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Form 990

## Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

## A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable

C Name of organization  
BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INCD Employer identification number  
04-3030397

Address change

E Telephone number  
(617) 667-5583

Name change

F Initial return

G Terminated

H Amended return

I Application pending

Number and street (or P O box if mail is not delivered to street address)  
330 BROOKLINE AVENUE NO EKS406

Room/suite

City or town, state or country, and ZIP + 4  
BOSTON, MA 02215

G Gross receipts \$ 30

F Name and address of principal officer  
CLIFFORD B SAPER MD PH  
330 BROOKLINE AVENUE NO EKS406  
BOSTON, MA 02215H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► N/A

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1989

M State of legal domicile MA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O

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

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

3

11

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

4

1

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .

5

0

6 Total number of volunteers (estimate if necessary) . . . . .

6

0

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

7a

0

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b

0

Activities & Governance	Revenue	Expenses	Net Assets or Fund Balances	Prior Year		Current Year														
				8 Contributions and grants (Part VIII, line 1h) . . . . .	9 Program service revenue (Part VIII, line 2g) . . . . .	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	20 Total assets (Part X, line 16) . . . . .	21 Total liabilities (Part X, line 26) . . . . .	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	Beginning of Current Year	End of Year
				0	0	1,013	30	1,013	0	0	0	0	0	35	9,749	35	9,749	978	-9,719	
															242,257	232,538	0	0	242,257	232,538

## Part II Signature Block

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

Sign Here	Signature of officer	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CLIFFORD SAPER PRESIDENT	Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► DELOITTE TAX LLP				Firm's EIN ►
	Firm's address ► TWO JERICHO PLAZA	JERICHO, NY 11753			

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

### **Part III Statement of Program Service Accomplishments**

**Statement of Program Service Accomplishments**  
Check if Schedule Q contains a response to any question in this Part III

to 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? . . . . .

If "Yes," describe these new services on Schedule C

Yes  No

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

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

Yes  No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 9,714 including grants of \$ ) (Revenue \$

THE FOUNDATION PROVIDES SUPPORT FOR PATIENT CARE, RESEARCH AND EDUCATION IN THE AREA OF NEUROLOGY IN CONJUNCTION WITH AND TO SUPPORT THE CHARITABLE MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL SCHOOL AND ITS AFFILIATES

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4d** Other program services (Describe in Schedule Q.)

(Expenses \$)

including grants of \$

) (Revenue

**4e Total program service expenses**

9.714

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

**2** Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

**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.

**4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

**5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

**6** Did the organization maintain any donor advised funds or any similar funds or accounts where 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.

**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.

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

**9** Did the organization report an amount in Part X, line 21, 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.

**10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

**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.
- 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.
- 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.
- 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.
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

- 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, XII, and XIII is optional.

**13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

**14a** Did the organization maintain an office, employees, or agents outside of the United States?

- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.

**15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.

**16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.

**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).

**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.

**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.

**20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11a</b>		No
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>		No
<b>11f</b>		No
<b>12a</b>		No
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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-24d and complete Schedule K. If "No," go to line 25	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25a	<b>Section 501(c)(3) and 501(c)(4) 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25b	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	a 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**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 to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

	Yes	No
1a	11	
1b	1	
2		No
3		No
4		No
5		No
6	Yes	
7a		No
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

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 . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

	Yes	No
10a		No
10b		
11a		No
12a	Yes	
12b	Yes	
12c	Yes	
13		No
14		No
15a	Yes	
15b	Yes	
16a		No
16b		

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

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

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

LOIS CORCORAN  
330 BROOKLINE AVENUE  
BOSTON, MA 02215  
(617) 667-5583

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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

list persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) *luteola* (B) *luteola* (C) *luteola* (D) *luteola* (E) *luteola*

(2) Name and Title (3) Average (4) Position (check all) (5) Reportable (6) Reportable

hours that apply) compensation compensation

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►0

	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	No
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

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	►					
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	►					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	►					
			30		30		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	►					
	<b>5</b> Royalties . . . . .	►					
		(I) Real	(II) Personal				
	<b>6a</b> Gross Rents						
	<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss) . . . . .	►						
<b>Other Revenue</b>	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . .	►					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .	►						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .	►						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .	►						
	Miscellaneous Revenue	Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	►						
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .	►		30	0	0	30	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
a Fees for services (non-employees) Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	35		35	
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a MINOR EQUIPMENTS & INST	9,714	9,714	0	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,749	9,714	35	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	168,915	<b>1</b> 159,166
	2 Savings and temporary cash investments . . . . .	73,342	<b>2</b> 73,372
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	
	b Less accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>
	11 Investments—publicly traded securities . . . . .	11	
	12 Investments—other securities See Part IV, line 11 . . . . .	12	
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	242,257	<b>16</b> 232,538
Liabilities	17 Accounts payable and accrued expenses . . . . .	17	
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	
	20 Tax-exempt bond liabilities . . . . .	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	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 Complete Part X of Schedule D . . . . .	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b> 0
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	242,257	<b>27</b> 232,538
	28 Temporarily restricted net assets . . . . .	28	
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33 Total net assets or fund balances</b> . . . . .	242,257	<b>33</b> 232,538
	<b>34 Total liabilities and net assets/fund balances</b> . . . . .	242,257	<b>34</b> 232,538

