,311                         | 0                                                                     |
|                                                                      | (ii) | 500,198                                                       | 0                                   | 19,246                              | 33,000                                         | -<br>23,867             | -<br>576,311                    | 0                                                                     |
| 9 SZABO MD PHD HON GYONGYI<br>TTEE (EXOFF), CHIEF ACADEMIC OFFICER   | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 674,974                                                       | 301,430                             | 36,801                              | 61,875                                         | -<br>27,416             | -<br>1,102,496                  | 0                                                                     |
| 10 TALMOR MD MPH DANIEL<br>ANESTHESIA CHIEF;HMFP ANESTHES CHAIR      | (i)  | 417,440                                                       | 1,960                               | 32,939                              | 30,938                                         | 20,121                  | 503,398                         | 0                                                                     |
|                                                                      | (ii) | 417,440                                                       | 1,960                               | 32,939                              | 30,938                                         | -<br>20,121             | -<br>503,398                    | 0                                                                     |
| 11 STEVENSON MD PHD MARY ANN<br>RAD ONCOLOGY CHIEF; HMFP RAD ONC CHR | (i)  | 425,173                                                       | 0                                   | 26,334                              | 30,938                                         | 7,493                   | 489,938                         | 0                                                                     |
|                                                                      | (ii) | 425,173                                                       | 0                                   | 26,334                              | 30,938                                         | -<br>7,493              | -<br>489,938                    | 0                                                                     |
| 12 ZEIDEL MD MARK L<br>TTEE (EXOFF)/MED CHIEF; HMFP MED CHR          | (i)  | 419,482                                                       | 0                                   | 26,534                              | 25,891                                         | 17,779                  | 489,686                         | 0                                                                     |
|                                                                      | (ii) | 419,482                                                       | 0                                   | 26,534                              | 25,891                                         | -<br>17,779             | -<br>489,686                    | 0                                                                     |
| 13 KRUSKAL MD PHD JONATHAN B<br>CHIEF, RADIOLOGY; HMFP RADIOLOGY CHR | (i)  | 410,969                                                       | 0                                   | 20,883                              | 19,800                                         | 18,004                  | 469,656                         | 0                                                                     |
|                                                                      | (ii) | 410,969                                                       | 0                                   | 20,883                              | 19,800                                         | -<br>18,004             | -<br>469,656                    | 0                                                                     |
| 14 GUISE MD JEANNE-MARIE<br>CHIEF OF OB/GYN; HMFP OB/GYN CHAIR       | (i)  | 384,114                                                       | 25,000                              | 5,466                               | 30,938                                         | 22,291                  | 467,809                         | 0                                                                     |
|                                                                      | (ii) | 384,114                                                       | 25,000                              | 5,466                               | 30,938                                         | -<br>22,291             | -<br>467,809                    | 0                                                                     |
| 15 SAFFITZ MD PHD JEFFREY E<br>FORMER INTERIM CAO                    | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                      | (ii) | 673,169                                                       | 0                                   | 62,416                              | 41,184                                         | -<br>33,945             | -<br>810,714                    | 0                                                                     |
| 16 AZOCAR MD RUBEN<br>VP, PERIOPERATIVE SERVICES                     | (i)  | 570,242                                                       | 111,847                             | 11,962                              | 61,875                                         | 43,121                  | 799,047                         | 0                                                                     |
|                                                                      | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 17 WEISS MD MBA MSC ANTHONY P<br>CHIEF MEDICAL OFFICER               | (i)  | 501,383                                                       | 91,155                              | 10,142                              | 61,875                                         | 48,142                  | 712,697                         | 0                                                                     |
|                                                                      | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 18 FRANCIOLI CARL<br>ASST TREAS (EX-OFF) (CFO, BIDMC)                | (i)  | 387,600                                                       | 118,159                             | 58,690                              | 0                                              | 36,098                  | 600,547                         | 0                                                                     |
|                                                                      | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 19 LARKIN MATTHEW<br>SVP, COO OF BIDMC                               | (i)  | 432,738                                                       | 111,600                             | 457                                 | 0                                              | 32,233                  | 577,028                         | 0                                                                     |
|                                                                      | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 20 SCHWARTZSTEIN MD RICHARD M<br>VP, EDUC; PHYS, PULMONARY MEDICINE  | (i)  | 419,291                                                       | 44,166                              | 23,748                              | 36,300                                         | 23,420                  | 546,925                         | 0                                                                     |
|                                                                      | (ii) | 16,875                                                        | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>16,875                     | 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 |                                                |                         |                                 |                                                                       |
| 21 AYOUB JO<br>VP, HR BUS PTR; DIV VP, BOSTON REG                | (i)  | 342,214                                                       | 90,930                              | 4,943                               | 23,170                                         | 26,844                  | 488,101                         | 0                                                                     |
|                                                                  | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 22 MARKSON MD MPH LAWRENCE J<br>VP & CHIEF MED INFO OFFICER      | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                  | (ii) | 300,756                                                       | 75,827                              | 15,131                              | 22,356                                         | -<br>34,800             | -<br>448,870                    | 0                                                                     |
| 23 VOLPE ELLEN<br>VICE PRESIDENT, AMBULATORY SERVICES            | (i)  | 316,097                                                       | 68,590                              | 1,425                               | 23,060                                         | 34,859                  | 444,031                         | 0                                                                     |
|                                                                  | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 24 FOLEY DNP MHA RN JANE<br>INTERIM CNO & SVP, PATIENT CARE SVCS | (i)  | 290,063                                                       | 54,236                              | 9,160                               | 18,602                                         | 25,875                  | 397,936                         | 0                                                                     |
|                                                                  | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 25 MAURER RN MSN MARSHA<br>FRMR CNO & SVP PATIENT CARE SERVICES  | (i)  | 135,578                                                       | 0                                   | 220,057                             | 18,550                                         | 7,072                   | 381,257                         | 0                                                                     |
|                                                                  | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 26 ARMSTRONG ESQ EMILY<br>ASST CLERK (DIV VP DEP GC BOS, BILH)   | (i)  | 0                                                             | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                  | (ii) | 250,852                                                       | 52,448                              | 6,366                               | 11,084                                         | -<br>30,466             | -<br>351,216                    | 0                                                                     |
| 27 DORE JARROD<br>VP, CAPITAL FACILITIES & ENGINEERING           | (i)  | 256,167                                                       | 32,735                              | 30,806                              | 9,922                                          | 4,881                   | 334,511                         | 0                                                                     |
|                                                                  | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 28 CULLEN MICHAEL R<br>FMR ASST TREAS (EXO) CFO, SVP, FIN        | (i)  | 0                                                             | 0                                   | 259,620                             | 0                                              | 0                       | 259,620                         | 0                                                                     |
|                                                                  | (ii) | 0                                                             | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |

