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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
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A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC Doing Business As <table><tr><td>Number and street (or P O box if mail is not delivered to street address) 330 BROOKLINE AVENUE NO YA-419</td><td>Room/suite</td></tr></table> <table><tr><td>City or town, state or country, and ZIP + 4 BOSTON, MA 02215</td></tr></table>	Number and street (or P O box if mail is not delivered to street address) 330 BROOKLINE AVENUE NO YA-419	Room/suite	City or town, state or country, and ZIP + 4 BOSTON, MA 02215	D Employer identification number 04-3079630 E Telephone number (617) 667-1050 G Gross receipts \$ 1,891,479
	Number and street (or P O box if mail is not delivered to street address) 330 BROOKLINE AVENUE NO YA-419	Room/suite			
	City or town, state or country, and ZIP + 4 BOSTON, MA 02215				
	F Name and address of principal officer MARK L ZEIDEL 330 BROOKLINE AVENUE NO YA-419 BOSTON,MA 02215	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶			
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1990 M State of legal domicile MA			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		L Year of formation 1990		M State of legal domicile MA		
Part I		Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O					
	2 Check this box <input type="checkbox"/> 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	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)			4	0	
	5 Total number of individuals employed in calendar year 2011 (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		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)		731,412		802,042	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		686,567		770,267	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		469,851		319,170	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		68,000		0	
			1,955,830		1,891,479	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0	
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>					
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,351,747		5,492,248	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,351,747		5,492,248	
	19 Revenue less expenses Subtract line 18 from line 12		604,083		-3,600,769	
Net Assets or Fund Balances			Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)		10,377,617		7,810,899	
	21 Total liabilities (Part X, line 26)		102,197		437,534	
	22 Net assets or fund balances Subtract line 21 from line 20		10,275,420		7,373,365	

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		2013-08-13 Date	
	▶ MARK L ZEIDEL PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ CHRISTINE KAWECKI	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00743140
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP TWO JERICO PLAZA JERICO, NY 11753			EIN ▶ 86-1065772
				Phone no ▶ (516) 918-7000
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

SEE SCHEDULE O

2

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

YesNo

If “Yes,” describe these new services on Schedule O

3

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

YesNo

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 959,406 including grants of \$) (Revenue \$ 770,267)

9SEE SCHEDULE O

4b

(Code) (Expenses \$ 328,851 including grants of \$) (Revenue \$ 0)

SEE SCHEDULE O

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 1,288,257

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
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.		No
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.		No
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.	Yes	
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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
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, Part II and IV.		No
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, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
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.		No
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		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? <i>If "Yes," complete Schedule L, Part II</i>	26		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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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.	
	JOANNE CASELLA 330 BROOKLINE AVENUE BOSTON, MA 022155400 (617) 667-1050	

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BUEHRENS ERIC P DIRECTOR	5 00	X						0	1,031,980	57,530
(2) GOLDBERGER MD ARY DIRECTOR & CLERK	5 00	X		X				2,800	220,027	39,669
(3) KAHN MD BARBARA DIRECTOR	5 00	X						0	291,904	38,989
(4) ROSENBERG MD STUART A DIRECTOR	5 00	X						0	752,390	64,029
(5) SCHNIPPER MD LOWELL E DIRECTOR & TREASURER	5 00	X		X				1,470	330,126	52,855
(6) TABB MD KEVIN DIRECTOR	5 00	X						0	340,423	4,284
(7) WELLER MD PETER F DIRECTOR & CLERK	5 00	X		X				0	254,624	43,269
(8) ZEIDEL MD MARK L DIRECTOR & PRESIDENT	5 00	X		X				1,610	703,876	58,732
(9) CASELLA JOANNE M EXECUTIVE DIRECTOR	5 00			X				0	308,020	44,491
(10) LEVY PAUL F DIRECTOR	5 00						X	0	874,381	24,725

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	5,880	5,107,751	428,573

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,625			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	793,417			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			802,042		
Program Service Revenue	2a	EDUCATION PROGRAMS	Business Code 541700	770,267	770,267		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		770,267			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		164,852		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 154,318				
b		Less cost or other basis and sales expenses	0				
c		Gain or (loss)	154,318				
d		Net gain or (loss)		154,318			154,318
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			1,891,479	770,267	0	319,170