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,749
3	Revenue less expenses Subtract line 2 from line 1	3	-9,719
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242,257
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	232,538

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question 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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	<input type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<input type="checkbox"/>	
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/>	<input type="checkbox"/>
3b 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	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization  
BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC

Employer identification number

04-3030397

**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 11, 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 )  
 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 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 )  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) BETH ISRAEL DEACONESS MEDICAL CENTER	042103881	7	Yes		Yes		Yes		0
(B) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	222768204	7	Yes		Yes		Yes		0
(C) PRESIDENT AND FELLOWS OF HARVARD COLLEGE	042103580	6	Yes		Yes		Yes		0
<b>Total</b>									0

**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</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 ►		
b <b>33 1/3% support test—2009.</b> If the organization did not check the 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 ►		
17a <b>10%-facts-and-circumstances test—2010.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2009.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>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 ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2010.</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 ►	
<b>b</b> <b>33 1/3% support tests—2009.</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 ►	
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 ►	

**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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## Additional Data

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

**EIN:** 04-3030397

**Name:** BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC

**Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.**

<b>(i)</b> Name of Supported Organization	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization (described on lines 1- 9 above or IRC section )	<b>(iv)</b> Is the organization in (i) listed in your governing document?		<b>(v)</b> Did you notify the organization in (i) of your support?		<b>(vi)</b> Is the organization in (i) organized in the U S ?		<b>(vii)</b> Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BETH ISRAEL DEACONESS MEDICAL CENTER	042103881	7	Yes		Yes		Yes		0
(B) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	222768204	7	Yes		Yes		Yes		0
(C) PRESIDENT AND FELLOWS OF HARVARD COLLEGE	042103580	6	Yes		Yes		Yes		0

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

2010

**Open to Public  
Inspection**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

**Name of the organization**  
BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC

Employer identification number

04-3030397

**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

**2** Political expenditures

**3** Volunteer hours

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

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

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		
<b>j</b> Total lines 1c through 1i			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?		
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	BETH ISRAEL DEACONESS MEDICAL CENTER, ONE OF THE ENTITIES SUPPORTED BY BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC MAY HAVE ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF THIS ENTITY AND OTHER AFFILIATED NETWORK ENTITIES ADDITIONALLY, THE FOUNDATION MAY PAY DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS, A PIECE OF WHICH MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS TOTAL LOBBYING EXPENDITURES ON BEHALF OF THE FOUNDATION WERE MINIMAL AND NOT SUBSTANTIAL BASED UPON REVENUES

2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC**Employer identification number**

04-3030397

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3 Using the organization's 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►  
 b Permanent endowment ►  
 c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 0

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►		

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,749
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,719
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,719

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	459,515,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	459,514,970
e	Add lines 2a through 2d . . . . .	2e	459,514,970
3	Subtract line 2e from line 1 . . . . .	3	30
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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	30

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	457,486,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	457,476,251
e	Add lines 2a through 2d . . . . .	2e	457,476,251
3	Subtract line 2e from line 1 . . . . .	3	9,749
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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	9,749

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		PART XI LINE 1 & PART XII LINE 1 THE FOUNDATION DOES NOT HAVE STAND ALONE AUDITED FINANCIAL STATEMENTS, BUT IN ORDER TO PROVIDE CONSISTENCY WITH THE PRIOR YEAR 990, THIS INFORMATION IS BEING PROVIDED PART XII LINE 2D & PART XIII LINE 2D AMOUNT REPRESENTS TRANSACTIONS INCURRED BY OTHER ENTITIES CONSOLIDATED INTO HMFP

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC**Employer identification number**