Part III

Supplemental Information

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

| Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 1A                              | FROM TIME TO TIME AND UNDER CERTAIN CIRCUMSTANCES, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OR ONE OF IT'S 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 MAY FALL INTO THIS CATEGORY ARE REIMBURSEMENT FOR RELOCATION AND TEMPORARY HOUSING. A HOUSING ALLOWANCE WAS PROVIDED TO ONE OFFICER DURING THE YEAR. THIS BENEFIT WAS TREATED AS PART OF THEIR TAXABLE COMPENSATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PART I, LINE 3                               | 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.                                                                |
| PART I, LINES 4A-B                           | 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. 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 JAKUES 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 AND/OR CAN MAKE THEIR OWN EMPLOYEE DEFERRALS. AMOUNTS RECEIVED BY PARTICIPANTS AND DEFERRED BY PARTICIPANTS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. |
| PART I, LINE 7                               | 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 2023 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES: | 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, 2024 IS CALENDAR YEAR 2023<br>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.<br>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                                                                                                                              |
| SCHEDULE J FOOTNOTES (CONTINUED):            | ARMSTRONG, ESQ., EMILY UNLESS OTHERWISE NOTED, MS. ARMSTRONG SERVED IN THE POSITIONS BELOW FOR THE FULL FISCAL YEAR ENDED SEPTEMBER 30, 2024: DIVISIONAL VICE PRESIDENT, DEPUTY GENERAL COUNSEL FOR METRO BOSTON - BETH ISRAEL LAHEY HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|                                      | <p>ASSISTANT CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ASSISTANT CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. TERM ENDED ON AUGUST 31, 2024 ASSISTANT CLERK (EX-OFFICIO) - JOSLIN CLINIC, INC. TERM ENDED ON SEPTEMBER 30, 2024 ASSISTANT CLERK (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. TERM ENDED ON SEPTEMBER 30, 2024 ASSISTANT CLERK - THE JORDAN HEALTH SYSTEMS, INC. TERM ENDED ON AUGUST 31, 2024 ASSISTANT CLERK - JORDAN PHYSICIAN ASSOCIATES, INC. TERM ENDED AUGUST 31, 2024 CLERK (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TERM ENDED MARCH 30, 2023 CLERK (EX-OFFICIO) - BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TERM ENDED MARCH 30, 2023 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. AYOUB, JO UNLESS OTHERWISE STATED, MS. AYOUB SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024 VICE PRESIDENT, HUMAN RESOURCES BUSINESS PARTNER &amp; DIVISIONAL VICE PRESIDENT, BOSTON REGION - BETH ISRAEL LAHEY HEALTH, INC. VICE PRESIDENT, HUMAN RESOURCES BUSINESS PARTNER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. 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, 2024: TRUSTEE (EX-OFFICIO); CHIEF (SURGERY) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) &amp; 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 &amp; JOHNSON PROFESSOR OF SURGERY - HARVARD MEDICAL SCHOOL DR. CHAIKOF SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. DR. CHAIKOF'S OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$ 31,816. AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2023 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 &amp; JOHNSON PROFESSOR OF SURGERY AT HARVARD MEDICAL SCHOOL. 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 DURING A PRIOR FISCAL PERIOD. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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'S INCLUDES SEVERANCE PAYMENTS RECEIVED IN 2023 IN THE AMOUNT OF \$259,620. DORE, JARROD UNLESS OTHERWISE STATED, MR. DORE SERVED IN THE FOLLOWING ROLES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2025: VICE PRESIDENT - CAPITAL FACILITIES AND ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. VICE PRESIDENT - CAPITAL FACILITIES AND ENGINEERING - BETH ISRAEL LAHEY HEALTH, INC. TERM BEGAN ON SEPTEMBER 8, 2024 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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. OTHER REPORTABLE COMPENSATION FOR MR. DORE INCLUDES PAYMENTS FOR PTO CASHED-OUT IN THE AMOUNTS OF \$30,530. FOLEY, DNP, MHA, RN, JANE INTERIM CHIEF NURSING OFFICER AND SVP, PATIENT CARE SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TERM ENDED ON NOVEMBER 26, 2023 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. FRANCIOLI, CARL UNLESS OTHERWISE NOTED BELOW, MR. FRANCIOLI HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2024: DIVISIONAL CHIEF FINANCIAL OFFICER, METRO BOSTON - BETH ISRAEL LAHEY HEALTH, INC. TERM BEGAN ON MARCH 3, 2024 ASSISTANT TREASURER (EX-OFFICIO) &amp; CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. AS NOTED, MR. FRANCIOLI SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. AS REPORTED IN THE PRIOR FORM 990, MR. FRANCIOLI COMMENCED HIS POSITION AS BIDMC'S CHIEF FINANCIAL OFFICER ON JANUARY 1, 2023. OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR TEMPORARY HOUSING IN THE AMOUNT OF \$56,904. GUISE, M.D., JEANNE-MARIE DR. GUISE SERVED IN THE POSITIONS BELOW UNTIL FEBRUARY 1, 2024: DIRECTOR (EX-OFFICIO) &amp; OB/GYN CHAIR) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHIEF OF OBSTETRICS AND GYNECOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) &amp; PRESIDENT - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. DR. GUISE'S OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$ 10,982.</p> |
| SCHEDULE J FOOTNOTES<br>(CONTINUED): | <p>HEALY, PETER UNLESS OTHERWISE NOTED BELOW, MR. HEALY HELD THE POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2024: DIVISIONAL PRESIDENT, METRO BOSTON BETH ISRAEL LAHEY HEALTH, INC. TERM BEGAN DECEMBER 10, 2023 PRESIDENT &amp; TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) - 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 DESIGNEE) 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. TRUSTEE (EX-OFFICIO) (CEO DESIGNEE) - NEW ENGLAND BAPTIST HOSPITAL TERM BEGAN JANUARY 1, 2024 TRUSTEE (EX-OFFICIO) (CEO DESIGNEE) - MOUNT AUBURN HOSPITAL TERM BEGAN FEBRUARY 1, 2024 TRUSTEE (EX-OFFICIO) (CEO DESIGNEE) - JOSLIN DIABETES CENTER, INC. TERM BEGAN FEBRUARY 29, 2024 TRUSTEE JOSLIN CLINIC, INC. TERM BEGAN FEBRUARY 29, 2024 MR. HEALY SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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. HEALY INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$142,932. PART OR ALL OF THE PAYMENTS REPRESENT AMOUNTS REPORTED IN PRIOR YEARS AS OTHER REPORTABLE COMPENSATION OR DEFERRED COMPENSATION. IN ADDITION, MR. HEALY'S OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR GROUP TERM LIFE INSURANCE IN THE AMOUNTS OF \$15,014 DEFERRED COMPENSATION IN THE AMOUNT OF \$29,580 RELATES TO A MILESTONE PAYMENT WHICH, AS OF DECEMBER 31, 2023, 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. KATZ, J.D., JAMIE UNLESS OTHERWISE NOTED BELOW, MR. KATZ HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2024: 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 - BID - MILTON PHYSICIAN ASSOCIATES, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. CLERK - JORDAN PHYSICIAN ASSOCIATES, INC. CLERK - 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 AND CLERK (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TRUSTEE AND CLERK (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. TRUSTEE AND CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CLERK - WINCHESTER HEALTHCARE MANAGEMENT, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. CLERK - LAHEY CLINIC, INC. CLERK - LAHEY CLINIC HOSPITAL, INC.D/B/A LAHEY HOSPITAL &amp; MEDICAL CENTER CLERK (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE AND CLERK (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. TRUSTEE AND CLERK - CAB HEALTH AND RECOVERY SERVICES, INC. TRUSTEE AND CLERK - HEALTH</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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|                                   | AND EDUCATION HOUSING SERVICES, INC. CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL CLERK - 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 CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. CLERK (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. CLERK - EXETER HOSPITAL, INC. CLERK (EX-OFFICIO) - CORE PHYSICIANS, LLC AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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 PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$76,930. IN ADDITION, MR. KATZ OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR GROUP TERM LIFE INSURANCE IN THE AMOUNTS OF \$29,355.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 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, 2024: 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. 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 NEONATOLOGYFOUNDATION, 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 2023 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 OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$12,729. 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 COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$17,145. LARKIN, MATTHEW SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER- BETH ISRAEL DEACONESS MEDICAL CENTER, INC. - TERM BEGAN JANUARY 30, 2023 AS NOTED, MR. LARKIN SERVED IN THE POSITION ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. LI, M.D., FACP, CHIANG J. TRUSTEE; PHYSICIAN-SCIENTIST - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MARKSON, M.D. MPH, LAWRENCE J. VICE PRESIDENT & CHIEF MEDICAL INFORMATICS OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE COMPENSATION INCLUDES CASH PAYMENTS RELATED TO RETIREMENT IN THE AMOUNTS OF \$13,064. MAURER, RN, MSN, MARSHA FORMER 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 2023 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 MS. MAURER INCLUDES COMBINED PAYMENTS FROM NON-QUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$197,905. PART OR ALL OF THE PAYMENTS REPRESENT AMOUNTS REPORTED IN PRIOR YEARS AS OTHER REPORTABLE COMPENSATION OR DEFERRED COMPENSATION. RIOS, CINDY MS. RIOS SERVED IN THE FOLLOWING POSITIONS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2024: EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER & TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. TREASURER - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TREASURER - NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. TRUSTEE & TREASURER - CAB HEALTH AND RECOVERY SERVICES, INC. TREASURER (EX-OFFICIO) - ANNA JAKUES HOSPITAL, INC. TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. TREASURER - 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. TREASURER - COMMUNITY PHYSICIANS ASSOCIATES, INC. TREASURER - JOSLIN CLINIC, INC. TREASURER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. TREASURER - THE JORDAN HEALTH SYSTEMS, INC. TREASURER - JORDAN PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. TREASURER - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER TREASURER - 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 - SEACOAST AFFILIATED GROUP PRACTICE, INC. TRUSTEE & TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE & TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE & TREASURER - HEALTH AND EDUCATION HOUSING SERVICES, INC. TRUSTEE & TREASURER - 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. (NOW KNOWN AS BETH ISRAEL LAHEY HEALTH SPECIALTY CARE, INC.) TRUSTEE & TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE & TREASURER (EX-OFFICIO) - SEACOAST NURSING & REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL TREASURER (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. TREASURER - EXETER HOSPITAL, INC. TREASURER - EXETER MED REAL, INC. TRUSTEE & TREASURER (EX-OFFICIO) - ROCKINGHAM VISITING NURSE ASSOC AND HOSPICE TREASURER (EX-OFFICIO) - CORE PHYSICIANS, LLC AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. |
| SCHEDULE J FOOTNOTES (CONTINUED): | BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. DEFERRED COMPENSATION IN THE AMOUNT OF \$125,000 RELATES TO A MILESTONE PAYMENT WHICH, AS OF DECEMBER 31, 2023, 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. IN ADDITION, DEFERRED COMPENSATION INCLUDES AN UNVESTED CONTRIBUTION TO A NONQUALIFIED PLAN IN THE AMOUNT OF \$52,757. RODRIGUEZ, M.D., EDWARD KENNETH DIRECTOR (EX-OFFICIO) & ORTHOPAEDIC SURGERY CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 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) & PRESIDENT - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC. DR. RODRIGUEZ'S OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$14,034. SAFFITZ, M.D., PH.D., JEFFREY E. ANATOMIC PATHOLOGIST - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. FORMER DIRECTOR (EX-OFFICIO) & CHAIR OF PATHOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. FORMER CHIEF OF PATHOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. FORMER DIRECTOR (EX-OFFICIO) & PRESIDENT - BIH PATHOLOGY FOUNDATION, INC. TRUSTEE - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL TERM ENDED ON JUNE 1, 2024 DR. SAFFITZ'S OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$ 36,874. AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2023 CALENDAR YEAR INCLUDES PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. SAFFITZ'S FORMER POSITIONS POSITION AS CHIEF OF THE DEPARTMENT OF PATHOLOGY AT BIDMC AND CHAIR OF THE DEPARTMENT OF PATHOLOGY AT HMFP. 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 CHIEF, DIVISION OF PULMONARY, CRITICAL CARE AND SLEEP MEDICINE - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER ELLEN AND MELVIN GORDON PROFESSOR OF MEDICAL EDUCATION - HARVARD MEDICAL SCHOOL DR. SCHWARTZSTEIN SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|                                   | <p>COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNTS OF \$23,748. SHORETT, PETER SENIOR EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER - BETH ISRAEL LAHEY HEALTH, INC. TERM BEGAN DECEMBER 10, 2023 EXECUTIVE VICE PRESIDENT AND CHIEF STRATEGY OFFICER - BETH ISRAEL LAHEY HEALTH, INC. TERM ENDED DECEMBER 9, 2023 TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - MOUNT AUBURN HOSPITAL TERM ENDED ON JANUARY 31, 2024. TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - ANNA JAQUES HOSPITAL, INC. TERM BEGAN ON JANUARY 1, 2024 TRUSTEE - SEACOAST AFFILIATED GROUP PRACTICE, INC. TERM BEGAN ON JANUARY 1, 2024 TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TERM BEGAN ON FEBRUARY 1, 2024 TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - LAHEY CLINIC FOUNDATION, INC. TERM BEGAN ON FEBRUARY 1, 2024 TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TERM BEGAN ON FEBRUARY 1, 2024 TRUSTEE - LAHEY CLINIC, INC. TERM BEGAN ON FEBRUARY 1, 2024 TRUSTEE (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TERM ENDED ON MARCH 29, 2024. TRUSTEE - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TERM ENDED ON MARCH 29, 2024. IN ADDITION, MR. SHORETT SERVED IN THE FOLLOWING ROLES TERM DURING THE PERIOD JANUARY 1, 2024 AND ENDED AUGUST 4, 2024: TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. TRUSTEE - BID - MILTON PHYSICIAN ASSOCIATES, INC. TRUSTEE - COMMUNITY PHYSICIANS ASSOCIATES, INC. TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - EXETER HEALTH RESOURCES, INC. TRUSTEE - EXETER HOSPITAL, INC. TRUSTEE - JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - NORTHEAST HOSPITAL CORPORATION TRUSTEE - THE JORDAN HEALTH SYSTEMS, INC. TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO, CEO DESIGNEE) - WINCHESTER HOSPITAL MR. SHORETT SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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. SHORETT INCLUDES COMBINED PAYMENTS FROM NON-QUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$179,843. PART OR ALL OF THE PAYMENTS REPRESENT AMOUNTS REPORTED IN PRIOR YEARS AS OTHER REPORTABLE COMPENSATION OR DEFERRED COMPENSATION. STEVENSON, M.D., PH.D., MARY ANN DIRECTOR (EX-OFFICIO), BOARD CHAIR, CLERK, &amp; RADIATION ONCOLOGY CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHIEF OF RADIATION ONCOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL DIRECTOR AND PRESIDENT (EX-OFFICIO) - RADIATION ONCOLOGY FOUNDATION DR. STEVENSONS' OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$29,880. 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SCHEDULE J FOOTNOTES (CONTINUED): | <p>DR. SZABO SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. DR. SZABO OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFIT IN THE AMOUNTS OF \$14,337. TABB, M.D., KEVIN UNLESS OTHERWISE NOTED BELOW, DR. TABB HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2024: 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) ROLE ENDED ON JANUARY 31, 2024 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. TRUSTEE (EX-OFFICIO) ROLE ENDED ON JANUARY 31, 2024 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE 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) ROLE ENDED ON JANUARY 31, 2024 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. TRUSTEE (EX-OFFICIO) ROLE ENDED ON JANUARY 31, 2024 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE 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 TRUSTEE AND PRESIDENT (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER - 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 TRUSTEE (EX-OFFICIO) ROLE ENDED ON OCTOBER 31, 2023 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE CHIEF EXECUTIVE OFFICER AND TRUSTEE - CAB HEALTH AND RECOVERY SERVICES, INC. TRUSTEE ROLE ENDED ON OCTOBER 31, 2023 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE CHIEF EXECUTIVE OFFICER AND TRUSTEE - HEALTH AND EDUCATION HOUSING SERVICES, INC. TRUSTEE ROLE ENDED ON OCTOBER 31, 2023 AT WHICH TIME HE APPOINTED A DESIGNEE TO THIS ROLE CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. CHIEF EXECUTIVE OFFICER - 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 - SEACOAST AFFILIATED GROUP PRACTICE, INC. CHIEF EXECUTIVE OFFICER - JOSLIN CLINIC, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - EXETER HEALTH RESOURCES, INC. CHIEF EXECUTIVE OFFICER - 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 DESIGNEE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: TRUSTEE (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, THE JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL 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. TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. TRUSTEE (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC.. TRUSTEE (EX-OFFICIO) - LAHEY CLINIC, INC. TRUSTEE (EX-OFFICIO) - CAB HEALTH AND RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. TRUSTEE (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2024. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR DR. TABB INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$497,673. PART OR ALL OF THE PAYMENTS REPRESENT AMOUNTS REPORTED IN PRIOR YEARS AS OTHER REPORTABLE COMPENSATION OR DEFERRED COMPENSATION. IN ADDITION, DR. TABB'S OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR GROUP TERM LIFE INSURANCE IN THE AMOUNTS OF \$23,364. DEFERRED COMPENSATION IN THE AMOUNT OF \$1,034,000 IS INCLUDED IN THIS FILING FOR DR. TABB. THIS AMOUNT RELATES TO A MILESTONE PAYMENT WHICH, AS OF DECEMBER 31, 2023, 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 DIRECTOR (EX-OFFICIO) &amp; ANESTHESIA CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CHIEF OF ANESTHESIA - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) &amp; PRESIDENT - BETH ISRAEL ANAESTHESIA FOUNDATION, INC. PROFESSOR OF ANESTHESIA - HARVARD MEDICAL SCHOOL OTHER REPORTABLE COMPENSATION FOR DR. TALMOR INCLUDES COMBINED PTO PAID OUT IN THE AMOUNT OF \$52,670 AND PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFITS IN THE AMOUNT OF \$12,429. 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, 2024: TRUSTEE (EX-OFFICIO) AND CHIEF (MEDICINE) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC.</p> |