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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				
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,068		4,068	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	56,628		56,628	
g	Other	32,983	30,500	2,483	
12	Advertising and promotion				
13	Office expenses	114,178		114,178	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	74,397	74,397		
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	AFFILIATED	4,344,390	328,851	4,015,539	0
b	PROGRAMS	438,956	438,956	0	0
c	HONORARIA	291,670	291,670	0	0
d	POSTAGE	123,883	123,883	0	0
e					
f	All other expenses	11,095		11,095	
25	Total functional expenses. Add lines 1 through 24f	5,492,248	1,288,257	4,203,991	0
26	Joint costs. Check here <input 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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			134,342	1	529,953
	2	Savings and temporary cash investments			127,806	2	728,940
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			73,071	4	35,725
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			4,080,000	7	432,233
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			59,346	9	78,934
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			4,707,116	11	4,676,297
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			1,195,936	13	1,328,817
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,377,617	16	7,810,899
Liabilities	17	Accounts payable and accrued expenses			17,197	17	33,434
	18	Grants payable				18	
	19	Deferred revenue			85,000	19	403,600
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	500
	26	Total liabilities. Add lines 17 through 25			102,197	26	437,534
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,302,627	27	2,186,889
	28	Temporarily restricted net assets			4,972,793	28	5,186,476
	29	Permanently restricted net assets				29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	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	
	33	Total net assets or fund balances			10,275,420	33	7,373,365
	34	Total liabilities and net assets/fund balances			10,377,617	34	7,810,899

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	1,891,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,492,248
3	Revenue less expenses Subtract line 2 from line 1	3	-3,600,769
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,275,420
5	Other changes in net assets or fund balances (explain in Schedule O)	5	698,714
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	7,373,365

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	Yes	
d	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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
04-3079630

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 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 Seesection 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	3	Yes						0
(B) HARVARD MEDICAL FACILITY PHYSICIANS AT BIDMC INC	222768204	9	Yes						0
(C) PRESIDENT AND FELLOWS OF HARVARD COLLEGE	042103580	2	Yes						0
Total									0

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2010. 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 stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3079630
Name: BETH ISRAEL DEACONESS DEPARTMENT OF
MEDICINE FOUNDATION INC

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BETH ISRAEL DEACONESS MEDICAL CENTER	042103881	3	Yes						0
(B) HARVARD MEDICAL FACILITY PHYSICIANS AT BIDMC INC	222768204	9	Yes						0
(C) PRESIDENT AND FELLOWS OF HARVARD COLLEGE	042103580	2	Yes						0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

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, line 35c (Proxy Tax), then

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

Name of the organization BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC	Employer identification number 04-3079630
--	--

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 on behalf of or in opposition to candidates for public office 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 funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5

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

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

1	Dues, assessments and similar amounts from members	1	
2	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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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 1i.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	BIDMC, ONE OF THE ENTITIES SUPPORTED BY BIDDM MAY HAVE ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF THIS ENTITY AND OTHER AFFILIATED NETWORK ENTITIES. ADDITIONALLY, BIDDM 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 EXPENSES ON BEHALF OF BIDDM WERE MINIMAL AND NOT SUBSTANTIAL BASED UPON REVENUES.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

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

Employer identification number

04-3079630

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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 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	1,891,479
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,492,248
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,600,769
4	Net unrealized gains (losses) on investments	4	432,952
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	265,762
9	Total adjustments (net) Add lines 4 - 8	9	698,714
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,902,055

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	450,985,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	432,952
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	448,660,569
e	Add lines 2a through 2d	2e	449,093,521
3	Subtract line 2e from line 1	3	1,891,479
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	1,891,479

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	447,821,000
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	442,328,752
e	Add lines 2a through 2d	2e	442,328,752
3	Subtract line 2e from line 1	3	5,492,248
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	5,492,248

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 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN PPS 265,762
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATIONS 448,660,569
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED AFFILIATES EXPENSE NET OF ELIMINATIONS 442,328,752

1

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

3 Enter total number of other organizations or entities ► _____

Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
---------------------------------	------------	--------------------------	--------------------------	---------------------------------	-----------------------------------	--	---

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

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

☐

Yes

☒

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

Software ID:
Software Version:
EIN: 04-3079630
Name: BETH ISRAEL DEACONESS DEPARTMENT OF
MEDICINE FOUNDATION INC

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization

BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC

Employer identification number

04-3079630

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div>		No
<div><div></div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>		
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div>		No
<div><div></div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div>		No
<div><div></div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) BUEHRENS ERIC P	(i)	0	0	0	0	0	0	0
	(ii)	767,193	215,232	49,555	12,250	45,280	1,089,510	0
(2) GOLDBERGER MD ARY	(i)	2,800	0	0	0	0	2,800	0
	(ii)	212,208	0	7,819	25,800	13,869	259,696	0
(3) KAHN MD BARBARA	(i)	0	0	0	0	0	0	0
	(ii)	282,119	0	9,785	29,400	9,589	330,893	0
(4) ROSENBERG MD STUART A	(i)	0	0	0	0	0	0	0
	(ii)	612,083	123,473	16,834	45,938	18,091	816,419	0
(5) SCHNIPPER MD LOWELL E	(i)	1,470	0	0	0	0	1,470	0
	(ii)	316,181	0	13,945	33,797	19,058	382,981	0
(6) TABB MD KEVIN	(i)	0	0	0	0	0	0	0
	(ii)	163,556	131,250	45,617	0	4,284	344,707	0
(7) WELLER MD PETER F	(i)	0	0	0	0	0	0	0
	(ii)	246,593	0	8,031	29,400	13,869	297,893	0
(8) ZEIDEL MD MARK L	(i)	1,610	0	0	0	0	1,610	0
	(ii)	691,506	0	12,370	45,026	13,706	762,608	0
(9) CASELLA JOANNE M	(i)	0	0	0	0	0	0	0
	(ii)	265,597	32,988	9,435	29,400	15,091	352,511	0
(10) LEVY PAUL F	(i)	0	0	0	0	0	0	0
	(ii)	82,000	0	792,381	6,667	18,058	899,106	0