04-3030397

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DRISLANE MD FRANCIS W	(i) 0 (ii) 225,061	0 7,892	0 4,871	0 27,730	0 22,579	0 288,133	0 0
(2) GALABURDA MD ALBERT	(i) 0 (ii) 328,188	0 0	0 12,006	0 39,794	0 24,388	0 404,376	0 0
(3) KINKEL MD R PHILIP	(i) 0 (ii) 184,101	0 5,310	0 2,980	0 22,947	0 23,447	0 238,785	0 0
(4) MATHESON MD JEAN K	(i) 0 (ii) 187,692	0 0	0 5,581	0 23,529	0 13,450	0 230,252	0 0
(5) RUTKOVE MD SEWARD B	(i) 0 (ii) 218,190	0 15,314	0 3,307	0 27,182	0 24,647	0 288,640	0 0
(6) SAPER MD CLIFFORD B	(i) 0 (ii) 455,174	0 0	0 10,329	0 34,191	0 20,427	0 520,121	0 0
(7) SCHLAUG MD PHD GOTTFRIED	(i) 0 (ii) 208,459	0 15,302	0 3,244	0 26,098	0 25,347	0 278,450	0 0
(8) TARSY MD DANIEL	(i) 0 (ii) 282,144	0 0	0 9,308	0 29,400	0 16,847	0 337,699	0 0
(9) RONTHAL MD MICHAEL	(i) 0 (ii) 244,685	0 0	0 10,301	0 29,400	0 13,847	0 298,233	0 0
(10) SCHOMER MD DONALD L	(i) 0 (ii) 280,549	0 6,500	0 6,879	0 29,400	0 15,030	0 338,358	0 0
(11) WOOD LELAND	(i) 0 (ii) 122,300	0 19,343	0 4,348	0 14,964	0 2,643	0 163,598	0 0
(12)							
(13)							
(14)							
(15)							
(16)							

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	<p>FORM 990 SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J 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 AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN, INCREASE/DECREASE IN VALUE OF NONQUALIFIED FULLY VESTED 457(B) PLAN, TAXABLE EMPLOYER-SUBSIDIZED PARKING, TAXABLE MOVING EXPENSES, EARNED TIME CASHED, TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE, AND OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN NON-TAXABLE BENEFITS AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS HMFP AND BIDMC RESPECTIVELY IN ADDITION, THE ENTITIES BELOW MAY BE REFERENCED AS FOLLOWS BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION (NEUROLOGY FDN) DRISLANE, M D , FRANCIS W DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION NEUROLOGIST, CLINICAL NEUROPHYSIOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PROFESSOR OF NEUROLOGY - HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY HMFP BASE COMPENSATION \$225,061 INCENTIVE COMPENSATION \$7,892 OTHER REPORTABLE COMPENSATION \$4,871 DEFERRED COMPENSATION \$27,730 NON-TAXABLE BENEFITS \$22,579 AS REQUIRED BY FORM 990, COMPENSATION REPORTED BY HMFP FOR THE 2010 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR DRISLANE'S POSITION AS PROFESSOR OF NEUROLOGY, HARVARD MEDICAL SCHOOL \$1,377 BASE AND OTHER REPORTABLE COMPENSATION AND \$137 DEFERRED COMPENSATION GALABURDA, M D , ALBERT DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION COGNITIVE NEUROLOGY CHIEF - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER EMILY FISHER LANDAU PROFESSOR OF NEUROLOGY - HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY HMFP BASE COMPENSATION \$328,188 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION \$12,006 DEFERRED COMPENSATION \$39,794 NON-TAXABLE BENEFITS \$24,388 AS REQUIRED BY FORM 990, COMPENSATION REPORTED BY HMFP FOR THE 2010 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR GALABURDA'S POSITION AS EMILY FISHER LANDAU PROFESSOR OF NEUROLOGY, HARVARD MEDICAL SCHOOL \$165,047 BASE AND OTHER REPORTABLE COMPENSATION, \$18,343 DEFERRED COMPENSATION AND \$141 NON-TAXABLE BENEFITS SAPER, M D , CLIFFORD B PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION DIRECTOR AND CHAIR OF NEUROLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER CHIEF OF NEUROLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER JAMES JACKSON PUTNAM PROFESSOR OF NEUROLOGY- HARVARD MEDICAL SCHOOL DR SAPER PERFORMS SERVICES FOR BOTH HMFP AND BIDMC AS REQUIRED BY FORM 990, ALTHOUGH DR SAPER IS PAID DIRECTLY BY HMFP, THE PORTION OF DR SAPER'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY HMFP BASE COMPENSATION \$227,587 INCENTIVE COMPENSATION \$0 OTHER REPORTABLE COMPENSATION \$5,165 DEFERRED COMPENSATION \$17,096 NON-TAXABLE BENEFITS \$10,213 PAYMENTS REPORTED BY BIDMC BASE COMPENSATION \$227,587 INCENTIVE COMPENSATION \$0 OTHER REPORTABLE COMPENSATION \$5,164 DEFERRED COMPENSATION \$17,095 NON-TAXABLE BENEFITS \$10,214 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2010 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR SAPER'S POSITION AS CHAIR OF NEUROLOGY AND JAMES JACKSON PUTNAM PROFESSOR OF NEUROLOGY, HARVARD MEDICAL SCHOOL \$42,008 BASE AND OTHER REPORTABLE COMPENSATION, \$4,791 DEFERRED COMPENSATION AND \$18,387 NON-TAXABLE BENEFITS</p>

## Schedule L

## Transactions with Interested Persons

OMB No 1545-0047

2010

Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

## Open to Public Inspection

**Name of the organization**

BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC

**Employer identification number**

04-3030397

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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.