DIRECTOR (EX-OFFICIO) AND MEDICINE CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPT. OF MEDICINE FOUNDATION TRUSTEE (EX OFFICIO) & CHAIR - 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, 2024. AS REQUIRED IN FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2023 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 2023 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. DR. ZEIDEL OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS FOR OTHER TAXABLE INSURANCE BENEFIT IN THE AMOUNTS OF \$25,080.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

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     | 57584Y7K9   | 12-12-2023      | 442,970,000     | MDFA - SERIES 2023M - SEE PART VI       |              | X  |                         | X  |                    | X  |
| B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814     | 57584YTK5   | 07-31-2019      | 211,922,775     | MDFA - SERIES 2019K - SEE PART VI       |              | X  |                         | X  |                    | X  |
| C 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  |
| D MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814     | 57584XMT5   | 05-12-2016      | 257,611,877     | MDFA - SERIES 2016I - SEE PART VI       |              | X  |                         | X  |                    | X  |

| Part II |                                                                                                                                                          | Proceeds    |    |             |    |             |    |             |    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|-------------|----|-------------|----|-------------|----|
|         |                                                                                                                                                          | A           |    | B           |    | C           |    | D           |    |
| 1       | Amount of bonds retired . . . . .                                                                                                                        |             |    | 33,635,000  |    | 17,085,000  |    | 61,215,000  |    |
| 2       | Amount of bonds legally defeased . . . . .                                                                                                               |             |    |             |    |             |    |             |    |
| 3       | Total proceeds of issue . . . . .                                                                                                                        | 452,893,704 |    | 211,922,775 |    | 504,358,641 |    | 257,618,370 |    |
| 4       | Gross proceeds in reserve funds . . . . .                                                                                                                |             |    |             |    |             |    |             |    |
| 5       | Capitalized interest from proceeds . . . . .                                                                                                             |             |    |             |    |             |    |             |    |
| 6       | Proceeds in refunding escrows . . . . .                                                                                                                  |             |    |             |    |             |    |             |    |
| 7       | Issuance costs from proceeds . . . . .                                                                                                                   | 3,559,000   |    | 2,931,137   |    | 4,594,374   |    | 2,515,889   |    |
| 8       | Credit enhancement from proceeds . . . . .                                                                                                               |             |    |             |    |             |    |             |    |
| 9       | Working capital expenditures from proceeds<br>. . . . .                                                                                                  |             |    |             |    |             |    |             |    |
| 10      | Capital expenditures from proceeds . . . . .                                                                                                             | 305,961,081 |    | 19,714,020  |    | 499,764,267 |    | 19,006,493  |    |
| 11      | Other spent proceeds . . . . .                                                                                                                           |             |    | 189,277,618 |    |             |    | 236,095,988 |    |
| 12      | Other unspent proceeds . . . . .                                                                                                                         | 143,373,623 |    |             |    |             |    |             |    |
| 13      | Year of substantial completion . . . . .                                                                                                                 |             |    | 2019        |    | 2021        |    | 2016        |    |
|         |                                                                                                                                                          | Yes         | No | Yes         | No | Yes         | No | Yes         | No |
| 14      | Were the bonds issued as part of a current refunding issue of tax-exempt<br>bonds (or, if issued prior to 2020, a current refunding issue)?<br>. . . . . |             | X  |             | X  |             | X  |             | X  |
| 15      | Were the bonds issued as part of an advance refunding issue of taxable<br>bonds (or, if issued prior to 2020, an advance refunding issue)?<br>. . . . .  |             | 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<br>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)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

| Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BOND A, ENTITY 1:                     | PART I, ROW A, COLUMN F: THE ISSUE'S PROCEEDS WILL BE USED TO FINANCE PROJECTS AND PAY ISSUANCE COSTS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| BOND B, ENTITY 1:                     | PART I, ROW B, 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. PART IV, COLUMN B, LINE 2C: ARBITRAGE REBATE CALCULATION PERFORMED ON 11/12/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| BOND C, ENTITY 1:                     | PART I, ROW C, 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 C, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$24,764,267 OF INVESTMENT EARNINGS. PART IV, COLUMN C, LINE 2C: FINAL REBATE CALCULATION SHOWING NO REBATE DUE COMPLETED ON 09/30/2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| BOND D, ENTITY 1:                     | PART I, ROW D, 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 D, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$6,493 OF INVESTMENT EARNINGS. PART II, COLUMN D, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. 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 FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 08/17/2007 AND 07/14/2005. PART II, COLUMN A, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$125,030 OF INVESTMENT EARNINGS. PART IV, COLUMN A, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BOND B, ENTITY 2:                     | PART I, ROW B, 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 B, LINE 2(C): ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| BOND C, ENTITY 2:                     | PART I, ROW C, COLUMN A: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY. PART I, ROW C, COLUMN F: REFINANCING AND REFUNDING PRIOR BONDS ISSUED ON 11/20/2003 AND 12/19/2001. PART II, COLUMN C, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO LONGER IN ESCROW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| BOND D, ENTITY 2:                     | PART I, ROW D, COLUMN A: NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY. PART I, ROW D, COLUMN F: REFINANCING AND REFUNDING PRIOR BOND ISSUANCE 12/19/2001. PART II, COLUMN D, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO LONGER IN ESCROW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| BOND A, ENTITY 3:                     | PART I, ROW A, COLUMN A: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW A, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART II, COLUMN A, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO LONGER IN ESCROW. PART IV, ROW 2C, COLUMN A: 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 ORIGINALLY FORMED IN JUNE 2020 AND EXPANDED WITH THE ADDITION OF EXETER HOSPITAL (EIN: 22-2674014) IN JULY 2024. 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. 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, ANNA JAQUES HOSPITAL AND EXETER 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 SHOULDNT 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 09/30/2024, THE OBLIGATED GROUP HAS INCLUDED ALL TAX-EXEMPT BOND ISSUES ON EACH OF ITS MEMBER'S FORM 990 SCHEDULES K, WHICH IS CONSISTENT WITH THE APPROACH THAT HAS BEEN TAKEN SINCE THE OBLIGATED GROUP'S FORMATION. |

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

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     | 57584XFW6   | 10-21-2015      | 262,828,878     | MDFA - LAHEY SERIES F - SEE PART VI  |              | X  |                         | X  |                    | X  |
| B      | MASSACHUSETTS DEVELOPMENT FINANCE AGENCY     | 04-3431814     | 57584XDH1   | 09-02-2015      | 203,702,204     | MDFA - SERIES 2015 H-1 - SEE PART VI |              | X  |                         | X  |                    | X  |
| C      | NH HEALTH AND EDUCATION FACILITIES AUTHORITY | 02-0279866     | 000000000   | 03-02-2015      | 24,020,000      | EXETER SERIES 2015 - SEE PART VI     |              | X  |                         | X  |                    | X  |
| D      | NH HEALTH AND EDUCATION FACILITIES AUTHORITY | 02-0279866     | 000000000   | 03-09-2012      | 32,565,000      | EXETER SERIES 2012 - SEE PART VI     |              | X  |                         | X  |                    | X  |

| Part II |                                                                                                                                                          | Proceeds    |    |             |    |            |    |            |    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|-------------|----|------------|----|------------|----|
|         |                                                                                                                                                          | A           |    | B           |    | C          |    | D          |    |
| 1       | Amount of bonds retired . . . . .                                                                                                                        | 35,800,000  |    | 122,805,000 |    | 14,435,000 |    | 14,885,000 |    |
| 2       | Amount of bonds legally defeased . . . . .                                                                                                               |             |    |             |    |            |    |            |    |
| 3       | Total proceeds of issue . . . . .                                                                                                                        | 262,953,908 |    | 203,702,204 |    | 24,020,000 |    | 32,565,000 |    |
| 4       | Gross proceeds in reserve funds . . . . .                                                                                                                |             |    |             |    |            |    |            |    |
| 5       | Capitalized interest from proceeds . . . . .                                                                                                             | 4,857,465   |    |             |    |            |    |            |    |
| 6       | Proceeds in refunding escrows . . . . .                                                                                                                  |             |    |             |    |            |    |            |    |
| 7       | Issuance costs from proceeds . . . . .                                                                                                                   | 3,129,474   |    | 2,348,479   |    | 162,154    |    | 215,404    |    |
| 8       | Credit enhancement from proceeds . . . . .                                                                                                               |             |    |             |    |            |    |            |    |
| 9       | Working capital expenditures from proceeds<br>. . . . .                                                                                                  |             |    |             |    |            |    |            |    |
| 10      | Capital expenditures from proceeds . . . . .                                                                                                             | 94,764,737  |    |             |    |            |    |            |    |
| 11      | Other spent proceeds . . . . .                                                                                                                           | 160,202,232 |    | 201,353,725 |    | 23,857,846 |    | 32,349,596 |    |
| 12      | Other unspent proceeds . . . . .                                                                                                                         |             |    |             |    |            |    |            |    |
| 13      | Year of substantial completion . . . . .                                                                                                                 | 2021        |    |             |    | 2015       |    | 2012       |    |
|         |                                                                                                                                                          | Yes         | No | Yes         | No | Yes        | No | Yes        | No |
| 14      | Were the bonds issued as part of a current refunding issue of tax-exempt<br>bonds (or, if issued prior to 2020, a current refunding issue)?<br>. . . . . | X           |    | X           |    | X          |    | X          |    |
| 15      | Were the bonds issued as part of an advance refunding issue of taxable<br>bonds (or, if issued prior to 2020, an advance refunding issue)?<br>. . . . .  | 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<br>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       |    |     |    |     |    |
| 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?                                                                         |     |    |         |    |     |    |     |    |
| 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 % |    | 0.100 % |    | 0 % |    | 0 % |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . | 0 % |    | 0 %     |    | 0 % |    | 0 % |    |
| 6  | Total of lines 4 and 5 . . . . .                                                                                                                                                                                                               | 0 % |    | 0.100 % |    | 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  |     |    |     |    |
| 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  | X   |    | X   |    |

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

|                                                                                                                                                                                                                                                                  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
|                                                                                                                                                                                                                                                                  |            |           |            |           |            |           |            |           |
| 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 |
|------------------|-------------|
|------------------|-------------|