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
	PART I, LINE 4B	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THE BIDDM FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012 IS CALENDAR YEAR 2011 DETAIL DURING THE 2011 CALENDAR YEAR, CERTAIN BIDDM OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WERE PAID BY BIDMC BIDMC WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER, INC ANNUITY RETIREMENT PLAN WHICH, UNDER THE DEFINITIONS TO THIS FORM 990, IS CONSIDERED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS RECEIVED BOTH CURRENTLY TAXABLE AND DEFERRED BENEFITS FROM THIS PLAN ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW BIDMC ALSO MAINTAINS AN IRC SEC 457 PLAN PURSUANT TO WHICH ELIGIBLE EMPLOYEES CAN DEFER PART OF THEIR COMPENSATION THIS PLAN IS STRICTLY EMPLOYEE FUNDED WITH NO EMPLOYER DEFERRALS UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AMOUNTS DEFERRED BY PARTICIPANTS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B (III), OTHER REPORTABLE COMPENSATION, IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART II 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 MEDICINE FOUNDATION, INC (BIDDM) BUEHRENS, ERIC P DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER MR BUEHRENS DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MR BUEHRENS SERVED AS THE INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) OF BETH ISRAEL DEACONESS MEDICAL CENTER FROM FEBRUARY 2 TO OCTOBER 17, 2011, AT WHICH TIME HE RESUMED THE POSITION OF CHIEF OPERATING OFFICER (COO) MR BUEHRENS SERVED AS COO UNTIL JANUARY 5, 2012 AND WAS EMPLOYED BY BIDMC UNTIL FEBRUARY 29, 2012 WHILE MR BUEHRENS SERVED AS INTERIM PRESIDENT AND CEO OF BIDMC, HE ALSO SERVED IN THE FOLLOWING POSITIONS DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 767,193 INCENTIVE COMPENSATION 215,232 OTHER REPORTABLE COMPENSATION 49,555 DEFERRED COMPENSATION 12,250 NON-TAXABLE BENEFITS 45,280 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR BUEHRENS INCLUDES COMBINED PAYMENTS FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$58,188 GOLDBERGER, M D , ARY DIRECTOR AND CLERK - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION PHYSICIAN, CARDIOVASCULAR DISEASE - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR GOLDBERGER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR GOLDBERGER'S TERM AS BIDDM CLERK BEGAN JANUARY 2012 PAYMENTS REPORTED BY BIDDM BASE COMPENSATION 2,800 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 212,208 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 7,819 DEFERRED COMPENSATION 25,800 NON-TAXABLE BENEFITS 13,869 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP FOR THE 2011 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR GOLDBERGER'S POSITION AS PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL \$615 BASE AND OTHER REPORTABLE COMPENSATION KAHN, M D , BARBARA DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION CHIEF, ENDOCRINOLOGY, DIABETES & METABOLISM - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER GEORGE RICHARDS MINOT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR KAHN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR KAHN'S TERM ON THE BIDDM BOARD BEGAN JANUARY 2012 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 282,119 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 9,785 DEFERRED COMPENSATION 29,400 NON-TAXABLE BENEFITS 9,589
SUPPLEMENTAL INFORMATION	PART III	ROSENBERG, M D , STUART A DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION PRESIDENT AND CHIEF EXECUTIVE OFFICER - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT - CARDIOVASCULAR ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR - BETH ISRAEL DEACONESS ORTHOPAEDIC SURGERY FOUNDATION DIRECTOR - CONTINUING EDUCATION PROGRAM, INC D/B/A BETH ISRAEL DEACONESS DEPARTMENT OF PSYCHIATRY FOUNDATION DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION DIRECTOR - BETH ISRAEL DERMATOLOGY FOUNDATION DIRECTOR - MEDICAL CARE OF BOSTON MANAGEMENT CORP , D/B/A AFFILIATED PHYSICIANS GROUP DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR ROSENBERG DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY HMFP BASE COMPENSATION 612,083 INCENTIVE COMPENSATION 123,473 OTHER REPORTABLE COMPENSATION 16,834 DEFERRED COMPENSATION 45,938 NON-TAXABLE BENEFITS 18,091 SCHNIPPER, M D , LOWELL E DIRECTOR & TREASURER - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION CHIEF, HEMATOLOGY/ONCOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER THEODORE W & EVELYN G BERENSON PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR SCHNIPPER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BIDDM BASE COMPENSATION 1,470 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 316,181 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 