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

### **Part III Grants or Assistance Benefiting Interested Persons.**

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

**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) MARK ARONSON	FAMILY MEMBER	405,257	SEE PART V		No
(2) ANDREW SCHOMER	FAMILY MEMBER	27,403	SEE PART V		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF TRANSACTIONS INVOLVING INTERESTED PERSONS	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 SCHEDULE L AS HMFP AND BIDMC RESPECTIVELY JEAN MATHESON, MD, A DIRECTOR ON THE FOUNDATION BOARD IS MARRIED TO DR. MARK ARONSON A PHYSICIAN IN GENERAL MEDICINE AT HMFP WHO ALSO SERVED ON THE HMFP BOARD THROUGH SEPTEMBER 30, 2006 DR ARONSON'S SALARY AND OTHER INCOME INCLUDE PAYMENTS REPORTED BY HMFP BASE COMPENSATION 325,528 INCENTIVE COMPENSATION 24,554 OTHER REPORTABLE COMPENSATION 10,346 DEFERRED COMPENSATION 29,400 NON-TAXABLE BENEFITS 13,929 PAYMENTS REPORTED BY BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION BASE COMPENSATION 1,500 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 COMPENSATION REPORTED BY HMFP FOR THE 2010 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR ARONSON'S POSITION AS GENERAL MEDICINE PHYSICIAN AND PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL \$30,510 BASE AND OTHER REPORTABLE COMPENSATION DONALD SCHOMER, MD, IS A FOUNDATION DIRECTOR DURING THE PERIOD COVERED BY THIS FILING, HIS SON, ANDREW SCHOMER TRAINED AS A RESIDENT AT BIDMC DR ANDREW SCHOMER'S SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION \$26,310 BONUS AND INCENTIVE COMPENSATION \$0 OTHER REPORTABLE COMPENSATION \$0 CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$0 NON-TAXABLE BENEFITS \$1,093 THE FOUNDATION MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, FOUNDATION MAY REIMBURSE ITS OFFICERS, DIRECTORS, TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED \$1,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS LENGTH AND IN ACCORDANCE WITH THE HMFP AND FOUNDATION CONFLICT OF INTEREST POLICIES

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC**Employer identification number**

04-3030397

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART I, LINE 1	THE MISSION OF BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC (THE FOUNDATION) IS TO SUPPORT MEDICAL RESEARCH, PROVIDE INSTRUCTION, AND PARTICIPATE IN ACTIVITIES DESIGNED TO IMPROVE THE GENERAL PUBLIC HEALTH OF PATIENTS SERVED BY BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND THEIR AFFILIATES. THE FOUNDATION USES ITS FUNDS TO SUPPORT THE PHYSICIANS WORK IN THE NEUROLOGY DEPARTMENT AT BIDMC AND TO STRENGTHEN THE DEPARTMENT BY SUPPORTING THE EDUCATIONAL REQUIREMENTS OF THE DEPARTMENT AND PHYSICIANS WORLDWIDE BY PROVIDING TRAINING SEMINARS AND OTHER CLASSES. THE FOUNDATION ALSO USES ITS FUNDS TO SUPPORT EXPENSES INCURRED BY ITS AFFILIATED ENTITIES WHICH BENEFIT THE PHYSICIANS AND OTHER PERSONNEL WHO ARE ENGAGED IN ACTIVITY RELATED TO THE NEUROLOGY FIELD. ALL ACTIVITIES THAT THE FOUNDATION PARTICIPATES IN ARE FOCUSED ON MEDICAL PROCEDURES, RESEARCH, AND OTHER ACTIVITIES THAT ARE INSPIRED TO ENHANCE METHODS UTILIZED IN THE NEUROLOGY FIELD.