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 MASS HEALTH & EDUCATIONAL FACILITIES AUTHORITY | 04-2456011     | 57586CDD4   | 07-08-2004      | 30,340,000      | MHEFA - WINCHESTER F - ADV REFUND |              | X  |                         | X  |                    | X  |

Part II Proceeds

|                                                                                                                                                       | A          |    | B   |    | C   |    | D   |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----|----|-----|----|-----|----|
| 1 Amount of bonds retired . . . . .                                                                                                                   | 10,595,000 |    |     |    |     |    |     |    |
| 2 Amount of bonds legally defeased . . . . .                                                                                                          |            |    |     |    |     |    |     |    |
| 3 Total proceeds of issue . . . . .                                                                                                                   | 30,340,000 |    |     |    |     |    |     |    |
| 4 Gross proceeds in reserve funds . . . . .                                                                                                           |            |    |     |    |     |    |     |    |
| 5 Capitalized interest from proceeds . . . . .                                                                                                        |            |    |     |    |     |    |     |    |
| 6 Proceeds in refunding escrows . . . . .                                                                                                             |            |    |     |    |     |    |     |    |
| 7 Issuance costs from proceeds . . . . .                                                                                                              | 365,445    |    |     |    |     |    |     |    |
| 8 Credit enhancement from proceeds . . . . .                                                                                                          | 47,003     |    |     |    |     |    |     |    |
| 9 Working capital expenditures from proceeds . . . . .                                                                                                |            |    |     |    |     |    |     |    |
| 10 Capital expenditures from proceeds . . . . .                                                                                                       |            |    |     |    |     |    |     |    |
| 11 Other spent proceeds . . . . .                                                                                                                     | 29,927,552 |    |     |    |     |    |     |    |
| 12 Other unspent proceeds . . . . .                                                                                                                   |            |    |     |    |     |    |     |    |
| 13 Year of substantial completion . . . . .                                                                                                           |            |    |     |    |     |    |     |    |
|                                                                                                                                                       | Yes        | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)? . . . . . |            | X  |     |    |     |    |     |    |
| 15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)? . . . . .  | X          |    |     |    |     |    |     |    |
| 16 Has the final allocation of proceeds been made? . . . . .                                                                                          | X          |    |     |    |     |    |     |    |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                                   | X          |    |     |    |     |    |     |    |

Part III

Private Business Use

|    |                                                                                                                                                                                                                                                | A   |    | B   |    | C   |    | D   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                                | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .                                                                                                           |     | X  |     |    |     |    |     |    |
| 2  | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                                                                                                                                  |     | X  |     |    |     |    |     |    |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .                                                                                                                     |     | X  |     |    |     |    |     |    |
| b  | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?                                                             |     |    |     |    |     |    |     |    |
| c  | Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                 |     | X  |     |    |     |    |     |    |
| d  | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?                                                                         |     |    |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .                                                                      | 0 % |    |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . | 0 % |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5 . . . . .                                                                                                                                                                                                               | 0 % |    |     |    |     |    |     |    |
| 7  | Does the bond issue meet the private security or payment test? . . . .                                                                                                                                                                         |     | X  |     |    |     |    |     |    |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .                                                               |     | X  |     |    |     |    |     |    |
| b  | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .                                                                                                                                                 |     |    |     |    |     |    |     |    |
| c  | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .                                                                                                                            |     |    |     |    |     |    |     |    |
| 9  | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                           | X   |    |     |    |     |    |     |    |

Part IV

Arbitrage

|   |                                                                                                                      | A   |    | B   |    | C   |    | D   |    |
|---|----------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                      | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . |     | X  |     |    |     |    |     |    |
| 2 | If "No" to line 1, did the following apply? . . . . .                                                                |     |    |     |    |     |    |     |    |
| a | Rebate not due yet? . . . . .                                                                                        |     | X  |     |    |     |    |     |    |
| b | Exception to rebate? . . . . .                                                                                       |     | X  |     |    |     |    |     |    |
| c | No rebate due? . . . . .                                                                                             | X   |    |     |    |     |    |     |    |
|   | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                      |     |    |     |    |     |    |     |    |
| 3 | Is the bond issue a variable rate issue? . . . . .                                                                   | X   |    |     |    |     |    |     |    |

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

|  |                                                                                                                                                                                                                                                                  | A   |    | B   |    | C   |    | D   |    |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|  |                                                                                                                                                                                                                                                                  | Yes | No | Yes | No | Yes | No | Yes | No |
|  |                                                                                                                                                                                                                                                                  | X   |    |     |    |     |    |     |    |
|  | 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? |     |    |     |    |     |    |     |    |

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

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

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

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

Part IV

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

| (a) Name of interested person  | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (e) Sharing of organization's revenues? |    |
|--------------------------------|-----------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
|                                |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                     | No |
| (1) CLARA HEIDEN               | DAUGHTER OF FORMER KEY EMPLOYEE, MARSHA MAURER RN, MSN          | 105,751                   | MARSHA MAURER, RN, MSN SERVES IN THE ROLE OF FORMER CHIEF NURSING OFFICER & SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES FOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AND IN THAT CAPACITY IS CONSIDERED A FORMER KEY EMPLOYEE FOR PURPOSES OF THIS FORM 990 PART VII AND SCHEDULE J. CLARA HEIDEN, IS A FAMILY MEMBER OF MARSHA MAURER RN, MSN, AND DURING THE PERIOD COVERED BY THIS FILING, WAS A NURSE EMPLOYED AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. COMPENSATION AND BENEFITS FOR MS. HEIDEN DURING THE CALENDAR YEAR 2023, THE CALENDAR YEAR THAT CLOSED WITHIN THE FISCAL REPORTING PERIOD, WERE \$105,751 AND ARE REPORTED IN THIS FORM 990 SCHEDULE L AS REQUIRED.  |                                         | No |
| (2) SARAH MORGAN SCHWARTZSTEIN | SPOUSE OF KEY EMPLOYEE, DR. RICHARD SCHWARTZSTEIN               | 75,771                    | DR. RICHARD SCHWARTZSTEIN SERVES AS THE VICE PRESIDENT OF EDUCATION AND A PULMONARY MEDICINE PHYSICIAN AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IN THAT CAPACITY DR. SCHWARTZSTEIN IS CONSIDERED A KEY EMPLOYEE FOR PURPOSES OF THIS FORM 990 PART VII AND SCHEDULE J. SARAH MORGAN SCHWARTZSTEIN, IS A FAMILY MEMBER OF DR. SCHWARTZSTEIN AND DURING THE PERIOD COVERED BY THIS FILING, WAS A NURSE EMPLOYED AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. COMPENSATION AND BENEFITS FOR MS. SCHWARTZSTEIN DURING THE CALENDAR YEAR 2023, THE CALENDAR YEAR THAT CLOSED WITHIN THE FISCAL REPORTING PERIOD, WERE \$75,771 AND ARE REPORTED IN THIS FORM 990 SCHEDULE L AS REQUIRED. |                                         | No |
| (3) HANNAH SCHWARTZSTEIN       | DAUGHTER OF KEY EMPLOYEE, DR. RICHARD SCHWARTZSTEIN             | 99,325                    | DR. RICHARD SCHWARTZSTEIN SERVES AS THE VICE PRESIDENT OF EDUCATION AND A PULMONARY MEDICINE PHYSICIAN AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IN THAT CAPACITY DR. SCHWARTZSTEIN IS CONSIDERED A KEY EMPLOYEE FOR PURPOSES OF THIS FORM 990 PART VII AND SCHEDULE J. HANNAH SCHWARTZSTEIN, IS A FAMILY MEMBER OF DR. SCHWARTZSTEIN AND DURING THE PERIOD COVERED BY THIS FILING, WAS A NURSE EMPLOYED AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. COMPENSATION AND BENEFITS FOR MS. SCHWARTZSTEIN DURING THE CALENDAR YEAR 2023, THE CALENDAR YEAR THAT CLOSED WITHIN THE FISCAL REPORTING PERIOD, WERE \$99,325 AND ARE REPORTED IN THIS FORM 990 SCHEDULE L AS REQUIRED.       |                                         | No |
|                                |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |
|                                |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |
|                                |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |

Part V

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

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

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

Name of the organization  
BETH ISRAEL DEACONESS MEDICAL CENTER  
INC

Employer identification number  
04-2103881

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 60                                                     | 4,047,938                                                                             | COST OR SELLING PRICE                                        |
| 10 Securities—Closely held stock<br>. . . . .                              |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| Other ( ITEMS FOR<br>PATIENTS/MEMBERS<br>▶ )                               | X                             | 10                                                     | 361,634                                                                               | COST OR SELLING PRIC                                         |
| 25 Other ( AUCTION/EVENT<br>▶ ITEMS )                                      | X                             | 1                                                      | 500                                                                                   | COST OR SELLING PRIC                                         |
| 26 Other ▶ ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 27 Other ▶ ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 28 Other ▶ ( )                                                             |                               |                                                        |                                                                                       |                                                              |

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that  
it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

30a

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.

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

Cat. No. 51227J

Schedule M (Form 990) (2023)