13,945 DEFERRED COMPENSATION 33,797 NON-TAXABLE BENEFITS 19,058 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP FOR THE 2011 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR SCHNIPPER'S POSITION AS THEODORE W & EVELYN G BERENSON PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL \$44,842 BASE AND OTHER REPORTABLE COMPENSATION, \$4,397 DEFERRED COMPENSATION AND \$17,596 NON-TAXABLE BENEFITS TABB, M D , KEVIN DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR TABB DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR TABB COMMENCED HIS ROLES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) ON OCTOBER 17, 2011 PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 163,556 INCENTIVE COMPENSATION 131,250 OTHER REPORTABLE COMPENSATION 45,617 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 4,284 THE INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION REFLECTED IN THIS FILING ARE PAYMENTS INTENDED TO HELP EASE THE FINANCIAL COSTS OF RELOCATION, TEMPORARY HOUSING AND OTHER TRANSITIONAL EXPENSES INCURRED BY DR TABB ALL AMOUNTS WERE PAID PURSUANT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN TREASURY REGULATIONS SECTION 53 4958-4(A)(3) AND BIDMC FOLLOWED THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED IN TREASURY REGULATIONS SECTION 53 4958-6(C) IN SETTING DR TABB'S COMPENSATION WELLER, M D , PETER F DIRECTOR & CLERK - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION ALLERGY & INFLAMMATION CHIEF - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR WELLER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR WELLER'S TERM ON THE BIDDM BOARD ENDED DECEMBER 2011 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 246,593 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 8,031 DEFERRED COMPENSATION 29,400 NON-TAXABLE BENEFITS 13,869
SUPPLEMENTAL INFORMATION	PART III	ZEIDEL, M D , MARK L PRESIDENT AND DIRECTOR - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR AND CHAIR OF MEDICINE - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHIEF OF MEDICINE - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR - MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR ZEIDEL DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BIDDM BASE COMPENSATION 1,610 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 DR ZEIDEL PERFORMS SERVICES FOR BOTH HMFP AND BIDMC AS REQUIRED BY FORM 990, ALTHOUGH DR ZEIDEL IS PAID DIRECTLY BY HMFP, THE PORTION OF DR ZEIDEL'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY HMFP BASE COMPENSATION 345,753 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 6,185 DEFERRED COMPENSATION 22,513 NON-TAXABLE BENEFITS 6,853 PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 345,753 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 6,185 DEFERRED COMPENSATION 22,513 NON-TAXABLE BENEFITS 6,853 AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2011 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR ZEIDEL'S POSITION AS CHIEF OF MEDICINE AT BIDMC, CHAIR OF MEDICINE AT HMFP AND HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL \$141,402 BASE AND OTHER REPORTABLE COMPENSATION, \$15,626 DEFERRED COMPENSATION AND \$1,745 NON-TAXABLE BENEFITS CASELLA, JOANNE M CHIEF ADMINISTRATIVE OFFICER - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION CHIEF ADMINISTRATIVE OFFICER, DEPARTMENT OF MEDICINE - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER MS CASELLA DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY HMFP BASE COMPENSATION 265,597 INCENTIVE COMPENSATION 32,988 OTHER REPORTABLE COMPENSATION 9,435 DEFERRED COMPENSATION 29,400 NON-TAXABLE BENEFITS 15,091 LEVY, PAUL F FORMER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION FORMER DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER FORMER DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER MR LEVY SERVED AS PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) UNTIL FEBRUARY 2, 2011 MR LEVY DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION IN HIS POSITION AS PRESIDENT & CEO FOR BIDMC AND FOR HIS SERVICES PROVIDED IN THESE ROLES, MR LEVY RECEIVED PAYMENTS DIRECTLY FROM BIDMC AS WELL AS FROM CAREGROUP, INC (CAREGROUP) THE SOLE MEMBER OF BIDMC, AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND A SUPPORT ORGANIZATION OF BIDMC AS REQUIRED BY THIS FORM 990, MR LEVY'S COMBINED COMPENSATION IS REPORTED BY BIDMC ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 82,000 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 792,381 DEFERRED COMPENSATION 6,667 NON-TAXABLE BENEFITS 18,058 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR LEVY INCLUDED SALARY CONTINUATION PAYMENTS PAID DURING THE CALENDAR YEAR 2011 IN THE AMOUNT OF \$779,467 AND COMBINED PAYMENTS FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$18,325