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART III, LINE 1	THE MISSION OF BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC (THE FOUNDATION) IS TO SUPPORT MEDICAL RESEARCH, PROVIDE INSTRUCTION, AND PARTICIPATE IN ACTIVITIES DESIGNED TO IMPROVE THE GENERAL PUBLIC HEALTH OF PATIENTS SERVED BY BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND THEIR AFFILIATES. THE FOUNDATION USES ITS FUNDS TO SUPPORT THE PHYSICIAN'S WORK IN THE NEUROLOGY DEPARTMENT AT BIDMC AND TO STRENGTHEN THE DEPARTMENT BY SUPPORTING THE EDUCATIONAL REQUIREMENTS OF THE DEPARTMENT AND PHYSICIANS WORLDWIDE BY PROVIDING TRAINING SEMINARS AND OTHER CLASSES. THE FOUNDATION ALSO USES ITS FUNDS TO SUPPORT EXPENSES INCURRED BY ITS AFFILIATED ENTITIES WHICH BENEFIT THE PHYSICIANS AND OTHER PERSONNEL WHO ARE ENGAGED IN ACTIVITY RELATED TO THE NEUROLOGY FIELD. ALL ACTIVITIES THAT THE FOUNDATION PARTICIPATES IN ARE FOCUSED ON MEDICAL PROCEDURES, RESEARCH, AND OTHER ACTIVITIES THAT ARE INSPIRED TO ENHANCE METHODS UTILIZED IN THE NEUROLOGY FIELD.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		YES, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC (THE FOUNDATION)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		YES, THE MEMBER ACCORDING TO FOUNDATION BYLAWS HAS THE FOLLOWING RIGHTS - TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF ORGANIZATION OR BYLAWS, - TO APPROVE THE UNDERTAKING OF ANY CLINICAL SERVICES OF THE FOUNDATION NOT BEING PROVIDED BY THE FOUNDATION AS OF OCTOBER 1, 2006, - TO APPROVE ANY ACTION THAT WOULD CAUSE, OR COULD REASONABLY BE EXPECTED TO CAUSE THE MEMBER TO BREACH THE AFFILIATION AGREEMENT BETWEEN THE MEMBER AND BETH ISRAEL DEACONESS MEDICAL CENTER, -TO SELECT AND REMOVE AND REPLACE THE INDEPENDENT PUBLIC ACCOUNTING FIRM, -TO REQUIRE THE FOUNDATION TO COMPLY WITH THE POLICIES AND PROCEDURES OF THE MEMBER'S PROGRAM FOR COMPLIANCE WITH THE APPLICABLE BILLING AND PAYMENT REQUIREMENTS OF FEDERAL HEALTH CARE PROGRAMS, AND, -POWERS AND RIGHTS AS VESTED BY LAW