**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. |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER INC

Employer identification number

04-2103881

| Return Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART III, LINE 1   | TO PROVIDE EXTRAORDINARY CARE, WHERE THE PATIENT COMES FIRST, SUPPORTED BY WORLD-CLASS EDUCATION AND RESEARCH. THE MISSION OF THE BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER OR BIDMC) IS TO SERVE PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. THE MEDICAL CENTER'S MISSION IS SUPPORTED BY ITS COMMITMENT TO PERSONALIZED, EXCELLENT CARE FOR ITS PATIENTS; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION; AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH AND IS OBTAINED IN CONJUNCTION WITH ITS BETH ISRAEL LAHEY HEALTH AFFILIATES. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND SOUTHERN NEW HAMPSHIRE ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,700 PHYSICIANS AND 39,000 EMPLOYEES. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL – MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL – NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL – PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAUQUES HOSPITAL (AJH), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), THE JOSLIN DIABETES CENTER, EXETER HEALTH RESOURCES, INC (EHRI) 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), EHRI IN TURN SERVED AS THE SOLE MEMBER OF EXETER HOSPITAL AND LHSS IN TURN SERVED AS THE SOLE MEMBER OF BETH ISRAEL LAHEY HEALTH PRIMARY CARE. SEE FORM 990 SCHEDULE R FOR ADDITIONAL INFORMATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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: OUTPATIENT HOSPITAL CARE DURING THE PERIOD COVERED BY THIS FILING, BIDMC HAD 1,167,854 OUTPATIENT ENCOUNTERS. 8,788 OBSERVATION CASES, 10,856 PAIN CLINIC VISITS, 12,175 OUTPATIENT AMBULATORY SURGERIES, 23,316 OUTPATIENT ENDOSCOPY PROCEDURES, 68,065 OUTPATIENT ONCOLOGY VISITS WITH 65,133 INFUSIONS, 103,975 OUTPATIENT EKG EXAMS, 44,007 OUTPATIENT ORTHOPEDIC PROCEDURES, 274,611 OUTPATIENT RADIOLOGY EXAMS, 45,146 OUTPATIENT CT SCANS, 25,849 OUTPATIENT ULTRASOUNDS, 34,136 OUTPATIENT MRIS, 7,843 OTHER NUCLEAR MEDICINE TESTS, 22,321 BREAST IMAGING EXAMS, 2,842,099 OUTPATIENT LAB TESTS, 48,885 OUTPATIENT REHABILITATION/PHYSICAL THERAPY VISITS AND 161,356 OTHER TESTS AND PROCEDURES. INPATIENT HOSPITAL CARE DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2024 BIDMC HAD 35,104 INPATIENT DISCHARGES WITH 247,754 PATIENT DAYS (INCLUDING 8,284 INPATIENT PSYCH/BEHAVIORAL HEALTH DAYS), HAD 4,069 NORMAL NEWBORN DISCHARGES WITH 10,957 NORMAL NEWBORN PATIENT DAYS AND PERFORMED 10,399 INPATIENT SURGERIES. URGENT AND EMERGENT CARE BIDMC OPERATES AN EMERGENCY DEPARTMENT (ED) INCLUDING ACCESS TO LEVEL 1 TRAUMA CARE WHICH IS OPEN TO ALL PATIENTS IN NEED OF EMERGENT CARE, REGARDLESS OF ABILITY TO PAY. THE ED IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR. DURING THE FISCAL YEAR COVERED BY THIS FILING, BIDMC HAD 54,576 EMERGENCY DEPARTMENT VISITS. IN ADDITION, BIDMC OPERATES SEVERAL URGENT CARE SITES IN ITS COMMUNITIES. THESE URGENT CARE LOCATIONS ARE STAFFED WITH THE SAME EMERGENCY PHYSICIANS THAT STAFF THE ED AND DURING THE FISCAL YEAR COVERED BY THIS FILING, BIDMC HAD 30,100 URGENT CARE VISITS. IN ADDITION, BIDMC IS COMMITTED TO PROVIDING COMMUNITY BENEFITS IN THE COMMUNITIES IT SERVES. SEE FORM 990, SCHEDULE H FOR ADDITIONAL DETAIL. |
| 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Return Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                              | 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 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 THE MEDICAL CENTER HAS 63 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 736 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 43 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 47 TRAINEES PER YEAR. 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.                                                                                                                                                                                                            |
| 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, 2024. THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (ANNA JAKUES HOSPITAL (AJH), 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), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), THE JOSLIN DIABETES CENTER, EXETER HEALTH RESOURCES, INC. (EHRI) 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). EHRI IN TURN SERVED AS THE SOLE MEMBER OF EXETER HOSPITAL AND OTHER AFFILIATES OF EHRI. EACH OF THESE BILH AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. IN ADDITION, THE BILH FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. THE ACCOUNTS OF THE ENTITIES FOR WHICH HMFP SERVES AS MEMBER ARE ALSO INCLUDED IN THE HMFP AND BILH AUDITED FINANCIAL STATEMENTS. 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. |
| 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, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. WAS A MEMBER OF THE BILH OBLIGATED GROUP WHICH HAS ISSUED TAX-EXEMPT BOND FINANCING THROUGH EITHER THE BILH OBLIGATED GROUP OR THROUGH A PREVIOUS OBLIGATED GROUP WHICH IS NOW A PART OF THE BILH OBLIGATED GROUP. THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BILH OBLIGATED GROUP OUTSTANDING TAX-EXEMPT DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002, ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON BETH ISRAEL DEACONESS MEDICAL CENTER, 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 1A:   | AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS A SUPPORT ORGANIZATION AND THE DIRECT OR INDIRECT SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AS PART OF THAT RELATIONSHIP, BILH PROVIDED CENTRALIZED SUPPORT TO ITS NETWORK OF SUPPORTED ORGANIZATIONS, INCLUDING AMONG OTHER THINGS, OPERATIONAL SUPPORT SUCH AS PROCESSING PAYROLL AND ACCOUNTS PAYABLE. IN THIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                       | CAPACITY BILH ISSUED ALL FORMS 1099 TO NOT ONLY ITS OWN VENDORS AND SERVICE PROVIDERS, BUT ALSO TO THOSE WHO PROVIDED SERVICES TO BETH ISRAEL DEACONESS MEDICAL CENTER, INC. FORMS 1099 WERE ALL ISSUED IN THE BILH NAME AND UNDER THE BILH EIN. HOWEVER, IN ACCORDANCE WITH INSTRUCTIONS TO THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER, INC. IS REPORTING THE NUMBER OF FORMS 1099 RELATED TO SERVICES PERFORMED FOR AND PAYMENTS RELATED TO, ITS SERVICE PROVIDERS AS IF THEY WERE PROCESSED DIRECTLY BY BETH ISRAEL DEACONESS MEDICAL CENTER, INC. EACH OTHER AFFILIATE IS SIMILARLY REPORTING THE NUMBER OF FORMS 1099 WHICH ARE ATTRIBUTABLE TO THEIR OWN SERVICE PROVIDERS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FORM 990, PART V, LINE 2A:            | FOR THE CALENDAR YEAR 2023, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) SERVED AS THE COMMON PAY AGENT FOR THE FOLLOWING ENTITIES MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (APG)(EIN: 04-2810972) AND BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (BID-NEEDHAM) (EIN: XXX-XX-XXXX). AS NOTED THROUGHOUT THIS FILING AND IN THIS FORM 990, SCHEDULE R, ALL THREE ENTITIES ARE EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3) AND ARE MEMBERS OF THE BETH ISRAEL LAHEY HEALTH NETWORK. 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 APG AND BID-NEEDHAM ARE REPORTED BY THOSE ENTITIES AS IF ISSUED DIRECTLY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PART V, LINE 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PART V, LINE 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 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 JAKUES HOSPITAL (AJH), BETH ISRAEL LAHEY HEALTH PHARMACY, JOSLIN DIABETES CENTER, EXETER HEALTH RESOURCES, INC. (EHRI) AND 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 THE DIRECT OR INDIRECT MEMBER OF SEVERAL ADDITIONAL ENTITIES. TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FORM 990, PART VI, SECTION A, LINE 6  | 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 JAKUES HOSPITAL (AJH), BETH ISRAEL LAHEY HEALTH PHARMACY, JOSLIN DIABETES CENTER, EXETER HEALTH RESOURCES, INC. (EHRI), EXETER HOSPITAL AND TO AFFILIATES OF THESE ENTITIES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FORM 990, PART VI, SECTION A, LINE 7A | THE MEMBER HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, PART VI, SECTION A, LINE 7B | THE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN BETH ISRAEL DEACONESS MEDICAL CENTER'S BY-LAWS: SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSITIVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M.G.L.") CHAPTER 180, AS AMENDED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. IN ADDITION, EXCEPT AS ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRED BY M.G.L. CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. NOTWITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF THE BOARD: (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANTHROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENTS OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSOLIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER; (B) APPROVE OR REQUIRE ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES; OR (C) AMEND OR RESTATE THESE BYLAWS TO CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS. FOR THE PERIOD ENDING ON THE THIRD ANNIVERSARY OF THE DATE THE MEMBER BECOMES THE SOLE CORPORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFILIATION OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNANIMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE MEMBER) AND THE APPROVAL OF THE MEMBER'S BOARD OF TRUSTEES (THE "MEMBER'S BOARD"). THE MEMBER MAY NOT CAUSE THE CORPORATION TO CEASE OPERATING A SEPARATELY LICENSED HOSPITAL FACILITY, OR CLOSE ANY ESSENTIAL SERVICE OF SUCH HOSPITAL FACILITY, WITHOUT CONSULTING WITH THE BOARD PRIOR TO TAKING SUCH ACTION. THE POWERS AND RESPONSIBILITIES OF THE BOARD INCLUDE THE FOLLOWING: (A) PROVIDING |

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                        | 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, INC.. 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, INC. 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, INC.'S FORM 990 IS REVIEWED INTERNALLY BY THE BILH ASSISTANT VICE PRESIDENT, TAXATION AND EXTERNALLY BY DELOITTE. BETH ISRAEL DEACONESS MEDICAL CENTER, INC.'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, INC.'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, INC. 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, BILH ENTITIES' OFFICERS, TRUSTEES AND KEY EMPLOYEES AS WELL AS CERTAIN OTHER INDIVIDUALS ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST AND TAX QUESTIONNAIRE (COI-TQ). THE COI-TQ IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS AND FAMILY 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 COI-TQ 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 FOR EACH BILH AFFILIATE IS PROVIDED TO THE COMPLIANCE OFFICER FOR THAT ENTITY 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, INC. AS WELL AS THE BILH INTEGRITY AND COMPLIANCE OFFICE. PURSUANT TO THE BILH CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. IN ADDITION, AS NOTED ABOVE, THE ANNUAL COI-TQ PROCESS OUTLINED 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, INC. BOARD OF TRUSTEES AS WELL AS FORMER OFFICERS AND KEY EMPLOYEES. THE COI-TQ PROCESS IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                       | 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 191,064,403. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 191,064,403. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 135,923,448. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 135,923,448. OUTSIDE LABOR: PROGRAM SERVICE EXPENSES 42,536,210. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 42,536,210. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 23,553,269. MANAGEMENT AND GENERAL EXPENSES 360,495. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 23,913,764. CLINICAL PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 101,200. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 101,200.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FORM 990, PART XI, LINE 9:            | NET ASSETS RELEASED FOR CAPITAL 533,333. NET ASSETS RELEASED FROM RESTRICTIONS 10,653,104. NET ASSETS RELEASED TO OPERATIONS 3,526,023. PENSION EXPENSE -17,214,201. TRANSFER OF NET ASSETS TO AFFILIATES -50,464,103. CHANGE IN FUNDED STATUS OF BENEFITS 23,353,045. PLEDGE ADJUSTMENTS -17,171,140. RESEARCH GRANTS IN NAR -9,160,857. RESTRICTED FUND ADJUSTMENT 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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)