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number

04-3079630

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III

Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IVBusiness 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) ELIZABETH ROSENBERG	FAMILY MEMBER	67,210	SEE PART V		No
(2) HESTER HILL SCHNIPPER	FAMILY MEMBER	139,430	SEE PART V		No
(3) ANNE NICHOLSON-WELLER MD	FAMILY MEMBER	74,943	SEE PART V		No
(4) SUSAN FREEDMAN MD	FAMILY MEMBER	233,152	SEE PART V		No

Part VSupplemental Information

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

Identifier	Return Reference	Explanation
		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 STUART A ROSENBERG, MD, A FOUNDATION DIRECTOR, A DIRECTOR (EX-OFFICIO) OF BIDMC, AND PRESIDENT AND CEO OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) IS MARRIED TO PATTI ROSENBERG, WHO PROVIDED NETWORK DEVELOPMENT SERVICES TO CARDIOVASCULAR MANAGEMENT ASSOCIATES, A SUPPORT ORGANIZATION OF BIDMC, DURING THE PERIOD COVERED BY THIS FILING HER SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION \$111,750BONUS AND INCENTIVE COMPENSATION \$0OTHER REPORTABLE COMPENSATION \$3,633CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$20,250NON-TAXABLE BENEFITS \$930IN ADDITION DR ROSENBERG'S DAUGHTER, ELIZABETH ROSENBERG, IS AN ULTRASOUND TECHNOLOGIST AT BIDMC HER SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION \$45,564BONUS AND INCENTIVE COMPENSATION \$0OTHER REPORTABLE COMPENSATION \$0CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$1,428LOWELL SCHNIPPER, MD IS BIDDM TREASURER, A PHYSICIAN OF MEDICAL ONCOLOGY AT HMFP AND EVELYN G BERENSON PROFESSOR OF MEDICINE, HMS HMFP IS THE SOLE MEMBER OF BIDDM AND BIDDM IS A SUPPORT ORGANIZATION OF BIDMC DR SCHNIPPER IS MARRIED TO HESTER HILL SCHNIPPER, A LICENSED SOCIAL WORKER PROVIDING SERVICES TO BIDMC HER SALARY AND OTHER INCOME INCLUDES BASE COMPENSATION \$111,785BONUS AND INCENTIVE COMPENSATION \$0OTHER REPORTABLE COMPENSATION \$342CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$17,192NON-TAXABLE BENEFITS \$3,760PETER F WELLER, MD, IS BIDDM CLERK AND A PHYSICIAN OF INFECTIOUS DISEASE AT HMFP HMFP IS THE SOLE MEMBER OF BIDDM DR WELLER IS MARRIED TO ANNE NICHOLSON-WELLER, MD DR NICHOLSON-WELLER PRACTICES INTERNAL MEDICINE WITH A SPECIALTY IN INFECTIOUS DISEASE AND IMMUNOLOGY AND PROVIDED SERVICES TO HMFP DURING THE PERIOD COVERED BY THIS RETURN HER SALARY AND OTHER INCOME INCLUDES BASE COMPENSATION \$58,198BONUS AND INCENTIVE COMPENSATION \$0OTHER REPORTABLE COMPENSATION \$36,584CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$6,984NON-TAXABLE BENEFITS \$240MARK L ZEIDEL, M D , A DIRECTOR (EX-OFFICIO) OF BIDMC, AND CLINICAL CHIEF OF MEDICINE AT BIDMC/CLINICAL CHAIR OF MEDICINE AT HMFP, IS MARRIED TO SUSAN FREEDMAN, MD, A PHYSICIAN EMPLOYED BY HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) AND MEDICAL CARE OF BOSTON MANAGEMENT CORP, DBA AFFILIATED PHYSICIANS GROUP (APG) HMFP IS INTEGRALLY RELATED TO BIDMC AND APG IS A SUPPORT ORGANIZATION OF BIDMC HER SALARY AND OTHER INCOME INCLUDES BASE COMPENSATION \$197,889BONUS AND INCENTIVE COMPENSATION \$0OTHER REPORTABLE COMPENSATION \$3,639CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$24,000NON-TAXABLE BENEFITS \$7,182BIDDM 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 FORM SCHEDULE R PART III SECTION IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS DETAILED DIRECT CONTROLLING ENTITY PHYSICIANS PROFESSIONAL SERVICES, LLP - THE ORGANIZATION IS CONTROLLED 50% BY BIDDM AND 50% BY THE BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC	Employer identification number 04-3079630
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Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	TO SUPPORT PATIENT CARE, RESEARCH, & TEACHING AT BIDMC & HMFP AND TEACHING & RESEARCH AT HMS

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE MISSION OF BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC (BIDDM) IS TO SUPPORT THE PATIENT CARE, RESEARCH, AND TEACHING MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) AS WELL AS TO SUPPORT TEACHING AND RESEARCH AT THE PRESIDENT AND FELLOWS AT HARVARD COLLEGE/HARVARD MEDICAL SCHOOL (HMS)