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		<p>THE PREPARATION AND THE FILING OF THE FOUNDATION'S FORM 990 AND SUPPORTING SCHEDULES ARE THE RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER (CFO) OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER INC FOR FISCAL YEAR 2011, THE FORM 990 WAS PREPARED BY THE ACCOUNTING FIRM DELOITTE TAX LLP WITH ASSISTANCE AND GUIDANCE FROM HARVARD MEDICAL FACULTY PHYSICIANS'S FINANCE STAFF. THE TAX PREPARATION PROCESS WAS ALSO OVERSEEN BY THE DIRECTOR OF TAXATION OF CAREGROUP, INC. HARVARD MEDICAL FACULTY PHYSICIANS IS PART OF THE BETH ISRAEL DEACONESS MEDICAL CENTER WHICH IS A SUBSIDIARY OF CAREGROUP, INC. A DRAFT COPY OF THE FORM 990 PREPARED BY DELOITTE TAX LLP INCLUDING ALL RELATED SCHEDULES, WAS PROVIDED TO THE FOUNDATION'S PRESIDENT FOR REVIEW, PARTICULARLY IN THE AREAS OF ACCURACY AND ADEQUACY OF EXPLANATIONS AND ANSWERS RELATED TO NON-FINANCIAL INFORMATION. ANY ISSUES DISCOVERED IN THE REVIEW PROCESS WERE THEN ADDRESSED BY THE FOUNDATION'S PRESIDENT WITH DELOITTE TAX LLP AND HARVARD MEDICAL FACULTY PHYSICIANS'S FINANCE TEAM. ALL SUCH ISSUES WERE RESOLVED BEFORE THE 990 TAX FORM WAS FILED. THE FORM 990 IS ASSEMBLED AND REVIEWED FOR FINAL FILING BY THE FOUNDATION'S TAX PREPARER'S DELOITTE TAX LLP. ONCE ASSEMBLED, THE FOUNDATION'S PRESIDENT APPROVES AND SIGNS THE RETURN. THE COMPLETED 990 IS FILED WITH THE PROPER AUTHORITIES BY HMFPS CFO AND HIS TEAM.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>THE FOUNDATION IS COMMITTED TO PURSUING CHARITABLE MISSIONS AND CONDUCTING BUSINESS IN A RESPONSIBLE AND ETHIC MANNER, AND TO DO SO, THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY. UNDER THIS NEW POLICY, THE PRESIDENT, OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST. THE FOUNDATION HAS PREPARED A FORMAL CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH IS REQUIRED TO BE COMPLETED ANNUALLY BY ALL KEY FOUNDATION PERSONNEL. THE STANDARDS IN THE POLICY REQUIRE FOUNDATION OFFICERS AND BOARD MEMBERS SHALL NOT VOTE ON, INFLUENCE, OR MAKE RECOMMENDATIONS REGARDING A TRANSACTION OR DECISION WHEN THE INDIVIDUAL OR MEMBER OF HIS OR HER FAMILY HAS A MATERIAL INTEREST IN AN ENTITY OR PROPERTY INVOLVED IN THE TRANSACTION OR DECISION. A MATERIAL INTEREST INCLUDES, BUT IS NOT LIMITED TO AN INDIVIDUAL OR FAMILY MEMBER HAVING A COMBINED INTEREST OF GREATER THAN 5% OF AN ENTITY OR PROPERTY, AN INDIVIDUAL OR FAMILY MEMBER SERVING AS A DIRECTOR, TRUSTEE, OFFICER, PARTNER, EMPLOYEE, CONSULTANT, AGENT, MEMBER OF THE ACTIVE PROFESSIONAL STAFF, RESEARCHER OR ADVISOR OF OR TO AN ENTITY ( INCLUDED BY NOT LIMITED TO HEALTH CARE PROVIDERS) OTHER THAN HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC, INC AND ITS AFFILIATES, AN INDIVIDUAL HOLDING AN ELECTED OR APPOINTED OFFICE OR POSITION IN A BRANCH OF GOVERNMENT OR IN A REGULATORY AGENCY HAVING AUTHORITY OR JURISDICTION OVER PROVIDERS OF HEALTH CARE (FOR MEMBERS OF THE JUDICIARY, AREAS OF CONFLICT WILL BE DEFINED IN THE CODE OF JUDICIAL CONDUCT) AND AN INDIVIDUAL (OR MEMBER OF HIS OR HER FAMILY) COMPETING WITH THE FOUNDATION IN THE PURCHASE OR SALE OF ANY PROPERTY RIGHT, INTEREST, OR SERVICE. THE CONFLICT OF INTEREST STANDARDS ALSO REQUIRE THAT AN INDIVIDUAL OR MEMBER OF HIS OR HER FAMILY NOT ACCEPT GIFTS OR OTHER FAVORS THAT MIGHT LEAD TO THE INFERENCE THAT THE GIFT OR FAVOR WAS INTENDED TO INFLUENCE HIS OR HER DECISION-MAKING WHILE SERVING THE FOUNDATION. PER THE POLICY, AN INDIVIDUAL SHOULD NOT DISCLOSE OR USE FOUNDATION INFORMATION FOR PERSONAL PROFIT OR ADVANTAGE OR SHOULD NOT DISCLOSE CONFIDENTIAL AND/OR STRATEGIC INFORMATION IN ADVANCE OF ITS AUTHORIZED RELEASE. AS NOTED ABOVE, THE PROCESS FOR ADDRESSING A POTENTIAL CONFLICT REQUIRES THAT THE FOUNDATION DIRECTORS AND OFFICERS COMPLETE A FORMAL CONFLICT OF INTEREST DISCLOSURE STATEMENT EACH YEAR. THE FOUNDATION BOARD WILL REVIEW SUCH SUBMITTED FORMS AND FORMAL APPROVAL OF SUCH ACTIVITIES WILL BE REQUIRED TO BE DOCUMENTED IN MINUTES OF THE BOARD MEETING. IF THE BOARD FEELS THAT ANY INDIVIDUAL HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST, IT WILL INFORM THE INDIVIDUAL OF THE BASIS FOR THE BELIEF AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD DETERMINES THAT THE INDIVIDUAL FAILED TO PROPERLY DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS. WITH THIS CONFLICT OF INTEREST POLICY, THE BOARD IS DETERMINED TO HELP ENSURE ALL TRANSACTIONS ARE HANDLED IN A FAIR AND ETHICAL MANNER.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION DOES NOT PROVIDE COMPENSATION TO ANY INDIVIDUAL CERTAIN OFFICERS AND TRUSTEES OF THE ORGANIZATION RECEIVE COMPENSATION FROM RELATED PARTIES THE PROCESS OF DETERMINING COMPENSATION OF THESE INDIVIDUALS IS CONDUCTED AT THE RELATED PARTY LEVEL WHERE THE RELATED ORGANIZATION HAS A COMPENSATION COMMITTEE THAT IS CHARGED WITH DETERMINING THE COMPENSATION OF ITS OFFICERS, DIRECTORS, KEY EMPLOYEES AND PROFESSIONAL STAFF OF THE ORGANIZATION THE COMPENSATION COMMITTEE UTILIZES COMPARATIVE INDUSTRY DATA, OUTSIDE CONSULTANTS, AND OTHER OUTSIDE MARKET DATA TO HELP DETERMINE COMPENSATION THE RELATED ENTITIES OF THE FOUNDATION HAVE FORMAL COMPENSATION POLICIES WHICH ARE DOCUMENTED AND REVIEWED BY THEIR BOARD OF DIRECTORS THE COMPENSATION COMMITTEE PRE-APPROVES COMPENSATION PLANS WHICH ARE DOCUMENTED IN A FORMALIZED MANNER BEFORE BEING PRESENTED TO EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, ITS CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE OFFICES OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC LOCATED AT 375 LONGWOOD AVENUE, BOSTON, MA 02215 ADDITIONALLY, STATE AND FEDERAL TAX RELATED INFORMATION IS PROVIDED TO THE GENERAL POPULATION THROUGH PUBLIC WEBSITES INCLUDING WWW.GUIDESTAR.ORG AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE

Identifier	Return Reference	Explanation
	FORM 990 PART VII SECTION A LINE 1A	ALL FOUNDATION DIRECTORS AND 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 DIRECTOR OR TRUSTEE AS DENOTED BY THE TITLES LISTED IN SECTION VII NO FOUNDATION TRUSTEE OR DIRECTOR DEVOTES MORE THAN TWENTY HOURS PER MONTH TO THEIR POSITION AS TRUSTEE OR DIRECTOR

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

BETH ISRAEL DEACONESS DEPARTMENT OF  
NEUROLOGY FOUNDATION INC

**Employer identification number**

04-3030397

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVENUE BOSTON, MA02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
(2) BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION LLC 110 FRANCIS STREET BOSTON, MA02215 04-3426253	COORDINATED SAFE AND COST EFFECT PTNT CARE AT BIDMC	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
(3) BE-WELL BODY SCAN LLC 25 BOYLSTON STREET CHESTNUT HILL, MA02467 26-0051016	TO OPERATE A DIAGNOSTIC IMAGING CENTER	MA	BIH RADIOLOGIC FOUNDATION INC	RELATED				No			No	
(4) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	NONE				No			No	
(5) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED				No			No	
(6) PHYSICIANS PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA02155 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	NONE	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BIDMCCGSMC JV INC 400 HUNNEWELL STREET NEEDHAM, MA02494 26-4426847	INACTIVE CORPORATION	MA	N/A	C			
(2) CHESTNUT HEALTHCARE ALLIANCE INC 148 CHESTNUT STREET NEEDHAM, MA02492 04-3265117	PHYSICIAN/HOSPITAL ORGANIZATION	MA	N/A	C			

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
DETAILED PRIMARY ACTIVITY FOR RELATED ORGANIZATIONS	FORM SCHEDULE R, PART II	ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC TO PROVIDE EMERGENCY MEDICAL SERVICES BETH ISRAEL ANAESTHESIA FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC THE OPERATION OF A HOSPITAL IN NEEDHAM, MA FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS BETH ISRAEL DEACONESS MEDICAL CENTER THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA FOR THE PROVISION OF EXEMPLARY PATIENT CARE OF SICK AND SUFFERING PERSONS, CONDUCTING "LEADING EDGE" RESEARCH AND SUPPORTING OUTSTANDING EDUCATIONAL PROGRAMS BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL MEDICAL CARE CORPORATION THE OPERATION OF AN OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BETH ISRAEL DERMATOLOGY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BIH PATHOLOGY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL BIH RADIOLOGIC FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL CARDIOVASCULAR ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC TO PROVIDE SPECIALIZED CARDIOVASCULAR MEDICAL SERVICES TO THE PATIENTS OF THE CARDIOVASCULAR INSTITUTES AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND OTHERS CARDIOVASCULAR MANAGEMENT ASSOCIATES, INC TO FACILITATE COMPREHENSIVE CARDIOVASCULAR CARE, EDUCATION AND RESEARCH, WITHIN THE BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND SURROUNDING COMMUNITIES CAREGROUP, INC TO DEVELOP AND COORDINATE A NON-DISCRIMINATORY INTEGRATED HEALTH CARE DELIVERY SYSTEM AND TO PROVIDE MANAGEMENT SERVICES TO ITS MEMBERS CONTINUING EDUCATION PROGRAM, INC, D/B/A BETH ISRAEL DEACONESS DEPARTMENT OF PSYCHIATRY FOUNDATION, INC TO SUPPORT THE PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL SCHOOL MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP MEDICAL SERVICES ORGANIZATION MOUNT AUBURN HOSPITAL THE OPERATION OF A HOSPITAL IN CAMBRIDGE, MA FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS MOUNT AUBURN PROFESSIONAL SERVICES, INC TO SERVE CAMBRIDGE, MA AND THE SURROUNDING COMMUNITIES BY OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES NEW ENGLAND BAPTIST HOSPITAL THE OPERATION OF AN ORTHOPEDIC SPECIALTY HOSPITAL IN BOSTON, MA FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, INC TO PROVIDE OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEW ENGLAND BAPTIST HOSPITAL HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC TO PROVIDE GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BETH ISRAEL DEACONESS MEDICAL CENTER AND OTHERS HEART CENTER OF METROWEST, INC TO PROVIDE OUTPATIENT MEDICAL SERVICES TO THE METRO WEST COMMUNITIES PRESIDENT & FELLOWS OF HARVARD COLLEGE TO PROVIDE TEACHING AND RESEARCH PROGRAMS IN ARTS AND SCIENCES, BUSINESS, DESIGN, DIVINITY, EDUCATION, GOVERNMENT, LAW, MEDICINE, AND PUBLIC HEALTH RIVERBROOK CORPORATION TO HOLD TITLE TO PROPERTY FOR CAREGROUP, INC
DETAILED PRIMARY ACTIVITY FOR ORGANIZATIONS	FORM SCHEDULE R, PART III	BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC - TO PROMOTE QUALITY COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BETH ISRAEL DEACONESS MEDICAL CENTER AND AFFILIATES THROUGH INTEGRATED AND COORDINATED MANAGED CARE CONTRACTS AND RELATED MEDICAL MANAGEMENT PROGRAMS
DETAILED DIRECT CONTROLLING ENTITY	FORM SCHEDULE R, PART III	PHYSICIANS PROFESSIONAL SERVICES, LLP - THE ORGANIZATION IS CONTROLLED 50% BY THE BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC AND 50% BY THE BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC

**Software ID:**  
**Software Version:**  
**EIN:** 04-3030397  
**Name:** BETH ISRAEL DEACONESS DEPARTMENT OF  
 NEUROLOGY FOUNDATION INC

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ASSOC PHYS HARVARD MED FAC PHY AT BIDMC  375 LONGWOOD AVE BOSTON, MA02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC		No
BI ANAESTHESIA FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 04-2997215	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI COMMUNITY FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 04-3079630	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 20-8253452	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 20-4974585	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC  110 FRANCIS STREET BOSTON, MA02215 02-0671240	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS HOSPITAL - NEEDHAM INC  148 CHESTNUT ST NEEDHAM, MA02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
BETH ISRAEL DEACONESS MEDICAL CENTER  330 BROOKLINE AVE BOSTON, MA02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP  300 LONGWOOD AVE BOSTON, MA02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 11A, I	N/A		No
BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 04-2794855	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DERMATOLOGY FOUNDATION INC  330 BROOKLINE AVE BOSTON, MA02215 04-3117601	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No

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						Yes	No
BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 22-2548374	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 04-2571853	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
CARDIOVASCULAR ASSOC PHYS OF HMFP AT BIDMC INC 185 PILGRIM ROAD BOST BOSTON, MA02215 04-3208878	SPECIALIZED CARDIOVASCULAR MED SVCS TO PATIENTS OF CARDIO VSUCAL INSTITUTES	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
CARDIOVASCULAR MANAGEMENT ASSOCIATES INC 185 PILGRIM ROAD BOSTON, MA02215 20-8550792	FACILITATE COMPREHENSIVE CARDIOVASCULAR CARE, EDUCATION, AND RESEARCH	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA02215 22-2629185	DEVELOP AND COORDINATE INTEGRATED HEALTH CARE DELIVERY SYSTEM	MA	501(C)(3)	LINE 11D, III-O	N/A		No
CARL J SHAPIRO INSTITUTE 330 BROOKLINE AVE BOSTON, MA02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 11A, I	N/A		No
CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN C/O HARVARD MED SCH 401 PARK DR BOSTON, MA02215 04-3242952	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA02215 22-2984590	TO PROVIDE SPECIALTY MEDICAL AND RESEARCH SERVICES FOR DIABETES	MA	501(C)(3)	LINE 11A, I	N/A		No
MED CARE OF BOSTON MGMT CORP DBA AFFILIATED PHYS GROUP 400 HUNNEWELL ST NEEDHAM, MA02494 04-2810972	MEDICAL SERVICES ORGANIZATION	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No

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						Yes	No
NEW ENGLAND BAPTIST HOSPITAL LEAGUE  125 PARKER HILL AVE BOSTON, MA02120 04-2103612	TO SUPPORT THE PATIENT CARE MISSION OF NEW ENGLAND BAPTIST HOSPITAL	MA	501(C)(3)	LINE 9	N/A		No
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC  125 PARKER HILL AVE BOSTON, MA02120 04-3326928	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
RIVERBROOK CORPORATION  109 BROOKLINE AVE BOSTON, MA02215 04-2828955	TO HOLD TITLE TO PROPERTY FOR CAREGROUP, INC	MA	501(C)(2)		CAREGROUP INC		No
HARVARD MEDICAL COLLABORATIVE INC  25 SHATTUCK ST BOSTON, MA02115 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 11A, I	N/A		No
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC  375 LONGWOOD AVE BOSTON, MA02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
HEART CENTER OF METROWEST INC  99 LINCOLN ST BOSTON, MA01702 03-0390670	TO PROVIDE OUTPATIENT MEDICAL SERVICES TO THE METROWEST COMMUNITIES	MA	501(C)(3)	LINE 9	CARDIOVASCULAR MANAGEMENT ASSOCIATES INC		No