OMB No. 1545-0047

2023

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BETH ISRAEL DEACONESS MEDICAL CENTER  
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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
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|                                                                     |                         |                                                  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization                                                                                      | (b)<br>Primary activity                                                      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                                           | (g)<br>Section 512(b)(13) controlled entity? |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------|
|                                                                                                                                            |                                                                              |                                                  |                            |                                                     |                                                                            | YesNo                                        |
| (1)ADDISON GILBERT SOCIETY INC<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>46-4371382                                            | PROFESSIONAL SERVICES & FINANCIAL SUPPORT                                    | MA                                               | 501(C)(3)                  | 10                                                  | LAHEY HEALTH SHARED SERVICES INC                                           | Yes                                          |
| (2)ANNA JAQUES HOSPITAL<br>25 HIGHLAND AVE<br><br>NEWBURYPORT, MA 01950<br>04-2104338                                                      | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (3)ASSOC PHYS HARVARD MED FAC PHY AT BIDMC<br>375 LONGWOOD AVE<br><br>BOSTON, MA 02215<br>32-0058309                                       | TO PROVIDE EMERGENCY MEDICAL SERVICES                                        | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (4)BAIM INSTITUTE FOR CLINICAL RESEARCH INC DBA BAIM INSTITUTE<br>930 COMMONWEALTH AVE<br><br>BOSTON, MA 02215<br>04-3521077               | SCIENTIFIC & MEDICAL RESEARCH                                                | MA                                               | 501(C)(3)                  | 7                                                   | N/A                                                                        | No                                           |
| (5)BETH ISRAEL ANAESTHESIA FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-2997215                                       | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (6)BETH ISRAEL COMMUNITY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-2776678                                         | INACTIVE CORPORATION                                                         | MA                                               | 501(C)(3)                  | 7                                                   | N/A                                                                        | No                                           |
| (7)BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>36-4803234        | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (8)BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-3079630                  | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (9)BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>20-8253452               | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (10)BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-3030397                | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (11)BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>20-4974585      | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (12)BETH ISRAEL DEACONESS DEPARTMENT OF RADIATION ONCOLOGY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>87-3655583       | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (13)BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC<br>110 FRANCIS ST<br><br>BOSTON, MA 02215<br>02-0671240                     | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (14)BETH ISRAEL DEACONESS HOSPITAL MILTON INC<br>199 REEDSDALE RD<br><br>MILTON, MA 02186<br>04-2103604                                    | HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS    | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (15)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC<br>148 CHESTNUT ST<br><br>NEEDHAM, MA 02492<br>04-3229679                                   | HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS    | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (16)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC<br>275 SANDWICH ST<br><br>PLYMOUTH, MA 02360<br>22-2667354                                 | HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS    | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (17)BETH ISRAEL DERMATOLOGY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-3117601                                      | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (18)BETH ISRAEL LAHEY HEALTH PHARMACY INC<br>80 WILSON WAY<br><br>WESTWOOD, MA 02090<br>82-2526816                                         | TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC                   | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL DEACONESS MEDICAL CENTER INC                                   | Yes                                          |
| (19)BETH ISRAEL LAHEY HEALTH PRIMARY CARE<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>47-2248298                                 | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | LAHEY HEALTH SHARED SERVICES INC                                           | Yes                                          |
| (20)BETH ISRAEL LAHEY HEALTH INC<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>83-2671600                                          | MANAGEMENT PROFESSIONAL & IT SUPPORT SERVICES                                | MA                                               | 501(C)(3)                  | 12C, III-FI                                         | N/A                                                                        | No                                           |
| (21)BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP<br>300 LONGWOOD AVE<br><br>BOSTON, MA 02215<br>04-3200113                              | OUTPATIENT AMBULATORY CENTER - INACTIVE                                      | MA                                               | 501(C)(3)                  | 12A, I                                              | N/A                                                                        | No                                           |
| (22)BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-2794855                              | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (23)BID-MILTON PHYSICIAN ASSOCIATES INC<br>199 REEDSDALE ROAD<br><br>MILTON, MA 02186<br>22-2566792                                        | PROMOTE HEALTHCARE                                                           | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL DEACONESS HOSPITAL - MILTON                                    | Yes                                          |
| (24)BIH PATHOLOGY FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>22-2548374                                                | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (25)BIH RADIOLOGIC FOUNDATION INC<br>330 BROOKLINE AVE<br><br>BOSTON, MA 02215<br>04-2571853                                               | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (26)CAB HEALTH AND RECOVERY SERVICES INC<br>199 ROSEWOOD DRIVE<br><br>DANVERS, MA 01923<br>04-2400270                                      | SUBSTANCE ABUSE - INACTIVE                                                   | MA                                               | 501(C)(3)                  | 10                                                  | NORTHEAST BEHAVIORAL HEALTH CORPORATION                                    | Yes                                          |
| (27)CENTER FOR MEDICAL SIMULATION<br>100 FIRST AVE BUILDING 39 4TH<br><br>CHARLESTOWN, MA 02129<br>04-3486127                              | TO IMPROVE PATIENT SAFETY AND HEALTH CARE QUALITY                            | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL ANAESTHESIA FOUNDATION INC                                     | Yes                                          |
| (28)COMMUNITY PHYSICIANS ASSOCIATES INC<br>199 REEDSDALE RD<br><br>MILTON, MA 02186<br>04-3243146                                          | OUTPATIENT AND PRIMARY CARE SERVICES                                         | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL DEACONESS HOSPITAL - MILTON                                    | Yes                                          |
| (29)CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN<br>375 LONGWOOD AVE<br><br>BOSTON, MA 02215<br>04-3242952                             | SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS  | MA                                               | 501(C)(3)                  | 12A, I                                              | HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER | Yes                                          |
| (30)CORE PHYSICIANS LLC<br>5 ALUMNI DRIVE<br><br>EXETER, NH 03833<br>87-0807914                                                            | PHYSICIAN PRACTICES                                                          | NH                                               | 501(C)(3)                  | 10                                                  | EXETER HEALTH RESOURCES INC                                                | Yes                                          |
| (31)CPHCH INC DBA BILH AT HOME - WATERTOWN<br>C/O NRPEN 600 CUMMINGS CTR<br><br>BEVERLY, MA 01915<br>47-3111453                            | HOME CARE & HOSPICE - INACTIVE                                               | MA                                               | 501(C)(3)                  | 12A, I                                              | NORTHEAST SENIOR HEALTH CORPORATION                                        | Yes                                          |
| (32)EXETER HEALTH RESOURCES SELF-INSURANCE TRUST<br>5 ALUMNI DRIVE<br><br>EXETER, NH 03833<br>20-0753662                                   | SELF-INSURANCE TRUST                                                         | NH                                               | 501(C)(3)                  | 12A, I                                              | EXETER HEALTH RESOURCES INC                                                | Yes                                          |
| (33)EXETER HEALTH RESOURCES INC<br>5 ALUMNI DRIVE<br><br>EXETER, NH 03833<br>02-0222126                                                    | SUPPORT COMMUNITY HEALTH & NETWORK MGMT SVCS                                 | NH                                               | 501(C)(3)                  | 12A, I                                              | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (34)EXETER HOSPITAL INC<br>5 ALUMNI DRIVE<br><br>EXETER, NH 03833<br>22-2674014                                                            | HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.   | NH                                               | 501(C)(3)                  | 3                                                   | EXETER HEALTH RESOURCES INC                                                | Yes                                          |
| (35)EXETER MED REAL INC<br>5 ALUMNI DRIVE<br><br>EXETER, NH 03833<br>02-0418718                                                            | REAL ESTATE HOLDING COMPANY                                                  | NH                                               | 501(C)(25)                 |                                                     | EXETER HEALTH RESOURCES INC                                                | Yes                                          |
| (36)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC<br>375 LONGWOOD AVE<br><br>BOSTON, MA 02215<br>22-2768204                              | GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL DEACONESS MEDICAL CENTER INC                                   | Yes                                          |
| (37)HEALTH AND EDUCATION HOUSING SERVICES INC<br>199 ROSEWOOD DRIVE<br><br>DANVERS, MA 01923<br>22-3232914                                 | HUD HOUSING - INACTIVE                                                       | MA                                               | 501(C)(3)                  | 10                                                  | NORTHEAST BEHAVIORAL HEALTH CORPORATION                                    | Yes                                          |
| (38)JORDAN PHYSICIAN ASSOCIATES INC<br>275 SANDWICH ST<br><br>PLYMOUTH, MA 02360<br>04-3228556                                             | OUTPATIENT AND PRIMARY CARE SERVICES                                         | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH INC                                | Yes                                          |
| (39)JOSLIN CLINIC INC<br>ONE JOSLIN PLACE<br><br>BOSTON, MA 02215<br>22-2984590                                                            | PREVENTION, TREATMENT, AND CURE OF DIABETES                                  | MA                                               | 501(C)(3)                  | 12A, I                                              | JOSLIN DIABETES CENTER INC                                                 | Yes                                          |
| (40)JOSLIN DIABETES CENTER INC<br>ONE JOSLIN PLACE<br><br>BOSTON, MA 02215<br>04-2203836                                                   | PREVENTION, TREATMENT, AND CURE OF DIABETES                                  | MA                                               | 501(C)(3)                  | 7                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (41)LAHEY CLINIC CANADIAN FOUNDATION<br>130 KING ST WEST<br>TORONTO, ONTARIO<br>CA                                                         | FUNDRAISING ORG                                                              | CA                                               |                            |                                                     | N/A                                                                        | No                                           |
| (42)LAHEY CLINIC FOUNDATION INC<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>04-2323457                                           | FINANCIAL & OPERATIONAL SUPPORT TO LCI AND LCH                               | MA                                               | 501(C)(3)                  | 7                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (43)LAHEY CLINIC HOSPITAL INC DBA LAHEY HOSPITAL & MEDICAL CENTER AND LMC<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>04-2704686 | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 3                                                   | LAHEY CLINIC FOUNDATION INC                                                | Yes                                          |
| (44)LAHEY CLINIC INC<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>04-2704683                                                      | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | LAHEY CLINIC FOUNDATION INC                                                | Yes                                          |
| (45)LAHEY HEALTH SHARED SERVICES INC<br>529 MAIN ST 4TH FL<br><br>CHARLESTOWN, MA 02129<br>04-3178972                                      | ADMIN                                                                        | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (46)MED CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE<br>464 HILLSIDE AVE<br><br>NEEDHAM, MA 02494<br>04-2810972                          | OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES                              | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL LAHEY HEALTH PRIMARY CARE                                      | Yes                                          |
| (47)MOUNT AUBURN HOSPITAL<br>330 MOUNT AUBURN ST<br><br>CAMBRIDGE, MA 02138<br>04-2103606                                                  | HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS    | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (48)MOUNT AUBURN PROFESSIONAL SERVICES INC<br>330 MOUNT AUBURN ST<br><br>CAMBRIDGE, MA 02138<br>04-3026897                                 | OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES                   | MA                                               | 501(C)(3)                  | 12A, I                                              | MOUNT AUBURN HOSPITAL                                                      | Yes                                          |
| (49)NEW ENGLAND BAPTIST HOSPITAL<br>125 PARKER HILL AVE<br><br>BOSTON, MA 02120<br>04-2103612                                              | ORTHOPEDIC SPECIALTY HOSPITAL                                                | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (50)NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC<br>125 PARKER HILL AVE<br><br>BOSTON, MA 02120<br>04-3235796                                | OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH      | MA                                               | 501(C)(3)                  | 3                                                   | NEW ENGLAND BAPTIST HOSPITAL                                               | Yes                                          |
| (51)NORTHEAST BEHAVIORAL HEALTH CORP DBA BILH BEHAVIORAL HEALTH SERVICES<br>199 ROSEWOOD DRIVE<br><br>DANVERS, MA 01923<br>04-2777145      | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (52)NORTHEAST HEALTH SYSTEMS INC<br>85 HERRICK ST<br><br>BEVERLY, MA 01915<br>04-3240453                                                   | FINANCIAL & OPERATIONAL SUPPORT                                              | MA                                               | 501(C)(3)                  | 12B, II                                             | LAHEY HEALTH SHARED SERVICES INC                                           | Yes                                          |
| (53)NORTHEAST HOSPITAL CORPORATION<br>85 HERRICK ST<br><br>BEVERLY, MA 01915<br>04-2121317                                                 | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (54)NORTHEAST MEDICAL PRACTICE INC<br>85 HERRICK ST<br><br>BEVERLY, MA 01915<br>04-3201853                                                 | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | NORTHEAST HOSPITAL CORPORATION                                             | Yes                                          |
| (55)NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA BILH AT HOME<br>800 CUMMINGS CENTER<br><br>BEVERLY, MA 01915<br>20-1287349           | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | NORTHEAST SENIOR HEALTH CORPORATION                                        | Yes                                          |
| (56)NORTHEAST SENIOR HEALTH CORPORATION<br>85 HERRICK ST<br><br>BEVERLY, MA 01915<br>04-2731137                                            | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | LAHEY HEALTH SHARED SERVICES INC                                           | Yes                                          |
| (57)ROCKINGHAM VISITING NURSE ASSOCIATION AND HOSPICE<br>5 ALUMNI DRIVE<br><br>EXETER, NH 03833<br>02-0274905                              | HOME CARE & HOSPICE                                                          | NH                                               | 501(C)(3)                  | 10                                                  | EXETER HEALTH RESOURCES INC                                                | Yes                                          |
| (58)SEACOAST AFFILIATED GROUP PRACTICE INC<br>25 HIGHLAND AVE<br><br>NEWBURYPORT, MA 01915<br>04-3485648                                   | PHYSICIAN GROUP                                                              | MA                                               | 501(C)(3)                  | 10                                                  | ANNA JAQUES HOSPITAL INC                                                   | Yes                                          |
| (59)SEACOAST NURSING AND REHABILITATION CENTER INC<br>300 WASHINGTON ST<br><br>GLOUCESTER, MA 01930<br>04-1305001                          | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 10                                                  | LAHEY HEALTH SHARED SERVICES INC                                           | Yes                                          |
| (60)THE JORDAN HEALTH SYSTEMS INC<br>275 SANDWICH ST<br><br>PLYMOUTH, MA 02360<br>04-2103805                                               | PROMOTE HEALTHCARE                                                           | MA                                               | 501(C)(3)                  | 7                                                   | BETH ISRAEL DEACONESS MEDICAL CENTER INC                                   | Yes                                          |
| (61)WINCHESTER COMMUNITY ACCOUNTABLE CARE ORGANIZATION INC<br>41 HIGHLAND AVE<br><br>WINCHESTER, MA 01890<br>22-3137856                    | ACO - INACTIVE                                                               | MA                                               | 501(C)(3)                  | 12A, I                                              | WINCHESTER HEALTHCARE MANAGEMENT INC                                       | Yes                                          |
| (62)WINCHESTER HEALTHCARE MANAGEMENT INC<br>41 HIGHLAND AVE<br><br>WINCHESTER, MA 01890<br>22-2701817                                      | MANAGEMENT                                                                   | MA                                               | 501(C)(3)                  | 12A, I                                              | LAHEY HEALTH SHARED SERVICES INC                                           | Yes                                          |
| (63)WINCHESTER HOSPITAL<br>41 HIGHLAND AVE<br><br>WINCHESTER, MA 01890<br>04-2104434                                                       | HEALTHCARE                                                                   | MA                                               | 501(C)(3)                  | 3                                                   | BETH ISRAEL LAHEY HEALTH INC                                               | Yes                                          |
| (64)WINCHESTER HOSPITAL FOUNDATION INC<br>41 HIGHLAND AVE<br><br>WINCHESTER, MA 01890<br>04-3399570                                        | PROFESSIONAL SERVICES & FINANCIAL SUPPORT                                    | MA                                               | 501(C)(3)                  | 12A, I                                              | WINCHESTER HEALTHCARE MANAGEMENT INC                                       | Yes                                          |