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC (BIDDM) PLANS AND ADMINISTERS CONTINUING MEDICAL EDUCATION (CME) COURSES AND SEMINARS HELD AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND HARVARD MEDICAL SCHOOL (HMS) THE MAJORITY OF THE COURSES ARE PRESENTED IN CONJUNCTION WITH HMS THESE PROGRAMS PROVIDE CONTINUING EDUCATION OPPORTUNITIES FOR PHYSICIANS BOTH FROM WITHIN AND OUTSIDE OF THE BOSTON AREA AS WELL AS INTERNATIONALLY BIDDM OFFERS NUMEROUS ANNUAL CME COURSES ON A WIDE VARIETY OF MEDICAL SPECIALTIES, SUCH AS CARDIOLOGY, GASTROENTEROLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, NEPHROLOGY AND PULMONARY MEDICINE WHICH PROVIDE ATTENDING PRACTITIONERS WITH NEW KNOWLEDGE TO IMPROVE QUALITY MEDICAL CARE FOR PATIENTS AND THEIR COMMUNITIES PHYSICIANS ATTENDING THESE COURSES RECEIVE CONTINUING EDUCATION CREDITS FOR MAINTENANCE OF THEIR LICENSURE

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDDM PROVIDED SUPPORT TO PATIENT CARE, RESEARCH AND EDUCATION IN SOME OR ALL OF THE FOLLOWING AREAS: FINANCIAL SUPPORT TO INTERVENTIONAL PULMONARY, AND MATRIX BIOLOGY PROGRAMS WITHIN THE BIDMC AND HMFP DEPARTMENTS OF MEDICINE, ONGOING SUPPORT TO HIV RELATED RESEARCH, SPONSORSHIP OF NUMEROUS EDUCATIONAL GRAND ROUNDS FOR THE BIDMC AND HMFP DEPARTMENTS OF MEDICINE, AND THE PROVISION OF FINANCIAL SUPPORT TO COVER EXPENSES INCURRED AND/OR SALARY SUPPORT TO PHYSICIANS AND SUPPORT PERSONNEL PROVIDING CARE TO BIDMC AND HMFP PATIENTS. BIDDM FURTHER SUPPORTS THE EDUCATIONAL MISSIONS OF BIDMC AND HMFP BY BRINGING DISTINGUISHED PHYSICIANS TO BIDMC AND HMFP TO PROVIDE EDUCATIONAL LECTURES IN THEIR AREA OF EXPERTISE. THESE LECTURES SERVE AS AN INTEGRAL PART OF EDUCATING MEDICAL TRAINEES (INTERNS, RESIDENTS, AND FELLOWS) AND PHYSICIANS. ADDITIONALLY, BIDDM HELPS FUND THE COST OF TRAVEL FOR EDUCATIONAL OPPORTUNITIES SO THAT HMFP PHYSICIANS CAN ATTEND NATIONAL CONFERENCES FOR PROFESSIONAL DEVELOPMENT INCLUDING SUPPORT FOR BIDMC CLINICAL FELLOWS IN TRAINING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, CAREGROUP, INC (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) BIDMC IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BIDN), MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GROUP (APG) AND BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON) IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES CAREGROUP ALSO SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) AND MOUNT AUBURN HOSPITAL (MAH), WHICH IN TURN SERVE AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), RESPECTIVELY EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN EMPLOYMENT RELATIONSHIP ONE OR MORE ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	HMFP IS THE SOLE MEMBER BIDDM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	HMFP HAS THE RIGHT TO APPOINT AT LEAST ONE OF THE ORGANIZATIONS' MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER ACCORDING TO BIDDM BY LAWS HAS THE FOLLOWING RIGHTS - TO APPROVE THE UNDERTAKING OF CERTAIN CLINICAL SERVICES OF BIDDM, - 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 BIDMC, - TO SELECT, REMOVE AND/OR REPLACE THE INDEPENDENT PUBLIC ACCOUNTING FIRM, - TO REQUIRE COMPLIANCE WITH THE MEMBER'S POLICIES AND PROCEDURES FOR COMPLIANCE WITH BILLING AND PAYMENT REQUIREMENTS OF FEDERAL HEALTH CARE PROGRAMS, AND, - POWERS AND RIGHTS AS VESTED BY LAW BIDDM IN CONJUNCTION WITH THE CHIEF OF THE DEPARTMENT OF MEDICINE AT BIDMC HAS THE FOLLOWING ADDITIONAL RIGHTS - TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF ORGANIZATION AND/OR BYLAWS, - ANY MERGER, CONSOLIDATION, DIVISION OF DISSOLUTION OF BIDDM, AND, - THE SALE, LEASE, EXCHANGE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF BIDDM'S PROPERTY AND ASSETS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE PREPARATION AND THE FILING OF BDDM'S FORM 990 AND SUPPORTING SCHEDULES ARE THE RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER (CFO) OF HMFP. AS PREVIOUSLY NOTED, HMFP IS THE SOLE MEMBER OF BDDM. FOR FISCAL YEAR 2012, THE FORM 990 WAS PREPARED BY DELOITTE TAX WITH ASSISTANCE AND GUIDANCE FROM HMFP'S FINANCE STAFF. THE TAX PREPARATION PROCESS WAS ALSO OVERSEEN BY THE DIRECTOR OF TAXATION OF CAREGROUP, INC. CARE GROUP IS THE SOLE MEMBER OF BIDMC. A DRAFT COPY OF THE FORM 990 PREPARED BY DELOITTE TAX INCLUDING ALL RELATED SCHEDULES, WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>BIDDM HAS A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL MEMBERS OF ITS WORKFORCE, INCLUDING EMPLOYEES, PROFESSIONAL STAFF, CONSULTANTS, CONTRACTORS, AGENTS, AND VENDORS, AND TO THE MEMBERS OF THE BOARD OF DIRECTORS. IN ADDITION, BIDDM, HMFP AND BIDMC ARE INTEGRALLY RELATED ENTITIES AND HAVE A COMPREHENSIVE CONFLICT OF INTEREST PROCESS FOR DISTRIBUTION, COLLECTION AND REVIEW OF THE COI ANNUAL DISCLOSURE FORMS. PURSUANT TO THESE POLICIES, ALL MEMBERS OF THE BIDDM WORKFORCE MUST DISCLOSE CONFLICTS OF INTEREST AT THE TIME OF INSTITUTIONAL TRANSACTIONS AND MUST REFRAIN FROM TAKING ANY ADMINISTRATIVE ACTION WITHIN THE INSTITUTION THAT IS BENEFICIAL TO AN OUTSIDE BUSINESS IN WHICH S/HE OR A FAMILY MEMBER HAS A POSITION OR A FINANCIAL INTEREST UNLESS S/HE INFORMS HIS/HER SUPERVISOR AND OBTAINS APPROVAL. ON BEHALF OF BIDDM, HMFP MONITORS COMPLIANCE WITH THIS POLICY BY REQUIRING ALL PHYSICIANS, OFFICERS AND DIRECTORS PARTICIPATING IN THE PROCESS TO COMPLETE A WRITTEN DISCLOSURE FORM AT THE TIME OF DISCUSSIONS AND NEGOTIATIONS WITH A SUPPLIER. SIMILARLY, ANY MEMBER OF THE BIDDM BOARD OF DIRECTORS WHO IS IN A POSITION TO VOTE ON OR INFLUENCE A PARTICULAR TRANSACTION OR DECISION MUST NOTIFY THE BOARD OR THE COMMITTEE IF S/HE OR A FAMILY MEMBER MIGHT MATERIALLY BENEFIT AND RECUSE HIM/HERSELF FROM PARTICIPATION AND VOTING ON THE DECISION. IN ADDITION, ALL BIDDM PHYSICIANS, OFFICERS, DIRECTORS AND KEY EMPLOYEES OF BIDDM, HMFP AND THE MEDICAL CENTER ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT DISCLOSURE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS MAINTAINED BY OFFICERS, DIRECTORS OR KEY EMPLOYEES AND THEIR IMMEDIATE FAMILY MEMBERS WHICH MAY RESULT IN A CONFLICT OF INTEREST. PURSUANT TO THE BIDDM, HMFP AND BIDMC CONFLICT OF INTEREST POLICIES, MANY INDIVIDUALS IN ADDITION TO THOSE REPORTED ON THE TAX RETURNS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT DISCLOSURE. THESE ADDITIONAL CATEGORIES INCLUDE OFFICERS, SENIOR MANAGEMENT, CHIEFS OF SERVICE, DIVISION CHIEFS, MANAGERS, SUPERVISORS, AND OTHER WORKFORCE AND PROFESSIONAL STAFF CATEGORIES AS IDENTIFIED FROM TIME TO TIME BY THE CHIEF EXECUTIVE OFFICER, THE CORPORATE COMPLIANCE OFFICER OR THE COMPLIANCE OVERSIGHT COMMITTEE. FOR THESE EMPLOYEES, PROVIDING A DISCLOSURE IS A CONDITION OF EMPLOYMENT AND/OR BIDMC MEDICAL STAFF APPOINTMENT. THE HMFP COMPLIANCE OVERSIGHT COMMITTEE IN CONJUNCTION WITH HMFP COUNSEL REVIEWS ANNUAL CONFLICT OF INTEREST DISCLOSURES ON BEHALF OF BIDDM AND HMFP AND DETERMINES APPROPRIATE ACTION FOR THE ANNUAL CONFLICT OF INTEREST DISCLOSURES. THE BIDMC OFFICE OF COMPLIANCE AND BUSINESS CONDUCT COLLECTS, REVIEWS, AND DETERMINES APPROPRIATE ACTION FOR THE ANNUAL CONFLICT OF INTEREST DISCLOSURES ON BEHALF OF BIDMC. BECAUSE OF THE INTEGRAL RELATIONSHIP BETWEEN BIDDM, HMFP AND BIDMC, MANY INDIVIDUALS ARE COVERED BY BOTH ENTITIES' CONFLICT OF INTEREST POLICIES AND ANNUAL DISCLOSURE REQUIREMENTS. IN CASES OF DUAL RESPONSIBILITIES, THE RESPONSES ARE REVIEWED BY BOTH DEPARTMENTS FOR DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT. PURSUANT TO EACH INSTITUTION'S CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED, WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A PLAN TO REQUIRE DISCLOSURE AND RECUSAL INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. AS NOTED PREVIOUSLY IN THIS FILING, CAREGROUP IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED, A SUPPORT ORGANIZATION OF BIDDM, HMFP AND THE SOLE MEMBER OF THE MEDICAL CENTER. IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE CAREGROUP TAX DEPARTMENT AND THE HMFP FINANCE DEPARTMENT JOINTLY ISSUE A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BIDDM BOARD OF DIRECTORS AS WELL AS CURRENT AND FORMER BIDDM OFFICERS AND KEY EMPLOYEES. THE TAX QUESTIONNAIRE IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR BIDDM, HMFP AND ITS AFFILIATES TO COMPLETELY AND ACCURATELY PROCESS AND COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	BIDDM 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 BIDDM 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	BIDDM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND 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
AVG HOURS DEVOTED TO RELATED ORG(S) WHEN RELATED COMP IS REPORTED	FORM 990, PART VII SECTION 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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 432,952 CHANGE IN INTEREST IN PPS 265,762 TOTAL TO FORM 990, PART XI, LINE 5 698,714

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number

04-3079630

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.)

(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
See Additional Data Table							

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 AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A									
(2) BETH ISRAEL DEACONESS PHYSICIAN ORG LLC 110 FRANCIS STREET BOSTON, MA 02215 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(3) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	RELATED	424,852	754,504		No		No		50 000 %
(4) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A									
(5) CHARLTON MRI SERVICES LLC 330 BROOKLINE AVENUE BOSTON, MA 02215 26-4662778	PROVISION OF PATIENT CARE SERVICES	MA	N/A									
(6) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	SEE SUPPLEMENTAL EXPLANATIONS	RELATED	164,526	2,461,966		No		No		50 000 %

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, MA 02494 26-4426847	INACTIVE CORPORATION	MA	N/A	C			
(2) CHESTNUT HEALTHCARE ALLIANCE INC 148 CHESTNUT STREET NEEDHAM, MA 02492 04-3265117	PHYSICIAN/HOSPITAL ORGANIZATION	MA	N/A	C			
(3) HORIZON VENTURES INC 199 REEDSDALE ROAD MILTON, MA 02186 04-2853249	PHYSICIAN BILLING	MA	N/A	C			
(4) MILTON PHYSICIAN-HOSPITAL ORGANIZATION INC 199 REEDSDALE ROAD MILTON, MA 02186 04-3213042	PHYSICIAN/HOSPITAL ORGANIZATION	MA	N/A	C			
(5) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

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)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 04-3079630

Name: BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE 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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ASSOC PHYS HARVARD MED FAC PHY AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C) (3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC		No
BI ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 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, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C) (3)	LINE 7	N/A		No
BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 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 NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	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, MA 02215 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, MA 02215 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, MA 02492 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, MA 02215 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, MA 02215 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, MA 02215 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, MA 02215 04-3117601	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 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, MA 02215 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, MA 02215 04-3208878	SPECIALIZED CARDIOVASCULAR MED SVCS TO PATIENTS OF CARDIO VSUCAL INSTITUTES	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA 02215 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, MA 02215 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, MA 02215 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, MA 02215 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, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE, AND CARDIOLOGY SERVICES	MA	501(C) (3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501 (C)(3)	LINE 3	CAREGROUP INC		No
MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501 (C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501 (C)(3)	LINE 3	CAREGROUP INC		No
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	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, MA 02215 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, MA 02115 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, MA 02215 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
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC 199 REEDSDALE RD MILTON, MA 02186 04-2103604	PROVIDE CHARITABLE HEALTHCARE SERVICE TO THE COMMUNITY	MA	501 (C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
MILTON HOSPITAL DEVELOPMENT FUND INC 199 REEDSDALE RD MILTON, MA 02186 22-2567057	FUNDRAISING/DEVELOPMENT	MA	501 (C)(3)	LINE 7	MILTON HOSPITAL FOUNDATION INC		No
COMMUNITY PHYSICIAN ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501 (C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
MILTON HOSPITAL FOUNDATION INC 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501 (C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
SOUTHEASTERN MASSACHUSETTS REGIONAL HEALTHCARE INFORMATION ORG 92 HIGHLAND STREET MILTON, MA 02186 56-2645920	INACTIVE	MA			BETH ISRAEL DEACONESS HOSPITAL - MILTON INC		No