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

Part IIIPart III

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

| (a)<br>Name, address, and EIN of<br>related organization                                                           | (b)<br>Primary activity                                            | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity            | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                    |                                                                    |                                                                 |                                                   |                                                                                                            |                                 |                                           | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| (1) BETH ISRAEL LAHEY HEALTH SURGERY CENTER PLYMOUTH LLC<br><br>41 RESNIK ROAD<br>PLYMOUTH, MA 02360<br>88-3871838 | SURGERY CENTER                                                     | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |
| (2) BIDCO HOSPITAL LLC<br><br>247 STATION DRIVE NORTHWEST 1<br>WESTWOOD, MA 02090<br>46-1643790                    | COORDINATED<br>SAFE AND COST<br>EFFECTIVE PATIENT<br>CARE AT BIDMC | MA                                                              | BETH ISRAEL<br>DEACONESS<br>MEDICAL<br>CENTER INC | EXCLUDED                                                                                                   |                                 |                                           |                                         | No |                                                                            |                                           | No | 52.700 %                       |
| (3) BIDCO PHYSICIAN LLC<br><br>600 UNICORN PARK DRIVE 4TH FL<br>WOBURN, MA 01801<br>46-1589743                     | COORDINATED<br>SAFE AND COST<br>EFFECTIVE PATIENT<br>CARE AT BILH  | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |
| (4) BILH INVESTMENT PARTNERSHIP LLP<br><br>529 MAIN ST 4TH FL<br>CHARLESTOWN, MA 02129<br>04-3278109               | INVESTMENT<br>PARTNERSHIP                                          | MA                                                              | BETH ISRAEL<br>DEACONESS<br>MEDICAL<br>CENTER INC | EXCLUDED                                                                                                   | 49,097,882                      | 801,290,684                               |                                         | No | 3,664,631                                                                  |                                           | No | 64.410 %                       |
| (5) NEBSC HOSPITAL HOLDINGS LLC<br><br>125 PARKER HILL AVE<br>BOSTON, MA 02120<br>87-4293833                       | INVESTMENT<br>PARTNERSHIP                                          | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |
| (6) NEW ENGLAND BAPTIST SURGERY CENTER LLC<br><br>100 AVON MEADOW LANE<br>AVON, MA 06001<br>87-4311329             | AMBULATORY<br>SURGERY CENTER                                       | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |
| (7) PHYSICIANS PROFESSIONAL SERVICES LLP<br><br>200 RIVERS EDGE DRIVE<br>MEDFORD, MA 02155<br>04-3275078           | TO PROVIDE<br>MEDICAL BILLING<br>SERVICES                          | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |
| (8) SHIELDS IMAGING AT ANNA JAKUES HOSPITAL LLC<br><br>700 CONGRESS ST STE 204<br>QUINCY, MA 02169<br>38-3989358   | MRI SERVICES                                                       | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |
| (9) WINCHESTER HOSPITALSHIELDS MRI LLC<br><br>700 CONGRESS ST STE 204<br>QUINCY, MA 02169<br>46-2523117            | MRI SERVICES                                                       | MA                                                              | N/A                                               |                                                                                                            |                                 |                                           |                                         | No |                                                                            |                                           | No |                                |

Part IVPart IV

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                  | (b)<br>Primary activity                     | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                                           |                                             |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| (1)GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC<br><br>25 HIGHLAND AVE<br>NEWBURYPORT, MA 01950<br>16-1744477 | MANAGEMENT SERVICES                         | MA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| (2)HUNTINGFIELD CORPORATION<br><br>C/O LCF 529 MAIN ST 4TH FL<br>CHARLESTOWN, MA 02129<br>52-0717412                      | TO HOLD OWNERSHIP OF<br>SUBTERRANEAN RIGHTS | DE                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| (3)LAHEY CLINIC INSURANCE CO LTD<br><br>CRAIG APPIN HOUSE PO BOX HM 2450<br>HAMILTON<br>BD                                | INSURANCE                                   | BD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| (4)LEDGEWOOD HEALTH CARE CORPORATION<br><br>87 HERRICK STREET<br>BEVERLY, MA 01915<br>04-2855189                          | NURSING HOME                                | MA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| (5)NORTHEAST PROPRIETARY CORP<br><br>85 HERRICK STREET<br>BEVERLY, MA 01915<br>04-2855191                                 | MEDICAL SERVICES                            | MA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| (6)WINCHESTER HEALTHCARE ENTERPRISES INC<br><br>41 HIGHLAND AVE<br>WINCHESTER, MA 01890<br>04-2932059                     | MANAGEMENT SERVICES                         | MA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| (7)WINCHESTER PHYSICIAN ASSOCIATES INC<br><br>41 HIGHLAND AVE<br>WINCHESTER, MA 01890<br>04-3262963                       | MANAGEMENT SERVICES                         | MA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)SEE PART VII                     | L                                | 73,000                 | FMV                                          |
| (2)SEE PART VII                     | J                                | 487,893                | FMV                                          |
| (3)SEE PART VII                     | K                                | 63,752                 | FMV                                          |
| (4)SEE PART VII                     | Q                                | 828,725                | FMV                                          |
| (5)SEE PART VII                     | R                                | 40,016,526             | FMV                                          |
| (6)SEE PART VII                     | P                                | 799,519                | FMV                                          |
| (7)SEE PART VII                     | K                                | 921,318                | FMV                                          |
| (8)SEE PART VII                     | O                                | 642,267                | FMV                                          |
| (9)SEE PART VII                     | P                                | 1,154,625              | FMV                                          |
| (10)SEE PART VII                    | L                                | 109,600                | FMV                                          |
| (11)SEE PART VII                    | M                                | 2,744,402,141          | FMV                                          |
| (12)SEE PART VII                    | O                                | 23,869,055             | FMV                                          |
| (13)SEE PART VII                    | P                                | 499,253                | FMV                                          |
| (14)SEE PART VII                    | Q                                | 4,011,787              | FMV                                          |
| (15)SEE PART VII                    | R                                | 3,162,698,986          | FMV                                          |
| (16)SEE PART VII                    | O                                | 92,755                 | FMV                                          |
| (17)SEE PART VII                    | M                                | 61,895,035             | FMV                                          |
| (18)SEE PART VII                    | O                                | 26,122,347             | FMV                                          |
| (19)SEE PART VII                    | Q                                | 10,791,418             | FMV                                          |
| (20)SEE PART VII                    | S                                | 357,338,445            | FMV                                          |
| (21)SEE PART VII                    | K                                | 1,816,383              | FMV                                          |
| (22)SEE PART VII                    | M                                | 6,156,630              | FMV                                          |
| (23)SEE PART VII                    | P                                | 1,044,082              | FMV                                          |
| (24)SEE PART VII                    | Q                                | 3,832,798              | FMV                                          |
| (25)SEE PART VII                    | L                                | 1,151,545              | FMV                                          |
| (26)SEE PART VII                    | M                                | 8,214,691              | FMV                                          |

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (27)LAHEY CLINIC INC                | B                                | 93,900                 | FMV                                          |
| (28)SEE PART VII                    | Q                                | 225,246                | FMV                                          |
| (29)SEE PART VII                    | R                                | 3,262,829              | FMV                                          |
| (30)SEE PART VII                    | L                                | 1,197,628              | FMV                                          |
| (31)SEE PART VII                    | O                                | 128,282                | FMV                                          |
| (32)SEE PART VII                    | P                                | 902,915                | FMV                                          |
| (33)SEE PART VII                    | L                                | 681,109                | FMV                                          |
| (34)SEE PART VII                    | P                                | 214,051,031            | FMV                                          |
| (35)SEE PART VII                    | Q                                | 177,896,352            | FMV                                          |
| (36)SEE PART VII                    | D                                | 662,176,000            | FMV                                          |
| (37)SEE PART VII                    | E                                | 1,479,157,000          | FMV                                          |
| (38)SEE PART VII                    | K                                | 155,752                | FMV                                          |
| Schedule R (Form 990) 2023          |                                  |                        |                                              |

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

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

[illegible]

Part VII

Supplemental Information

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

| Return Reference                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, SCH R, PART V, LN 1B - GIFT, GRANT, OR CONTRIBUTION TO RO        | BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") AND LAHEY CLINIC, INC. ("LCI") ARE MEMBERS OF THE BILH NETWORK OF AFFILIATES. LCI PROVIDES THE HIGHEST QUALITY INTERDISCIPLINARY AND COORDINATED PATIENT CARE LEADING TO THE BEST POSSIBLE OUTCOMES AND EXPERIENCES FOR EVERY PATIENT, ADVANCING MEDICINE THROUGH RESEARCH AND EDUCATING TOMORROW'S HEALTH CARE LEADERS. LCI ALSO PROMOTES HEALTH AND WELLNESS IN PARTNERSHIP WITH THE DIVERSE COMMUNITIES SERVED. DURING THE PERIOD COVERED BY THIS FILING, BIDMC CONTRIBUTED \$93,900 TO SUPPORT LCI'S MISSIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, SCH R, PART V, LN 1Q - REIMB. PAID BY RO FOR EXPENSES            | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THAT RELATIONSHIP, BIDMC WAS REIMBURSED BY ONE OR MORE OF ITS AFFILIATED ENTITIES FOR EXPENSES INCURRED IN FURTHERANCE OF THE EXEMPT PURPOSE OF BIDMC AND ITS AFFILIATES. DURING THE PERIOD COVERED BY THIS FILING, BIDMC RECEIVED THE FOLLOWING REIMBURSEMENTS FOR EXPENSES FROM ITS TAX-EXEMPT AFFILIATES: 1. BETH ISRAEL LAHEY HEALTH - SALARY REIMBURSEMENT: \$4,011,787 2. BETH ISRAEL LAHEY HEALTH PHARMACY - SALARIES AND FRINGE REIMBURSEMENTS: \$10,791,418 3. HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PHYSICIAN SALARY AND FRINGE BENEFIT REIMBURSEMENT, MALPRACTICE REIMBURSEMENT, RESEARCH AND OPERATING EXPENSE REIMBURSEMENT: \$177,896,352 4. JOSLIN DIABETES CENTER - EXPENSE REIMBURSEMENT (PATIENT CARE): \$3,832,798 5. LAHEY CLINIC INC - EXPENSE REIMBURSEMENT (SERVICE AGREEMENT (RESEARCH)): \$225,246 6. MEDICAL CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE MALPRACTICE REIMBURSEMENT AND OTHER EXPENSES: \$828,725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| FORM 990, SCH R, PART V, LN 1R - OTHER TRANSFER OF CASH/PROP TO RO         | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THAT RELATIONSHIP, BIDMC TRANSFERRED CASH TO ONE OR MORE OF ITS AFFILIATED ENTITIES AS PART OF NETWORK-WIDE CASH MANAGEMENT AND IN FURTHERANCE OF THE EXEMPT PURPOSE OF BIDMC AND ITS AFFILIATES. DURING THE PERIOD COVERED BY THIS FILING, BIDMC TRANSFERRED THE FOLLOWING CASH OR PROPERTY TO ITS TAX-EXEMPT AFFILIATES: BETH ISRAEL LAHEY HEALTH - CASH TRANSFERS: \$3,162,698,986 LAHEY CLINIC INC - FUNDING FOR PATIENT CARE: \$3,262,829 MEDICAL CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE - NET ASSET TRANSFERS: \$40,016,526 CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL - STIPEND SUPPORT: \$115,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FORM 990, SCH R, PART V, LN 1S - OTHER TRANSFER OF CASH/PROP FROM RO       | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THAT RELATIONSHIP, ONE OR MORE OF ITS AFFILIATED ENTITIES MADE CASH PAYMENTS TO BIDMC AS PART OF NETWORK-WIDE CASH MANAGEMENT AND IN FURTHERANCE OF THE EXEMPT PURPOSE OF BIDMC AND ITS AFFILIATES. DURING THE PERIOD COVERED BY THIS FILING, THE FOLLOWING CASH OR PROPERTY WAS TRANSFERRED TO BIDMC BY ITS TAX-EXEMPT AFFILIATES: BETH ISRAEL LAHEY HEALTH PHARMACY PATIENT MEDICATIONS: \$357,338,445                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| FORM 990, SCH R, PART V, LN 1D LOANS/LOAN GUARANTEES TO/FOR RO             | BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") IS A MEMBER OF THE BILH OBLIGATED GROUP AND AS SUCH IS JOINTLY AND SEVERALLY LIABLE FOR ALL DEBT OF THE OBLIGATED GROUP. IN THIS CAPACITY, BIDMC HAS MADE LOAN GUARANTEES TO THE FOLLOWING OTHER MEMBERS OF THE OBLIGATED GROUP TOTALING \$662,176,000: ANNA JAKUES HOSPITAL LAHEY CLINIC FOUNDATION LAHEY CLINIC HOSPITAL LAHEY CLINIC, INC. MOUNT AUBURN HOSPITAL NORTHEAST HOSPITAL CORP WINCHESTER HOSPITAL BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH NEW ENGLAND BAPTIST HOSPITAL BETH ISRAEL DEACONESS HOSPITAL - MILTON BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM EXETER HOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FORM 990, SCH R, PART V, LN 1E LOANS/LOAN GUARANTEES BY RO                 | BIDMC IS A MEMBER OF THE BILH OBLIGATED GROUP AND AS SUCH ALL OTHER MEMBERS OF THE BILH OBLIGATED GROUP ARE JOINTLY AND SEVERALLY LIABLE FOR THE OBLIGATED GROUP DEBT OUTSTANDING AT BIDMC. IN THIS CAPACITY, THE ENTITIES LISTED BELOW HAVE LOAN GUARANTEES TO BIDMC TOTALING \$1,479,157,000: ANNA JAKUES HOSPITAL LAHEY CLINIC FOUNDATION LAHEY CLINIC HOSPITAL LAHEY CLINIC, INC. MOUNT AUBURN HOSPITAL MOUNT AUBURN PROFESSIONAL SERVICES NORTHEAST HOSPITAL CORP. WINCHESTER HOSPITAL BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH NEW ENGLAND BAPTIST HOSPITAL BETH ISRAEL DEACONESS HOSPITAL - MILTON BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM EXETER HOSPITAL MEDICAL CARE OF BOSTON MANAGEMENT CORP. D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FORM 990, SCH R, PART V, LN 1J - LEASE OF FAC/EQUIP/OTHER ASSETS TO RO     | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THE CLOSE CONNECTION BETWEEN BIDMC AND MEDICAL CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE ("APG," A RELATED ENTITY EXEMPT UNDER IRC 501(C)(3)), APG LEASES SPACE FROM BIDMC TO USE IN FURTHERANCE OF THE BIDMC, APG, AND BILH TAX EXEMPT PURPOSES. APG PAID BIDMC \$487,893 FOR SPACE RENTAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM 990, SCH R, PART V, LN 1K LEASE OF FAC/EQUIP/OTHER ASSETS FROM RO     | AS NOTED ELSEWHERE IN THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THE CLOSE CONNECTION BETWEEN BIDMC, APG, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM ("BIDN," A RELATED ENTITY EXEMPT UNDER IRC 501(C)(3)), AND JOSLIN DIABETES CENTER, INC. ("JDC," A RELATED ENTITY EXEMPT UNDER IRC 501(C)(3)), BIDMC LEASES SPACE FROM APG, BIDN, AND JDC TO USE IN FURTHERANCE OF THE BIDMC, APG, BIDN, JDC, AND BILH TAX-EXEMPT PURPOSES. THE FOLLOWING AMOUNTS WERE PAID BY BIDMC: 1. BAIM INSTITUTE FOR CLINICAL RESEARCH: \$155,752 2. MEDICAL CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE: \$63,752 3. BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM: \$921,318 4. JOSLIN DIABETES CENTER, INC.: \$1,816,383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, SCH R, PART V, LN 1L PERF OF SVCS/MEMBERSHIP/FUNDRAISING FOR RO  | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THAT RELATIONSHIP, BIDMC PROVIDES SERVICES TO OTHER NETWORK ENTITIES IN FURTHERANCE OF ITS EXEMPT PURPOSE AND IN FURTHERANCE OF THE EXEMPT PURPOSE OF ITS AFFILIATES. DURING THE PERIOD COVERED BY THIS FILING, BIDMC PROVIDED THE FOLLOWING SERVICES TO ITS TAX-EXEMPT AFFILIATES: 1. ANNA JAKUES HOSPITAL - TELESTROKE SERVICES: \$73,000 2. BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH - PHYSICIAN SERVICES: \$109,600 3. LAHEY CLINIC HOSPITAL - LAB SERVICES: \$1,151,545 4. MOUNT AUBURN HOSPITAL - PHYSICIAN SERVICES/ROTATIONS: \$1,197,628 5. WINCHESTER HOSPITAL - RADIATION, ONCOLOGY, AND OTHER SIMILAR SERVICES: \$681,109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FORM 990, SCH R, PART V, LN 1M - PERF OF SVCS/MEMBERSHIP/FUNDRAISING BY RO | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THAT RELATIONSHIP, ONE OR MORE OF BIDMC'S AFFILIATES PROVIDED SERVICES TO BIDMC IN FURTHERANCE OF THE EXEMPT PURPOSE OF BIDMC AND ITS AFFILIATES. DURING THE PERIOD COVERED BY THIS FILING, BIDMC RECEIVED THE FOLLOWING SERVICES FROM ITS TAX-EXEMPT AFFILIATES: 1. BETH ISRAEL LAHEY HEALTH, INC. AS A SUPPORT ORGANIZATION OF BIDMC, BILH PROVIDES CENTRALIZED SUPPORT TO ITS NETWORK OF SUPPORTED ORGANIZATIONS. BILH SUPPORT INCLUDES THE FOLLOWING SERVICES: DEVELOPMENT AND FUNDRAISING, STRATEGIC PLANNING, COMPLIANCE, GOVERNANCE AND LEGAL SUPPORT, PAYOR CONTRACTING, OPERATIONAL SUPPORT SUCH AS PROCESSING PAYROLL AND ACCOUNTS PAYABLE, NETWORK-WIDE BENEFIT PLAN STRUCTURING AND NETWORK-WIDE CASH MANAGEMENT. BILH OVERSEES THE FINANCIAL WELL-BEING OF ITS AFFILIATES, INCLUDING MANAGEMENT, LEADERSHIP, DEBT STRUCTURING SUPPORT, FINANCING OF CAPITAL PROJECTS THROUGH ITS OBLIGATED GROUP DEBT AND FINANCIAL SUPPORT SERVICES, INCLUDING INTERNAL AND EXTERNAL AUDIT, INSURANCE AND TAX SERVICES: A. NETWORK ASSESSMENT FEE: \$340,045,399 B. OPERATION OF PAYROLL AND PROVISION OF EMPLOYEE BENEFITS: \$793,697,283 C. OPERATION OF ACCOUNTS PAYABLE AND PAYMENT FOR THIRD PARTY SERVICES: \$1,610,659,459 D. SEE OTHER CODES FOR ADDITIONAL DETAIL. 2. BETH ISRAEL LAHEY HEALTH PHARMACY - SALES OF MANAGEMENT SERVICES: \$61,895,035 3. JOSLIN DIABETES CENTER - PHYSICIAN SERVICES: \$6,156,630 4. LAHEY CLINIC HOSPITAL - INFUSION CLINIC SERVICES: \$8,214,691 5. CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL RESEARCH AND ADMINISTRATIVE SUPPORT SERVICES: \$177,593 |
| FORM 990, SCH R, PART V, LN 1O SHARING OF PAID EMPLOYEES WITH RO           | 1. BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM: \$642,267 2. BETH ISRAEL LAHEY HEALTH: \$23,869,055 3. BETH ISRAEL LAHEY HEALTH PRIMARY CARE: \$92,755 4. BETH ISRAEL LAHEY HEALTH PHARMACY: \$26,122,347 5. MOUNT AUBURN HOSPITAL: \$128,282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FORM 990, SCH R, PART V, LN 1P - REIMB. PAID TO RO FOR EXPENSES            | AS NOTED THROUGHOUT THIS FILING, BIDMC IS A MEMBER OF THE BILH NETWORK OF AFFILIATES. AS PART OF THAT RELATIONSHIP, BIDMC REIMBURSED ONE OR MORE OF ITS AFFILIATED ENTITIES FOR EXPENSES INCURRED ON BEHALF OF BIDMC IN FURTHERANCE OF THE EXEMPT PURPOSE OF BIDMC AND ITS AFFILIATES. DURING THE PERIOD COVERED BY THIS FILING, BIDMC MADE THE FOLLOWING REIMBURSEMENTS FOR EXPENSES TO ITS TAX-EXEMPT AFFILIATES: 1. BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM A. CANCER CENTER COST REIMBURSEMENTS: \$802,876 B. CANCER VARIABLE AND BLOOD DERIVATIVES: \$351,749 2. BETH ISRAEL LAHEY HEALTH - SALARY REIMBURSEMENT FROM: \$499,253 3. BID-MILTON PHYSICIAN ASSOCIATES - EXPENSE REIMBURSEMENT (RELATED TO PROVIDING URGENT CARE): \$799,519 4. HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. EXPENSE REIMBURSEMENT RELATED TO RESEARCH, TEACHING AND OTHER PHYSICIAN SERVICES: \$214,051,031 5. JOSLIN DIABETES CENTER - EXPENSE REIMBURSEMENT (CLINICAL LICENSURE AND MISCELLANEOUS): \$1,044,082 6. NEW ENGLAND BAPTIST HOSPITAL - PAYROLL/BENEFITS: \$902,915                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |