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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
199 REEDSDALE ROAD

City or town, state or province, country, and ZIP or foreign postal code
MILTON, MA 02186

D Employer identification number
04-2103604

E Telephone number
(617) 696-4600

G Gross receipts $ 86,016,969

F Name and address of principal officer
PETER HEALY
199 REEDSDALE ROAD
MILTON, MA 02186

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MILTONHOSPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1952

M State of legal domicile MA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	814
6	Total number of volunteers (estimate if necessary)	**6**	205
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	53,773
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	20,707

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,484,377	755,006
9	Program service revenue (Part VIII, line 2g)	77,159,628	80,403,561
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,404,499	1,760,165
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	585,353	1,631,643
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,633,857	84,550,375
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)	39,678,692	40,442,753
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶359,920		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,545,965	41,603,372
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	77,224,657	82,046,125
19	Revenue less expenses Subtract line 18 from line 12	7,409,200	2,504,250

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	134,507,104	135,528,870
21	Total liabilities (Part X, line 26)	59,855,865	60,591,733
22	Net assets or fund balances Subtract line 21 from line 20	74,651,239	74,937,137

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-08-11

PETER HEALY CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTINE KAWECKI		2015-08-10		P00743140

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

Firm's address ▶ 2 JERICHO PLAZA
JERICHO, NY 11753 — Phone no (516) 918-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses $	35,652,349	including grants of $	(Revenue $	39,866,552)
	SEE SCHEDULE O					
4b	(Code)	(Expenses $	28,093,630	including grants of $	(Revenue $	29,381,483)
	SEE SCHEDULE O					
4c	(Code)	(Expenses $	9,990,739	including grants of $	(Revenue $	11,155,526)
	SEE SCHEDULE O					
	(Code)	(Expenses $		including grants of $	(Revenue $	646,633)
4d	Other program services (Describe in Schedule O)					
	(Expenses $			including grants of $	(Revenue $	646,633)
4e	**Total program service expenses** ▶		73,736,718			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		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*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	132		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	814		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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 as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
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**	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

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

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

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

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

▶ MICHAEL CONKLIN MILTON HOSPITAL 199 REEDSDALE RD
MILTON, MA 02186 (617) 696-4600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,457,865	5,249,631	523,812

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 74

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTH SHORE ANESTHESIA ASSO 163 LIBBEY PARKWAY STE 301 WEYMOUTH MA 02189	ANESTHESIA SERVICES	918,333
HARVARD MEDICAL FACULTY PHYSICIANS 110 FRANCIS ST STE 9D BOSTON MA 02215	PHYSICIAN SERVICES	598,311
QUEST DIAGNOSTICS 12436 COLLECTIONS CENTER DR CHICAGO IL 606932346	LAB TESTING	560,851
CAREGROUP HEALTHCARE SYSTEM 109 BROOKLINE AVENUE BOSTON MA 02215	ASSESSMENT INS , AUDIT, GEN	355,992
BENNETT GROUP 27 WORMWOOD STREET STE 320 BOSTON MA 02210	MARKETING/ADVERTISING SERVICES	291,294

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 ▶ 19

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	267,737			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	254,102			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	233,167			
	g	Noncash contributions included in lines 1a-1f $		10,857			
	h	**Total.** Add lines 1a-1f . . . . . ▶		755,006			
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE	621110	39,652,652	39,652,652		
	b	OUTPATIENT REVENUE	621400	29,381,483	29,381,483		
	c	EMERGENCY ROOM SERVICE	621110	11,155,526	11,155,526		
	d	RELATED ORG RENTAL	900099	213,900	213,900		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		80,403,561			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		402,039		14,663	387,376
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	941,358				
	b	Less rental expenses	258,111				
	c	Rental income or (loss)	683,247				
	d	Net rental income or (loss) . . . . . ▶		683,247			683,247
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,487,788				
	b	Less cost or other basis and sales expenses	1,129,662				
	c	Gain or (loss)	1,358,126				
	d	Net gain or (loss) . . . . . ▶		1,358,126		18,754	1,339,372
Other Revenue	8a	Gross income from fundraising events (not including $ 267,737 of contributions reported on line 1c) See Part IV, line 18 . . a	64,434				
	b	Less direct expenses . . . b	78,050				
	c	Net income or (loss) from fundraising events . . ▶		-13,616			-13,616
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	9,405				
	b	Less direct expenses . . . b	771				
	c	Net income or (loss) from gaming activities . . ▶		8,634			8,634
	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	CAFETERIA/VENDING MAC	722210	285,263			285,263
	b	REFUNDS & REBATES	900099	28,449	28,449		
	c	LAB WORK	900099	21,482		20,356	1,126
	d	All other revenue		618,184	618,184		
	e	**Total.** Add lines 11a–11d . . . . . ▶		953,378			
	12	**Total revenue.** See Instructions . . . . . ▶		84,550,375	81,050,194	53,773	2,691,402

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	2,133,026	1,844,181	288,845	
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	31,604,482	28,411,659	3,006,400	186,423
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,429,261	1,306,345	117,199	5,717
9 Other employee benefits	2,851,338	2,622,233	212,419	16,686
10 Payroll taxes	2,424,646	2,193,952	216,416	14,278
11 Fees for services (non-employees)				
a Management	702,356	702,356		
b Legal	135,000		135,000	
c Accounting	218,878		218,878	
d Lobbying	35,136	35,136		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,742,293	21,170,643	1,478,757	92,893
12 Advertising and promotion	834,539	500	834,039	
13 Office expenses	890,082	616,206	264,409	9,467
14 Information technology	1,997,553	1,825,764	163,799	7,990
15 Royalties . .				
16 Occupancy	5,599,613	5,005,498	586,472	7,643
17 Travel	61,245	57,576	3,433	236
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,318	13,921	45,257	140
20 Interest	2,298,733	2,298,733		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,611,753	4,215,142	378,164	18,447
23 Insurance	700,359	700,359		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNCOMPENSATED CARE	716,514	716,514		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	82,046,125	73,736,718	7,949,487	359,920
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,046,738	1	1,561,605
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,637,014	4	10,673,094
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,624,464	7	625,620
	8	Inventories for sale or use		1,169,902	8	1,395,417
	9	Prepaid expenses and deferred charges		937,875	9	890,420
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 99,927,257			
	b	Less accumulated depreciation	10b 13,029,756	86,791,628	10c	86,897,501
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		26,486,855	12	28,316,921
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,812,628	15	5,168,292
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		134,507,104	16	135,528,870
Liabilities	17	Accounts payable and accrued expenses		10,182,937	17	8,829,887
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		27,831,293	20	28,062,953
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		7,714,441	23	2,319,193
	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		14,127,194	25	21,379,700
	26	**Total liabilities.** Add lines 17 through 25		59,855,865	26	60,591,733
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		61,715,213	27	61,077,757
	28	Temporarily restricted net assets		10,136,692	28	11,052,046
	29	Permanently restricted net assets		2,799,334	29	2,807,334
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		74,651,239	33	74,937,137
	34	Total liabilities and net assets/fund balances		134,507,104	34	135,528,870

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,550,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,046,125
3	Revenue less expenses Subtract line 2 from line 1	3	2,504,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,651,239
5	Net unrealized gains (losses) on investments	5	207,600
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,425,952
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,937,137

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Additional Data

Software ID:
Software Version:
EIN: 04-2103604
Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXANDER BRUCE DIRECTOR	1 00 1 00	X						0	0	0
BARRETT MD GEORGE DIRECTOR	1 00 1 00	X						0	0	0
BRADY MICHAEL J DIRECTOR & BOARD CHAIR	5 00 11 00	X						0	0	0
CICHELLO ANTHONY DIRECTOR	1 00 2 00	X						0	0	0
CONLON KATHLEEN DIRECTOR & CLERK	2 00 4 00	X		X				0	0	0
CRONIN MD JON DIRECTOR & ICU MED DIR	11 00 1 00	X						51,000	0	0
DAVIS III FRANK L DIRECTOR	1 00 1 00	X						0	0	0
FALLON CAROL DIRECTOR	1 00 1 00	X						0	0	0
GREENE DONALD DIRECTOR	1 00 1 00	X						0	0	0
HEALY PETER PRES, CEO & DIR (EX-OFF)	58 00 7 00	X		X				130,539	0	10,678
HEAVEY CHRISTOPHER DIRECTOR	1 00 1 00	X						0	0	0
HODGMAN JANE DIRECTOR & VICE CHAIR	2 00 2 00	X						0	0	0
KERWIN MARK DIRECTOR	1 00 1 00	X						0	0	0
LEWIS MD STANLEY M DIRECTOR	1 00 64 00	X						0	628,645	47,002
LONGMAID MD H ESTERBROOK DIR(EXOFF), MED STF PRES	8 00	X						46,253	0	0
LOONEY MD JOHN J DIRECTOR	1 00 59 00	X						0	548,854	58,523
MARSANO MARIO DIRECTOR	1 00 1 00	X						0	0	0
NEEDHAM ELLEN DIRECTOR, TREASURER	2 00 4 00	X		X				0	0	0
RABKIN MD MITCHELL DIRECTOR	1 00 1 00	X						0	6,000	0
ROSENBERG MD STUART A DIRECTOR	1 00 64 00	X						0	1,032,308	66,675
STAPLETON PATRICK DIRECTOR	1 00 1 00	X						0	0	0
TABB MD KEVIN DIRECTOR	1 00 64 00	X						0	1,307,416	46,916
CONKLIN MICHAEL V P FINANCE & CFO	55 00 5 00			X				0	0	0
RADZEVICH JASON V P FINANCE & CFO	55 00 5 00			X				277,380	0	5,509
SINKEVICH DORIS SEE SCH J, PART III	55 00 5 00			X				396,744	0	1,946

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRONIN RN LYNN CHIEF NURSING OFFICER	60 00				X			154,107	0	25,758
YEATS MD ASHLEY CHIEF MEDICAL OFFICER	55 00 5 00				X			261,319	54,590	3,934
PAGE CYNTHIA VP CLINICAL SUPPORT SERVIC	60 00					X		139,052	0	42,023
GRONBERG MARK CONTROLLER	60 00					X		138,865	0	24,941
FERNANDEZ JEAN M CHIEF INFORMATION OFFICER	60 00					X		138,698	0	23,906
HARRINGTON KATHLEEN VP HUMAN RESOURCES	60 00					X		143,336	0	11,528
CAMPBELL ALEXANDER DIR HEALTH CARE QUALITY	60 00					X		130,526	0	23,258
BERRY MD MICHAEL V ORTHO SURG,FRM SHF SUR	0 00 60 00						X	0	957,695	22,400
MORRISSEY JOSEPH V FRMR DIR, PRES & CEO	0 00						X	450,046	0	44,727
ZEIDEL MD MARK L FORMER DIRECTOR	0 00 65 00						X	0	714,123	64,088

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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?

	Yes	No
(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 supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization	Employer identification number
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC	04-2103604

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

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

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

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

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

(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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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?	Yes		35,136
j	Total Add lines 1c through 1i			35,136
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON) DOES NOT ENGAGE IN ANY DIRECT LOBBYING EFFORTS HOWEVER, BID-MILTON PAYS 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 IN ADDITION, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), BID-MILTON'S SOLE MEMBER, ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER AFFILIATED NETWORK ENTITIES LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS $35,136 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014 TOTAL LOBBYING EXPENDITURES WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

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

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	17,551,429	14,742,901	13,725,678	14,870,910	13,570,314
b	Contributions	17,972	2,104,297			
c	Net investment earnings, gains, and losses	1,097,316	871,552	1,017,223	-603,914	1,300,596
d	Grants or scholarships					
e	Other expenditures for facilities and programs	238,338	167,321		541,318	
f	Administrative expenses	32,127				
g	End of year balance	18,396,252	17,551,429	14,742,901	13,725,678	14,870,910

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

- a Board designated or quasi-endowment ▶ 78 590 %
- b Permanent endowment ▶ 6 410 %
- c Temporarily restricted endowment ▶ 15 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,954,869		8,954,869
b Buildings		75,099,427	8,388,303	66,711,124
c Leasehold improvements		103,903	103,903	0
d Equipment		15,393,904	4,537,550	10,856,354
e Other		375,154		375,154
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				86,897,501

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SHORT TERM INVESTMENTS	14,457,541	F
(B) DONOR RESTRICTED INVESTMENTS	13,859,380	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	28,316,921	

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

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

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

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
PROFESSIONAL LIABILITY	1,820,431
OBLIGATION UNDER CAPITAL LEASE	3,403
PENSION LIABILITY	13,860,709
ASSET RETIREMENT OBLIGATION	126,817
DUE TO THIRD PARTY PAYORS	2,199,801
DUE TO AFFILIATES	3,368,539
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	21,379,700

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	88,354,848
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	207,600		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	3,596,873		
e	Add lines **2a** through **2d**			2e	3,804,473
3	Subtract line **2e** from line **1**			3	84,550,375
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	84,550,375

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	85,297,331
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,251,206		
e	Add lines **2a** through **2d**			2e	3,251,206
3	Subtract line **2e** from line **1**			3	82,046,125
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	82,046,125

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	BETH ISRAEL DEACONESS HOSPITAL - MILTON'S (BID-MILTON) ENDOWMENT FUNDS ARE INTENDED TO ENSURE THAT THE BID-MILTON ACCOMPLISHES ITS CHARITABLE MISSION OF IMPROVING PATIENT HEALTH BY PROVIDING HIGH QUALITY, PERSONALIZED HEALTH CARE WITH COMPASSION, DIGNITY AND RESPECT IN A COST EFFECTIVE AND SAFE MANNER IN CLOSE COLLABORATION WITH ITS SOLE MEMBER, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), REGARDLESS OF THE PATIENT'S ABILITY TO PAY, RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, AGE, OR DISABILITY THE SPECIFIC USES OF THE ENDOWMENT VARY DEPENDING ON THE NATURE OF RESTRICTIONS, IF ANY, IMPOSED BY DONORS THE BID-MILTON ENDOWMENT CONSISTS OF APPROXIMATELY TEN FUNDS INVESTMENT INCOME EARNED IS USED FOR HOSPITAL CAPITAL NEEDS, FREE CARE, AND OTHER OPERATING EXPENSES
PART X, LINE 2	THE TEXT OF THE FOOTNOTE TO THE CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS IS AS FOLLOWS THE HOSPITAL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE MEDICAL CENTER DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2014 OR 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES NET OF ELIMINATIONS 2,369,816 NET TRANSFER FROM AFFILIATES 1,000,000 CHNAGE IN EQUITY IN PARTNERSHIPS 227,057
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATES CONSOLIDATED 3,251,206

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS		3,613,352
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		45,718
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		169,480
(4) NORTH AMERICA	0	0	INVESTMENTS		154,346
(5) SOUTH AMERICA	0	0	INVESTMENTS		39,213
3a Sub-total	0	0			4,022,109
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			4,022,109

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 04-2103604
Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Part V **Supplemental Information**

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 GALA (event type)	(b) Event #2 GOLF TOURN (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	222,921	109,250		332,171
	2 Less Contributions	185,846	81,891		267,737
	3 Gross income (line 1 minus line 2)	37,075	27,359		64,434
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	2,560		2,560
	6 Rent/facility costs	39,130	3,360		42,490
	7 Food and beverages	0	13,302		13,302
	8 Entertainment	3,000	0		3,000
	9 Other direct expenses	9,179	7,519		16,698
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(78,050)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-13,616

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			885,402	27,152	858,250	1 050 %
b Medicaid (from Worksheet 3, column a)			8,379,672	5,917,381	2,462,291	3 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			9,265,074	5,944,533	3,320,541	4 050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			277,635	127,321	150,314	0 180 %
f Health professions education (from Worksheet 5)			15,263		15,263	0 020 %
g Subsidized health services (from Worksheet 6)			881,390		881,390	1 070 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,810		8,810	0 010 %
j **Total.** Other Benefits			1,183,098	127,321	1,055,777	1 280 %
k **Total.** Add lines 7d and 7j			10,448,172	6,071,854	4,376,318	5 330 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			13,128		13,128	0 020 %
9 Other						
10 **Total**			13,128		13,128	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	3,783,645		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	34,114,269
6	Enter Medicare allowable costs of care relating to payments on line 5	6	30,183,894
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,930,375
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BETH ISRAEL DEACONESS HOSPITAL -MILTON

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART VI			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
DISCLOSURES FOR FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	WILL FOLLOW THOSE DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION BCOMMUNITY BENEFITS MISSION STATEMENT BETH ISRAEL DEACONESS HOSPITAL-MILTON'S (BID-MILTON OR HOSPITAL) COMMUNITY BENEFITS MISSION IS TO PROVIDE FREE OR LOW-COST PROGRAMS THAT ADDRESS UNMET HEALTH AND WELLNESS NEEDS OF RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE COMMUNITIES OF MILTON, RANDOLPH, QUINCY, DORCHESTER, HYDE PARK, BRAINTREE AND CANTON, IN A MANNER SHAPED BY COMMUNITY INPUT, ALIGNED WITH HOSPITAL RESOURCES, AND GUIDED BY OUR OBJECTIVE TO DELIVER HIGH QUALITY CARE WITH COMPASSION, DIGNITY AND RESPECT AS NOTED THROUGHOUT THIS NARRATIVE, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER), IS A NATIONALLY RECOGNIZED TERTIARY CARE ACADEMIC MEDICAL CENTER, IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND IS THE SOLE MEMBER OF BID-MILTON THE MEDICAL CENTER IS COMMITTED TO ITS COMMUNITY THE MEDICAL CENTER HAS A COVENANT TO CARE FOR THE UNDERSERVED AND TO WORK TO CHANGE DISPARITIES IN ACCESS TO CARE AND TO THAT END THE BOARD OF DIRECTORS HAS CHARGED ITS PERMANENT COMMUNITY BENEFITS COMMITTEE WITH AUTHORITY AND OVERSIGHT OF ACTIVITIES TO FULFILL THE MISSION OF COMMUNITY BENEFITS THE MEDICAL CENTER KNOWS THAT TO BE SUCCESSFUL IT NEEDS TO LEARN FROM THOSE IT SERVES THIS COMMUNITY BENEFIT MISSION IS FULFILLED BY - IMPLEMENTING PROGRAMS AND SERVICES IN GREATER BOSTON AND OUTER CAPE COD TO IMPROVE THE CURRENT AND FUTURE HEALTH STATUS OF MEDICALLY UNDERSERVED COMMUNITIES WHICH ARE CHALLENGED BY BARRIERS IN ACCESSING AND INTERACTING EFFECTIVELY WITH THE HEALTHCARE SYSTEM AND IMPACTED BY OTHER SOCIAL DETERMINANTS OF HEALTH - ENSURING THAT THE MEDICAL CENTER IS WELCOMING AND INCLUSIVE AND THAT ALL PATIENTS RECEIVE EQUITABLE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE, AND- ENCOURAGING COLLABORATIVE RELATIONSHIPS WITH OTHER PROVIDERS AND GOVERNMENT ENTITIES TO SUPPORT AND ENHANCE RATIONAL AND EFFECTIVE HEALTH POLICIES AND PROGRAMS DURING THE FISCAL YEAR COVERED BY THIS FILING, BID-MILTON PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF $ 159,124 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I IN ADDITION, DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF $ 11,811,992 AS REPORTED ON THE MEDICAL CENTER'S SCHEDULE H, PART I, LINES 7E AND 7I COMMUNITY BENEFITS LEADERSHIPBID-MILTON'S COMMUNITY BENEFITS ADVISORY COMMITTEE INCLUDES REPRESENTATION FROM THE HOSPITAL'S SENIOR LEADERSHIP (INCLUDING THE VP OF STAFF DEVELOPMENT AND PATIENT ENGAGEMENT), PATIENT FAMILY ADVISORY COUNCIL, PUBLIC RELATIONS, CASE MANAGEMENT AS WELL AS COMMUNITY REPRESENTATION DAY-TO-DAY OPERATIONS OF THE COMMUNITY BENEFITS PROGRAM ARE OVERSEEN BY THE PUBLIC RELATIONS DEPARTMENT, WITH GUIDANCE FROM THE HOSPITAL PRESIDENT AND CHIEF EXECUTIVE OFFICER THE COMMUNITY BENEFITS ADVISORY COMMITTEE SERVES AS A RESOURCE FOR MAKING COMMUNITY BENEFITS DECISIONS THROUGHOUT THE YEAR

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8	COMMUNITY HEALTH NEEDS ASSESSMENTCOMMUNITY HEALTH NEEDS ASSESSMENT - INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDER AL GUIDELINES, IN ORDER MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED BID-MILTON COMPLETED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER 2013 THE NEEDS ASSESSMENT AND ACCOMPANYING IMPLEMENTATION P LAN WERE APPROVED BY THE BID-MILTON BOARD OF DIRECTORS ON OR BEFORE SEPTEMBER 30, 2013 TH E COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) ARE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WAS BORNE LARGELY OUT OF BID-MILTON'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEAL TH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS O N THOSE WHO ARE MOST DISADVANTAGED THE PROJECT ALSO FULFILLS COMMONWEALTH ATTORNEY GENERA L'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BID-MI LTON ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW THE BID-MILTON, IN COLLABORATIO N WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIE S IDENTIFIED BY THE ASSESSMENT COMMUNITY HEALTH NEEDS ASSESSMENT - TARGETED GEOGRAPHYTHE 2 013 COMMUNITY HEALTH ASSESSMENT (CHNA) ENCOMPASSED BRAINTREE, MILTON, AND RANDOLPH (REFERR ED TO AS THE MILTON REGION) FOCUSING BID-MILTON'S CHNA ON THIS GEOGRAPHIC AREA FACILITATE D THE ALIGNMENT OF THE HOSPITAL'S EFFORTS WITH COMMUNITY AND GOVERNMENTAL PARTNERS, AND SE VERAL COMMUNITY-BASED ORGANIZATIONS THIS FOCUS ALSO FACILITATES COLLABORATION WITH THE AD VISORY COMMITTEE, WHICH AS DESCRIBED ABOVE, IS INVOLVED IN IMPLEMENTING KEY STRATEGIES OF THE CHNA SO THAT FUTURE INITIATIVES CAN BE DEVELOPED IN A MORE COORDINATED APPROACH COMMUN ITY HEALTH NEEDS ASSESSMENT - TARGET POPULATIONSTARGET POPULATIONS FOR BID-MILTON'S COMMUN ITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, CO LLABORATIVE EFFORTS, AND A CHNA WHICH IS CONDUCTED EVERY THREE YEARS, IN ACCORDANCE WITH T HE REQUIREMENTS UNDER IRC SECTION 501(R) BID-MILTON'S TARGET POPULATIONS FOCUS ON MEDICAL LY-UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES IN THE MILTON REGION, AS FOLLOWS - CHILDR EN- ELDERS LIVING IN PUBLIC HOUSING-ETHNIC AND LINGUISTIC MINORITIES- INDIVIDUALS WHO ARE OBESE/OVERWEIGHT-POPULATIONS LIVING IN POVERTY- TARGETED LOW INCOME NEIGHBORHOODS- UNDER INSURED/UNINSURED - YOUTH AT RISKBID-MILTON'S PROGRAMS MIRROR THE FIVE CORE PRINCIPLES OUT LINED BY THE PUBLIC HEALTH INSTITUTE IN TERMS OF THE "EMPHASIS ON COMMUNITIES WITH DISPROP ORTIONATE UNMET HEALTH-RELATED NEEDS, EMPHASIS ON PRIMARY PREVENTION, BUILDING A SEAMLESS CONTINUUM OF CARE, BUILDING COMMUNITY CAPACITY, AND COLLABORATIVE GOVERNANCE "COMMUNITY HE ALTH NEEDS ASSESSMENT - APPROACH AND METHODSTHE CHNA UTILIZED A PARTICIPATORY, COLLABORATI VE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT THE ASSESSMENT PROCESS INCLUDED SYN THESIZING EXISTING DATA ON SOCIAL, ECONOMIC, AND HEALTH INDICATORS IN THE REGION AS WELL A S INFORMATION FROM TWO COMMUNITY DIALOGUES CONDUCTED WITH COMMUNITY RESIDENTS, AND TEN INT ERVIEWS WITH COMMUNITY STAKEHOLDERS COMMUNITY DIALOGUES AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE THREE MUNICIPALITIES THAT COMPRISE THE MILTON REGION, AND WITH A RANGE OF PEOPLE REPRESENTING DIFFERENT AUDIENCES, INCLUDING LEADERS IN EMERGENCY RESPONSE, EDUCATION, HEALTH CARE, AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON V ULNERABLE POPULATIONS (E G , SENIORS) (SCHEDULE H, PART V, SECTION B, QUESTION 3) ULTIMAT ELY, THE QUALITATIVE RESEARCH ENGAGED APPROXIMATELY 30 PEOPLE BID-MILTON CONDUCTED THIS C HNA PROCESS INDEPENDENTLY AS REPORTED IN SCHEDULE H, PART V, SECTION B, QUESTION 4 THE BID -MILTON COMMUNITY BENEFITS PLAN WAS DEVELOPED BY A TEAM COMPRISED OF HOSPITAL LEADERSHIP, PATIENT ADVOCACY, MEDICAL STAFF, PUBLIC RELATIONS, AND COMMUNITY REPRESENTATION THE GROUP REVIEWED PROGRESS TOWARDS GOALS AND OBJECTIVES OF THE PRIOR THREE YEAR PERIOD, AS WELL AS THE CURRENT DATA COLLECTED THROUGH THE CHNA, TO HELP ENVISION AND DEFINE PRIORITY AREAS F OR THE FUTURE PRIORITY AREAS WERE IDENTIFIED AND GOALS WERE DEFINED, ALONG WITH OBJECTIVE S FOR EACH GOAL AND DRAFTED STRATEGIES TO OPERATIONALIZE THESE OBJECTIVES COMMUNITY HEALT H NEEDS ASSESSMENT - KEY FINDINGSBID-MILTON'S CHNA RESULTED IN KEY FINDINGS RELATED TO DEM OGRAPHICS, SOCIAL AND PHYSICAL ENVIRONMENT, RISK AND PROTECTIVE LIFESTYLE BEHAVIORS, HEALT H OUTCOMES, ACCESS TO CARE, COMMUNITY ASSETS AND PROGRAMS AND COMMUNITY SUGGESTIONS FOR FU TURE PROGRAMS AND SERVICES SEVERAL OVERARCHING TH

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8	EMES EMERGED FROM THIS SYNTHESIS OF DATA, INCLUDING LACK OF TRANSPORTATION SERVICES IN TH E REGION PREVENTS RESIDENTS FROM ACCESSING SERVICES, HEALTHY EATING, PHYSICAL ACTIVITY AND OBESITY ARE ISSUES AFFECTING RESIDENTS IN THE MILTON REGION AS THEY ARE SEEN NATIONALLY, SUBSTANCE ABUSE AND MENTAL HEALTH ARE PRESSING HEALTH CONCERNS IN THE COMMUNITY, FOR WHICH THE CURRENT SYSTEM WAS PERCEIVED AS INSUFFICIENT, AND, DESPITE STRONG HEALTH CARE SERVICE S IN THE REGION, VULNERABLE POPULATIONS ENCOUNTER CONTINUED DIFFICULTIES IN ACCESSING RESO URCES IN RESPONSE, THERE ARE SEVERAL EFFORTS CURRENTLY UNDERWAY IN THE MILTON REGION WORK ING TO MEET THE HEALTH AND SOCIAL SERVICE NEEDS OF RESIDENTS

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8 (CONTINUED)	COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDSBID-MILTON STRIVES TO ADDRESS THE PRIORITY AREAS AND IN ITS CHNA AND IMPLEMENTATION STRATEGY WHICH ARE AVAILABL E ON THE BID-MILTON WEBSITE (HTTP //WWW MILTONHOSPITAL ORG/ASSETS/UPLOADS/COMMUNITY-BENEFI TS/BID-MILTON-CHNAIS-FINAL-12-20-13 PDF) AND UPON REQUEST A SUMMARY OF BID-MILTON'S COMMU NITY BENEFIT ACTIVITIES FOR THE FISCAL YEAR COVERED BY THIS FILING AND WHICH ADDRESS THE U NMET NEEDS IDENTIFIED IN THE MOST RECENT CHNA AND PRIORITIZED IN THE MOST RECENT CHIP ARE PROVIDED HERE ALONG WITH THE ENTITIES WITH WHICH THE HOSPITAL PARTNERS RELATED TO THESE EF FORTS 1 IMPROVING ACCESS TO AFFORDABLE CAREOVER THE LAST SEVERAL YEARS, BID-MILTON HAS I MPLEMENTED AN EXTENSIVE, COORDINATED PROGRAM TO IMPROVE ACCESS TO AFFORDABLE CARE IN ADDI TION TO AN ANNUAL, FREE SKIN CANCER SCREENING HELD IN JUNE 2014 THAT ATTRACTED 56 COMMUNIT Y MEMBERS, THE HOSPITAL ALSO HELD TWO, LOW-COST BLOOD SCREENING FAIRS WHICH DREW 92 ATTEND EES IN ADDITION, THE HOSPITAL SPONSORS ONGOING HEALTH EDUCATION PROGRAMS BOTH AT THE HOSP ITAL AND IN CONVENIENT COMMUNITY SETTINGS DURING THE PAST TWO YEARS, THE HOSPITAL PRESENT ED BI-MONTHLY EDUCATIONAL PROGRAMS FOR SENIORS AT THE MILTON SENIOR CENTER ON A HOST OF HE ALTH ISSUES IN FY 14, THE HOSPITAL ALSO PRESENTED AN EDUCATIONAL PROGRAM ON THE WARNING S IGNS OF STROKE AT THE RANDOLPH SENIOR CENTER TO HELP CONSUMERS, PARTICULARLY SENIORS, BETT ER UNDERSTAND THE CURRENT HEALTHCARE SYSTEM, THE HOSPITAL PRESENTED A "NAVIGATING THE HEAL THCARE SYSTEM" COMMUNITY EDUCATION PROGRAM AND PARTNERED WITH THE MILTON COUNCIL ON AGING IN APRIL 2014 TO PRESENT REPRESENTATIVE STEPHEN LYNCH AND HOSPITAL PRESIDENT/CEO PETER HEA LY SPEAKING ABOUT MEDICARE'S OBSERVATION BED STATUS AND "TWO MIDNIGHT RULE" AND ITS IMPLIC ATIONS FOR PATIENTS TO AN AUDIENCE OF 125 SENIORS AT THE MILTON SENIOR CENTER 2 FOCUS ON CHRONIC DISEASE PREVENTION AND EDUCATIONIN APRIL 2014, BID-MILTON HELD ITS FIFTH ANNUAL DI ABETES FAIR MORE THAN 80 DIABETICS ATTENDED THIS FREE EVENT AND RECEIVED VALUABLE INFORMA TION FOR MANAGING DIABETES FROM A TEAM OF CLINICAL EXPERTS TOPICS INCLUDED UNDERLYING END OCRINE ISSUES, FOOT CARE, NUTRITION AND EXERCISE ATTENDEES WERE ALSO PROVIDED WITH A DIAB ETIC-FRIENDLY LUNCH, EXHIBITOR DISPLAYS AND BLOOD PRESSURE SCREENINGS HELD EACH SPRING AND FALL, BID-MILTON'S COMMUNITY EDUCATION LECTURE SERIES PROVIDES ACCESS TO FREE HEALTH EDUC ATION INFORMATION ON A WIDE VARIETY OF TOPICS, INCLUDING CHRONIC DISEASES AND THEIR MANAGE MENT DURING THE PERIOD COVERED BY THIS FILING, THE SERIES INCLUDED PROGRAMS ON DIABETES, HEART DISEASE, AND ARTHRITIS THE HOSPITAL ALSO PROVIDED A COMMUNITY HEALTH "MINI-GRANT" TO THE RANDOLPH SENIOR CENTER TO PRESENT A PROGRAM DESIGNED TO INCREASE AWARENESS OF CHRONIC DISEASES WITH A FOCUS ON PREVENTION AND FOCUSING ON THE UNDERSERVED HAITIAN COMMUNITY 3 COLLABORATION WITH COMMUNITY PARTNERS TO FOCUS ON SUBSTANCE ABUSEBID-MILTON HAS ASSUMED A LEADERSHIP ROLE WITHIN THE GREATER MILTON COMMUNITY TO HELP EDUCATE RESIDENTS ABOUT SUBSTA NCE ABUSE AND THE PREVENTION AND TREATMENT RESOURCES AVAILABLE THE HOSPITAL COLLABORATED WITH THE NORFOLK DISTRICT ATTORNEY OFFICE TO PRESENT THREE COMMUNITY EDUCATION PROGRAMS FO R SENIORS ON PRESCRIPTION DRUGS AND THEIR SAFE USE THE HOSPITAL PROVIDED THE MILTON BOARD OF HEALTH WITH A COMMUNITY HEALTH "MINI GRANT" TO DEVELOP AND PRINT A SUBSTANCE ABUSE TRE ATMENT RESOURCE GUIDE FOR RESIDENTS AND PROVIDED FUNDING TO THE MILTON PUBLIC SCHOOLS TO S PONSOR TWO PROGRAMS FOR HIGH SCHOOL STUDENTS AND THE COMMUNITY ON THE DANGERS OF ILLICIT D RUGS, GIVEN BY FORMER BOSTON CELTICS GUARD AND RECOVERING ADDICT CHRIS HERREN BID-MILTON IS ALSO ONE OF THE ORIGINAL MEMBERS OF THE NEWLY FORMED MILTON SUBSTANCE ABUSE PREVENTION COALITION WHOSE MISSION IS TO INCREASE AWARENESS OF SUBSTANCE ABUSE AND MENTAL HEALTH ISSU ES IN THE COMMUNITY AND TO FOCUS ON PREVENTATIVE EFFORTS 4 ENHANCE COMMUNITY RESOURCES ON NUTRITION COUNSELING AND EDUCATIONIN ADDITION TO PROVIDING NUTRITION COUNSELING ON AN INP ATIENT AND OUTPATIENT BASIS, BID-MILTON HELD ITS FIFTH ANNUAL COMMUNITY HEALTHWALK AND HEA LTH FAIR IN SEPTEMBER 2014 CLOSE TO 200 COMMUNITY MEMBERS TURNED OUT FOR THIS FAMILY-ORIE NTED EVENT WHICH PROMOTED A HEALTHY LIFESTYLE AND INCLUDED A 5K WALK AS A WAY TO COMBAT OB ESITY AND DISEASE THE HOSPITAL ALSO PROVIDED A COMMUNITY HEALTH "MINI GRANT" TO ROOSEVELT MIDDLE SCHOOL IN HYDE PARK TO FUND AN INNOVATIVE PROGRAM FOR STUDENTS THAT EMPHASIZED HEA LTHY EATING HABITS AND EXERCISE IN ORDER TO COMBAT OBESITY FINALLY, THE HOSPITAL SPONSORS BOTH A MONTHLY BARIATRIC SURGERY INFORMATION SESSION ALONG WITH A BARIATRIC SURGERY SUPPO RT GROUP AS AN OPTION FOR CHRONICALLY OBESE INDIVIDUALS WHO HAVE FAILED OTHER WEIGHT LOSS ATTEMPTS TO ENJOY THE HEALTH BENEFITS THAT COME FROM SUBSTANTIAL AND SUSTAINED WEIGHT LOSS 5 COLLABORATE WITH COMMUNITY PARTNERS TO PROMOTE MENTAL HEALTH AND TREATMENT RESOURCESDU RING THE PERIOD COVERED BY THIS FILING, BID-MILTON

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8 (CONTINUED)	PROVIDED A COMMUNITY HEALTH "MINI GRANT" TO INTERFAITH SOCIAL SERVICES TO IMPLEMENT A "ME MORIES WORKSHOP" SERIES AT RANDOLPH SENIOR CENTER WHICH WAS SPECIFICALLY DEVELOPED TO HELP SENIORS SYNTHESIZE LIFE EXPERIENCES AND MAINTAIN GOOD MENTAL HEALTH THE HOSPITAL ALSO HO STS SEVERAL MENTAL HEALTH AND ADDICTION RECOVERY SUPPORT GROUPS INCLUDING ALCOHOLICS ANONY MOUS, ALA-TEEN, ADULT CHILDREN OF ALCOHOLICS, NEW MOM'S SUPPORT GROUP AND AN INFORMATION S HARING/SUPPORT GROUP FOR PARENTS WHO HAVE CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DI SORDER (ADHD) COMMUNITY PARTNERSBID-MILTON IS AN IMPORTANT MEMBER OF LOCAL PUBLIC HEALTH T EAMS ADDRESSING THE NEEDS OF AREA COMMUNITIES BID-MILTON WORKS WITH SEVERAL AREA GROUPS I NCLUDING - AARP- ALCOHOLICS ANONYMOUS- AMERICAN ACADEMY OF DERMATOLOGY- AMERICAN CANCER SO CIETY- AMERICAN HEART ASSOCIATION- AMERICAN RED CROSS- BOSTON HIGASHI SCHOOL- CANTON PUBLI C SCHOOLS- CURRY COLLEGE- COMMUNITY HEALTH NETWORK ALLIANCE (CHNA 20)- FRAMINGHAM STATE UN IVERSITY- FULLER VILLAGE- HEALTHWORKS COMMUNITY FITNESS- MILTON BOARD OF HEALTH- MILTON CO UNCIL ON AGING- MILTON FOUNDATION FOR EDUCATION- MILTON LIBRARY FOUNDATION- MILTON LOCAL E MERGENCY PLANNING COMMITTEE- MILTON PUBLIC SCHOOLS- MILTON SUBSTANCE ABUSE PREVENTION COAL ITION- NORFOLK COUNTY DISTRICT ATTORNEY OFFICE- OLD COLONY HOSPICE- QUINCY PUBLIC SCHOOLS- RANDOLPH PUBLIC SCHOOLS- RANDOLPH SENIOR CENTER- SEASONS HOSPICE & PALLIATIVE CARE- SIMMO NS COLLEGE- SOUTH SHORE DERMATOLOGY- SOUTH SHORE SKIN SURGEONS- SOUTH SHORE WORKFORCE INVE STMENT BOARD- VILLANOVA UNIVERSITY- WORK INC AS DESCRIBED IN DETAIL IN THIS SUPPORTING NAR RATIVE TO THE FORM 990 SCHEDULE H, THE BID-MILTON IS DEEPLY DEDICATED TO ITS COMMUNITY BEN EFITS OPERATIONS AND TO IMPROVING THE HEALTH OF ITS COMMUNITY HOWEVER, AS NOTED IN SCHEDU LE H, PART V, SECTION B, QUESTION 7, BID-MILTON IS UNABLE TO ADDRESS ALL NEEDS DURING THE PERIOD COVERED BY THIS FILING, BID-MILTON WAS UNABLE TO ADDRESS THE NEED FOR TRANSPORTATI ON IDENTIFIED IN THE CHNA AND THE CHIP DUE TO LIMITED FINANCIAL RESOURCES

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON OR HOSPITAL) CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AS DEMONSTRATED IN THIS SCHEDULE H, 5 33% OF BID-MILTON'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST IN ADDITION, IT IS IMPORTANT TO NOTE IN THIS CONTEXT THAT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS A TERTIARY CARE ACADEMIC MEDICAL CENTER, ENTITY EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND THE SOLE MEMBER OF BID-MILTON THE FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS PROVIDED BY BIDMC ARE PROVIDED BY THE SAME HEALTH CARE SYSTEM, AND ALTHOUGH THOSE ACTIVITIES ARE NOT QUANTIFIED ON THE BID-MILTON SCHEDULE H PER THE INSTRUCTIONS TO THE FORM 990, THOSE ACTIVITIES ARE RELEVANT IN EVALUATING THE TOTAL COMMUNITY BENEFIT PROVIDED BIDMC REPORTED APPROXIMATELY 16% OF TOTAL EXPENSES INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

Form and Line Reference	Explanation
COMMUNITY BENEFITS - ANNUAL COMMUNITY BENEFITS REPORT	IN ADDITION TO BID-MILTON'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) WHICH WERE APPROVED BY THE BOARD OF DIRECTORS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2013, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE BID-MILTON PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND AT THE MEDICAL CENTER UPON REQUEST THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT THE MEDICAL CENTER FILED WITH THE ATTORNEY GENERAL'S OFFICE IN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, BID-MILTON IS A GENERAL MEDICAL AND SURGICAL HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE	BID-MILTON'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS $858,250 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A THE MEDICAL CENTER, WHICH AS PREVIOUSLY NOTED IS THE SOLE MEMBER OF BID-MILTON, PROVIDED AN ADDITIONAL $15,534,347 OF FINANCIAL ASSISTANCE AND CHARITY CARE AT COST WHICH IS REPORTED ON THE MEDICAL CENTER FORM 990, SCHEDULE H, PART I, LINE 7A FOR THE SAME FISCAL PERIOD HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED HMFP IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER THE OPERATIONS OF HMFP AND THE ENTITIES FOR WHICH HMFP SERVES AS MEMBER ARE INTEGRALLY RELATED TO THE MEDICAL CENTER'S ACCOMPLISHMENTS OF ITS PURPOSES HMFP AND ITS AFFILIATES ARE INTEGRALLY RELATED TO BID-MILTON AND TO SERVING THE COMMUNITIES SERVED BY BID-MILTON AS PART OF THIS RELATIONSHIP, HMFP PATIENTS WHO MEET THE FREE CARE CRITERIA OF THE MEDICAL CENTER ARE PROVIDED FREE CARE AT HMFP AND ITS AFFILIATED ENTITIES DURING THE FISCAL PERIOD COVERED BY THIS FILING, HMFP AND ITS AFFILIATED ENTITIES PROVIDED ADDITIONAL NET FREE CARE TO PATIENTS IN THE AMOUNT OF $3,623,709 SEE ADDITIONAL INFORMATION BELOW IN THIS SCHEDULE H NARRATIVE OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, BID-MILTON ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PROGRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED DURING THE FISCAL PERIOD COVERED BY THIS FILING, 9 91% OR 11,689OF BID-MILTON'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS THIS TRANSLATED TO $5,918,381 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BID-MILTON FOR SUCH SERVICES BY $2,462,291 AS REPORTED ON THIS SCHEDULE H, PART I LINE 1B IN ADDITION 20 89% OR 220,191 OF THE MEDICAL CENTER'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS THIS TRANSLATED TO AN ADDITIONAL $31,728,675 IN UNCOVERED COST BORNE BY BIDMC IN PROVIDING CARE TO MEDICAID PATIENTS AS PREVIOUSLY NOTED, THIS ADDITIONAL BIDMC COST IS NOT QUANTIFIED IN THE BID-MILTON SCHEDULE H MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS AND BID-MILTON PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, 48 64% OR 57,354 OF BID-MILTON'S PATIENT ENCOUNTERS WERE WITH MEDICARE PATIENTS THIS TRANSLATED TO $34,114,269 IN MEDICARE REVENUE BIDMC SIMILARLY PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, 27 83% OR 293,260 OF THE MEDICAL CENTER'S PATIENT ENCOUNTERS WERE WITH MEDICARE PATIENTS BIDMC REVENUE COLLECTED FROM PROVIDING THIS PATIENT CARE WAS $329,978,618 WHICH WAS LESS THAN THE COST OF SERVICES PROVIDED BY $20,548,575

Form and Line Reference	Explanation
BAD DEBTS	IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, BID-MILTON ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF $3,783,645 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2 BIDMC SIMILARLY INCURS BAD DEBT LOSSES AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE IN ITS FINANCIAL STATEMENTS BIDMC CHARGES FOR THOSE SERVICES WERE $24,219,073 DURING THE FISCAL PERIOD COVERED BY THIS FILING AS REPORTED IN THE FINANCIAL STATEMENTS AND AS REPORTED ON THE BIDMC FORM 990, SCHEDULE H, PART III, LINE 2 AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 990, SCHEDULE H, PART III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTES FROM THE BETH ISRAEL DEACONESS MEDICAL CENTER'S (BIDMC OR MEDICAL CENTER) AUDITED FINANCIAL STATEMENTS AS PREVIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE MEDICAL CENTER AND AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2014 INCLUDE THE ACCOUNTS OF THE MEDICAL CENTER AND ITS SUBSIDIARIES, (MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GROUP (APG)), BETH ISRAEL DEACONESS HOSPITAL -NEEDHAM, INC (BID-NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON) AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES, AS WELL AS ALL ENTITIES FOR WHICH THESE ENTITIES SERVE AS MEMBER THE BID-MILTON FORM 990 IS PREPARED FOR BID-MILTON ONLY AND AS SUCH, THE METRICS INCLUDED IN THESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE BID-MILTON FORM 990, SCHEDULE H FINANCIAL STATEMENT FOOTNOTES BAD DEBTSIN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, THE MEDICAL CENTER ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBTS ARE INCLUDED AS A COMPONENT OF NET PATIENT SERVICE REVENUE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDE THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE THE ESTIMATED COST OF PROVIDING SUCH SERVICES WAS $14,495,000 AND $13,194,000 IN 2014 AND 2013, RESPECTIVELY PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN GOVERNMENTAL AND EMPLOYEE HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS FOR EACH OF ITS MAJOR CATEGORIES OF REVENUE BY PAYOR TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR CATEGORIES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THROUGHOUT THE YEAR, THE MEDICAL CENTER, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, WILL WRITE OFF PATIENTS' UNMET OR UNCOLLECTED RESPONSIBILITY AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION TO THE REVIEW OF THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWANCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLYING ASSUMPTIONS USED IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE MEDICAL CENTER'S METHODOLOGY FOR VALUING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSISTENT IN 2014 AND 2013 THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 12% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2014 AND 11% IN 2013

Form and Line Reference	Explanation
EMERGENCY CARE ACCESS	AS PREVIOUSLY NOTED IN THIS FILING, BIDMC IS THE SOLE MEMBER OF BID-MILTON THE MEDICAL CENTER IS A NATIONALLY RECOGNIZED ACADEMIC MEDICAL CENTER AND TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) IS AN INTEGRALLY RELATED PHYSICIAN PRACTICE OF BIDMC AND IS ALSO EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED APHMFP PHYSICIANS PROVIDE AROUND THE CLOCK PHYSICIAN PATIENT CARE COVERAGE AND MEDICAL DIRECTION OF THE BID-MILTON EMERGENCY DEPARTMENT THESE PHYSICIANS ARE ALL CERTIFIED OR BOARD-ELIGIBLE IN LEVEL 1 TRAUMA THE BID-MILTON DEPARTMENT OF EMERGENCY MEDICINE, PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	BID-MILTON ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTH ER SOURCES WHENEVER APPROPRIATE TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, BID-MILTON M UST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVIC ES PROVIDED TO PATIENTS THE BID-MILTON CREDIT AND COLLECTION POLICY WHICH APPLIES TO THE HOSPITAL IS DESIGNED TO COMPLY WITH BOTH THE MASSACHUSETTS HEALTH SAFETY NET REGULATIONS O N CREDIT AND COLLECTION POLICIES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE BAD DEBT REQUIREMENTS, THE MEDICARE PROVIDER REIMBURSEMENT MANUAL AND THE FEDERAL HEALTHCA RE REFORM LAW'S "FINANCIAL ASSISTANCE POLICY" FOR WHICH THE IRS HAD PROVIDED PRELIMINARY G UIDANCE AT THE TIME THE BID-MILTON FINALIZED THIS POLICY BID-MILTON CONTINUES TO MONITOR GUIDANCE FROM THE IRS AS IT IS ISSUED BID-MILTON DOES NOT DISCRIMINATE ON THE BASIS OF RA CE, COLOR, NATIONAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATIO N, DISABILITY, OR AGE IN ITS POLICIES OR IN ITS APPLICATION OF POLICIES CONCERNING THE ACQ UISITION AND VERIFICATION OF FINANCIAL INFORMATION, PRE-ADMISSION OR PRE-TREATMENT DEPOSIT S, PAYMENT PLANS, DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, DETERMINATION THAT A PATIENT IS LOW-INCOME, OR IN ITS BILLING AND COLLECTION PRACTICES NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONSFINANCIAL ASSISTANCE IS INTENDED TO ASSI ST LOW-INCOME PATIENTS WHO DO NOT OTHERWISE HAVE THE ABILITY TO PAY FOR THEIR HEALTH CARE SERVICES SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO TH E COST OF HIS OR HER CARE FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED, BID-MILTON WIL L ASSIST THEM IN APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL O R SOME OF THEIR UNPAID HOSPITAL BILLS BID-MILTON PROVIDES THIS ASSISTANCE FOR BOTH RESIDEN TS AND NON-RESIDENTS OF MASSACHUSETTS, HOWEVER, THERE MAY NOT BE COVERAGE FOR A MASSACHUSE TTS HOSPITAL'S SERVICES THROUGH AN OUT-OF STATE PROGRAM IN ORDER FOR BID-MILTON TO ASSIST UNINSURED AND UNDERINSURED PATIENTS FIND THE MOST APPROPRIATE COVERAGE OPTIONS, PATIENTS MUST ACTIVELY WORK WITH THE HOSPITAL'S FINANCIAL COUNSELORS TO VERIFY THEIR FINANCIAL AND OTHER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILITY BID-MILTON ADVISES PATIEN TS OF THEIR RIGHT TO (I) APPLY FOR MASSHEALTH AND LOW INCOME PATIENT DETERMINATION AND (II) A PAYMENT PLAN BID-MILTON'S FINANCIAL CLEARANCE UNIT (FCU) WILL ASSIST PATIENTS IN FULF ILLING THEIR RIGHT TO APPLY FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM INCLUDING M ASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, MEDICAL HAR DSHIP THROUGH THE HEALTH SAFETY NET, HEALTH SAFETY NET AND/OR OTHER FINANCIAL PROGRAMS AS AVAILABLE AND APPROPRIATE THE HOSPITAL ALSO WILL ASSIST UNINSURED OR UNDERINSURED PATIENTS , WHEN REQUESTED OR AS IDENTIFIED THROUGH INTERNAL SCREENING PROCEDURES, IN APPLYING FOR A VAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIAT E FINANCIAL ASSISTANCE PROGRAMS, BID-MILTON WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTIC E OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS WHO HA VE A FINANCIAL LIABILITY AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSP ITAL BID-MILTON WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UN INSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULIN G SERVICES, WHILE THE PATIENT IS AT THE HOSPITAL, UPON DISCHARGE, AND/OR FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL BID-MILTON WILL DIRECT ALL PATIENTS SEEKING IN FORMATION ON AVAILABLE COVERAGE OPTIONS, OR THOSE THAT THE HOSPITAL DETERMINES MAY BE ELIG IBLE, TO THE HOSPITAL'S FCU WHERE PATIENT FINANCIAL COUNSELORS CAN SCREEN PATIENTS FOR ELI GIBILITY IN AN APPROPRIATE COVERAGE OPTION THE HOSPITAL WILL THEN ASSIST THE PATIENT IN A PPLYING FOR APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE TO THEM WHEN REQUESTED, THE HO SPITAL WILL ALSO PROVIDE INFORMATION ON HOW TO CONTACT THE APPROPRIATE STAFF WITHIN THE HO SPITAL'S FINANCE OFFICE TO VERIFY THE ACCURACY OF THE HOSPITAL BILL OR TO DISPUTE CERTAIN CHARGES CONTACT INFORMATION IS PRINTED ON ALL PATIENT STATEMENTS FOR CASES WHERE THE HOSP ITAL IS USING THE HEATH INFORMATION EXCHANGE APPLICATION, THE HOSPITAL WILL ASSIST THE PAT IENT IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL S ECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PRO GRAMS AS THEY BECOME PART OF THE HEATH INFORMATION EXCHANGE PROGRAM, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDE R TO PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY THE COMMONWEALTH

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES (CONTINUED)	ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMSAS NOTED IN THIS FORM 990, SCHEDULE H, PART I II, SECTION C QUESTION 9B, BID-MILTON PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL A SSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR OTHER A VAILABLE PROGRAMS FOR WHICH THE PATIENT MAY BE ELIGIBLE AND WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSIS TS THEM BY SCREENING FOR ELIGIBILITY IN AN AVAILABLE PUBLIC PROGRAM AND ASSISTING THEM IN APPLYING FOR THE PROGRAM THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMM ONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, AND OTH ERS WHEN APPLICABLE THE HOSPITAL MAY ALSO ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SER VICES AS A MEDICAL HARDSHIP BASED ON THE PATIENT'S DOCUMENTED FAMILY INCOME, CURRENT AND P RIOR INSURANCE COVERAGE AND ALLOWABLE MEDICAL EXPENSES IT IS THE PATIENT'S OBLIGATION TO PROVIDE THE FINANCIAL COUNSELORS WITH ACCURATE AND TIMELY INFORMATION REGARDING THEIR FULL NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH, SOCIAL SECURITY NUMBER (IF AVAILABLE), CU RRENT HEALTH INSURANCE COVERAGE OPTIONS, INCLUDING OTHER INSURANCE OR COVERAGE OPTIONS (SU CH AS MOTOR VEHICLE POLICY OR WORKER'S COMPENSATION POLICY) THAT CAN COVER THE COST OF THE CARE RECEIVED AND ANY OTHER APPLICABLE FINANCIAL RESOURCES, AND CITIZENSHIP AND RESIDENCY INFORMATION THIS INFORMATION IS USED TO DETERMINE IF THE PATIENT IS ELIGIBLE TO APPLY FO R CERTAIN HEALTH INSURANCE PROGRAMS IF THERE IS NO SPECIFIC COVERAGE FOR THE SERVICES PRO VIDED, THE HOSPITAL WILL USE THE INFORMATION TO DETERMINE IF THE SERVICES MAY BE COVERED B Y AN APPLICABLE PROGRAM THAT WILL COVER CERTAIN SERVICES DEEMED BAD DEBT IN ADDITION, THE HOSPITAL WILL USE THIS INFORMATION TO DISCUSS ELIGIBILITY FOR CERTAIN HEALTH INSURANCE PR OGRAMS THE SCREENING AND APPLICATION PROCESS FOR A PUBLIC HEALTH INSURANCE PROGRAM IS DON E THROUGH THE HEALTH INFORMATION EXCHANGE (HIX), WHICH IS AN INTERNET PORTAL DESIGNED BY T HE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GEN ERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATI ON FOR THE PROGRAMS OFFERED BY THE STATE OR THROUGH A STANDARD PAPER APPLICATION THAT IS C OMPLETED BY THE PATIENT AND ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES FOR PROCESSING AS THIS OFFICE SOLELY MANAGES THE APPLICATION PROCESS LISTED ABOVE, WHICH IS AVAILABLE FOR CHILDREN, ADULTS, SENIORS, VETERANS, HOMELESS , AND DISABLED INDIVIDUALS IN SPECIAL CIRCUMSTANCES, THE HOSPITAL MAY APPLY FOR THE PATIE NT USING A SPECIFIC FORM DESIGNED BY THE MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL ASSISTANCE COVERAGE D UE TO BEING INCARCERATED, VICTIMS OF SPOUSAL ABUSE, OR APPLYING DUE TO A MEDICAL HARDSHIP IN SPECIAL CIRCUMSTANCES, THE HOSPITAL MAY APPLY FOR THE PATIENT FOR ELIGIBILITY IN THE H EALTH SAFETY NET PROGRAM USING A SPECIFIC FORM DESIGNED BY THE MASSACHUSETTS DIVISION OF H EALTH CARE FINANCE AND POLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL ASSISTANCE COVERAGE DUE TO BEING INCARCERATED, VICTIMS OF SPOUSAL ABUSE, OR APPLYING DUE TO A MEDICAL HARDSHIP THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPL ICATION AND SECURING THE NECESSARY DOCUMENTATION REQUIRED BY THE APPLICABLE FINANCIAL ASSI STANCE PROGRAM NECESSARY DOCUMENTATION INCLUDES PROOF OF (1) ANNUAL HOUSEHOLD INCOME (PA YROLL STUBS, RECORD OF SOCIAL SECURITY PAYMENTS, AND A LETTER FROM THE EMPLOYER, TAX RETUR NS, OR BANK STATEMENTS), (2) CITIZENSHIP AND IDENTITY, AND (3) IMMIGRATION STATUS FOR NON- CITIZENS (IF APPLICABLE), AND (4) ASSETS OF THOSE INDIVIDUALS WHO ARE ALSO ENROLLED IN THE MEDICARE PROGRAM THE HOSPITAL WILL THEN SUBMIT THIS DOCUMENTATION TO THE MASSACHUSETTS E XECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND ASSIST THE PATIENT IN SECURING ANY ADDITI ONAL DOCUMENTATION IF SUCH IS REQUESTED BY THE COMMONWEALTH AFTER COMPLETING THE APPLICATI ON THE COMMONWEALTH PLACES A THREE DAY TIME LIMITATION ON SUBMITTING ALL NECESSARY DOCUME NTATION FOLLOWING THE SUBMISSION OF THE APPLICATION FOR A PROGRAM FOLLOWING THIS THREE DA Y PERIOD, THE PATIENT MUST WORK WITH THE MASSHEALTH ENROLLMENT CENTERS TO SECURE THE ADDIT IONAL DOCUMENTATION NEEDED FOR ENROLLMENT IN THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM I N SPECIAL CIRCUMSTANCES, THE HOSPITAL MAY APPLY FOR THE PATIENT FOR ELIGIBILITY IN THE HEA LTH SAFETY NET PROGRAM USING A SPECIFIC FORM DESIGNED BY THE MASSACHUSETTS DIVISION OF HEA LTH CARE FINANCE AND POLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL A SSISTANCE COVERAGE DUE TO BEING INCARCERATED, VICTIMS OF SPOUSAL ABUSE, OR APPLYING DUE TO A MEDICAL HARDSHIP ALL HEATH INFORMATION EXCHANGE APPLICATIONS ARE REVIEWED AND PROCESSED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH A

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES (CONTINUED)	ND HUMAN SERVICES WHICH USES THE FEDERAL POVERTY GUIDELINES, ASSET INFORMATION AS WELL AS NECESSARY DOCUMENTATION LISTED ABOVE AS THE BASIS FOR DETERMINING ELIGIBILITY FOR STATE SP ONSORED PUBLIC ASSISTANCE PROGRAMS BID-MILTON HAS NO ROLE IN THE DETERMINATION OF PROGRAM ELIGIBILITY MADE BY THE COMMONWEALTH, BUT AT THE PATIENT'S REQUEST MAY TAKE A DIRECT ROLE IN APPEALING OR SEEKING INFORMATION RELATED TO THE COVERAGE DECISIONS IT IS STILL THE PA TIENT'S RESPONSIBILITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMON WEALTH TO ENSURE ACCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS AND THE AMOUNTS UL TIMATELY CHARGED TO THE FINANCIAL ASSISTANCE ELIGIBLE PATIENTS IS DETERMINED BY THE SPECIF IC CONNECTOR PLAN FOR WHICH THE PATIENT QUALIFIES IN ADDITION, BID-MILTON'S POLICY PROVID ES FOR INDIVIDUALS WHO ARE UNABLE TO AFFORD THEIR CARE BECAUSE OF MEDICAL HARDSHIP AND PRO VIDES FOR FEES BASED ON A SLIDING SCALE RELATIVE TO PERCENTAGES OF THE FEDERAL POVERTY GUI DELINES (SCHEDULE H, PART V, SECTION B, QUESTION 20D) IN ADDITION, BID-MILTON BECOMES AWA RE OF A PATIENT'S HSN OR FINANCIAL ELIGIBILITY STATUS, ALL INVOICES ARE ADJUSTED ACCORDING LY (SCHEDULE H, PART V, SECTION B, QUESTIONS 21 AND 22) BID-MILTON NOTIFIES ITS PATIENTS ABOUT ITS FINANCIAL ASSISTANCE POLICY THROUGH SUMMARY POSTINGS IN THE EMERGENCY DEPARTMENT AND WITHIN PATIENT FINANCIAL SERVICES IN ADDITION, EACH PATIENT'S STATEMENT INCLUDES INF ORMATION REFERRING PATIENTS TO BID-MILTON'S FINANCIAL COUNSELORS FOR SUPPORT IN APPLYING F OR FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSE TTS OR OTHER AVAILABLE PROGRAMS FOR WHICH THE PATIENT MAY BE ELIGIBLE, INCLUDING MEDICAL H ARDSHIP, AND WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL THE FULL BID-MILTO N CREDIT AND COLLECTION POLICY IS AVAILABLE FROM BID-MILTON FINANCIAL COUNSELORS

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES (CONTINUED)	BID-MILTON STANDARD COLLECTION PRACTICESAS PREVIOUSLY NOTED IN THIS FORM 990 SCHEDULE H, BID-MILTON ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE ADDITIONALLY, TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, THE HOSPITAL MUST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVICES PROVIDED TO PATIENTS AS SUCH, THE HOSPITAL HAS A FIDUCIARY DUTY TO SEEK REIMBURSEMENT FOR SERVICES IT HAS PROVIDED FROM INDIVIDUALS WHO ARE ABLE TO PAY, FROM THIRD PARTY INSURERS WHO COVER THE COST OF CARE, AND FROM OTHER PROGRAMS OF ASSISTANCE FOR WHICH THE PATIENT IS ELIGIBLE TO DETERMINE WHETHER A PATIENT IS ABLE TO PAY FOR THE SERVICES PROVIDED AS WELL AS TO ASSIST THE PATIENT IN FINDING ALTERNATIVE COVERAGE OPTIONS IF THEY ARE UNINSURED OR UNDERINSURED, BID-MILTON HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS BID-MILTON MAKES THE SAME REASONABLE EFFORT AND FOLLOWS THE SAME REASONABLE PROCESS FOR COLLECTING ON BILLS OWED BY AN UNINSURED PATIENT AS IT DOES FOR ALL OTHER PATIENTS THE HOSPITAL WILL FIRST SHOW THAT IT HAS A CURRENT UNPAID BALANCE THAT IS RELATED TO SERVICES PROVIDED TO THE PATIENT AND NOT COVERED BY A PRIVATE INSURER OR A FINANCIAL ASSISTANCE PROGRAM BID-MILTON ALSO HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS BID-MILTON AND/OR ITS AGENTS DO NOT CHARGE INTEREST ON AN OVERDUE BALANCE FOR A LOW INCOME PATIENT OR ANY OTHER PATIENT BID-MILTON FOLLOWS THE MASSACHUSETTS MEDICAL HARDSHIP INCOME LEVELS AND PERCENTAGES IN DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY THERE ARE NO INCOME LIMITS FOR MEDICAL HARDSHIP MASSACHUSETTS RESIDENTS AT ALL INCOME LEVELS ARE ELIGIBLE IF A PATIENT'S FAMILY ALLOWED MEDICAL BILLS ARE HIGHER THAN A SPECIFIED SLIDING SCALE PERCENTAGE OF FAMILY INCOME OUTSIDE COLLECTION AGENCIESBID-MILTON CONTRACTS WITH OUTSIDE COLLECTION AGENCIES TO ASSIST IN THE COLLECTION OF CERTAIN ACCOUNTS, INCLUDING PATIENT RESPONSIBLE AMOUNTS NOT RESOLVED AFTER ISSUANCE OF HOSPITAL BILLS OR FINAL NOTICES HOWEVER, AS DETERMINED THROUGH THE BID-MILTON'S CREDIT AND COLLECTION POLICY, THE HOSPITAL MAY ASSIGN SUCH DEBT AS BAD DEBT OR CHARITY CARE (OTHERWISE DEEMED AS UNCOLLECTIBLE) PRIOR TO 120 DAYS IF IT IS ABLE TO DETERMINE THAT THE PATIENT WAS UNABLE TO PAY FOLLOWING THE HOSPITALS' OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM BID-MILTON HAS A SPECIFIC AUTHORIZATION OR CONTRACT WITH ITS OUTSIDE COLLECTION AGENCIES AND REQUIRES SUCH AGENCIES TO ABIDE BY THE HOSPITAL'S CREDIT AND COLLECTION POLICIES FOR DEBTS THAT THE AGENCY IS PURSUING, INCLUDING THE OBLIGATION TO REFRAIN FROM "EXTRAORDINARY COLLECTION ACTIVITIES" UNTIL SUCH TIME AS THE HOSPITAL HAS MADE A REASONABLE EFFORT AND FOLLOWED A REASONABLE PROCESS FOR DETERMINING THAT A PATIENT IS ENTITLED TO ASSISTANCE OR EXEMPTION FROM ANY COLLECTION OR BILLING PROCEDURES UNDER THE HOSPITAL'S CREDIT AND COLLECTION POLICY ALL OUTSIDE COLLECTION AGENCIES HIRED BY THE HOSPITAL WILL PROVIDE THE PATIENT WITH AN OPPORTUNITY TO FILE A GRIEVANCE AND WILL FORWARD TO THE HOSPITAL THE RESULTS OF SUCH PATIENT GRIEVANCES THE HOSPITAL REQUIRES THAT ANY OUTSIDE COLLECTION AGENCY THAT IT USES IS LICENSED BY THE COMMONWEALTH OF MASSACHUSETTS AND THAT THE OUTSIDE COLLECTION AGENCY ALSO IS IN COMPLIANCE WITH THE MASSACHUSETTS ATTORNEY GENERAL'S DEBT COLLECTION REGULATIONS

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES (CONTINUED)	EXEMPTION FROM BID-MILTON COLLECTION PRACTICESBID-MILTON EXEMPTS PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT LIMITED TO, MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN AND "LOW INCOME PATIENTS" AS DETERMINED BY THE OFFICE OF MEDICAID, SUBJECT TO SOME EXCEPTIONS, FROM ANY COLLECTION OR BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS HOSPITAL FINANCIAL ASSISTANCE PROGRAMSTHE HOSPITAL, WHEN REQUESTED BY THE PATIENT AND BASED ON INTERNAL REVIEW OF EACH PATIENT'S FINANCIAL STATUS, MAY OFFER AN ADDITIONAL DISCOUNT ON AN UNPAID BILL ANY SUCH REVIEW SHALL BE PART OF A SEPARATE HOSPITAL FINANCIAL ASSISTANCE PROGRAM THAT IS APPLIED ON A UNIFORM BASIS TO PATIENTS ANY DISCOUNT THAT IS PROVIDED BY THE HOSPITAL IS CONSISTENT WITH FEDERAL AND STATE REQUIREMENTS, AND DOES NOT INFLUENCE A PATIENT'S ABILITY TO RECEIVE SERVICES FROM THE HOSPITAL SUCH PROGRAMS INCLUDE PROMPT PAY DISCOUNTS FOR UNINSURED PATIENTS, ONE TIME OR SPECIAL CIRCUMSTANCE SITUATIONS AND PAYMENT PLANS DISCOUNT FOR UNINSURED PATIENTSIN ADDITION TO THE FINANCIAL ASSISTANCE INFORMATION PROVIDED ABOVE, THE BID-MILTON MAY GIVE A SELF-PAY DISCOUNT TO PATIENTS WHO ARE UNINSURED

Form and Line Reference	Explanation
BILLING AND COLLECTIONS BEFORE REASONABLE EFFORTS	NEITHER BID-MILTON NOR ANY AUTHORIZED THIRD PARTY TOOK ANY OF THE ACTIONS LISTED IN FORM 990, SCHEDULE H, PART V, SECTION B, QUESTION 17 OR 18

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPLEMENTATION PLAN	DETAIL TO BETH ISRAEL DEACONESS HOSPITAL-MILTON'S (BID-MILTON OR HOSPITAL) COMMUNITY HEALTH NEEDS ASSESSMENT, IMPLEMENTATION STRATEGY AND COMMUNITY BENEFITS ACTIVITIES HAVE BEEN PROVIDED IN FORM 990, SCHEDULE H, PART V SECTION C ABOVE

Form and Line Reference	Explanation
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS	GRADUATE MEDICAL EDUCATION AS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON) ALTHOUGH BID-MILTON DOES NOT PARTICIPATE DIRECTLY IN RESIDENT AND FELLOW TRAINING PROGRAMS WHICH ARE OPERATED AT BIDMC, THE PROVISION OF GRADUATE MEDICAL EDUCATION IS AN IMPORTANT COMMUNITY BENEFIT PROVIDED BY BID-MILTON'S NETWORK OF AFFILIATED ENTITIES THE MEDICAL CENTER'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS AND RESIDENTS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES THE MEDICAL CENTER HAS 43 APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH APPROXIMATELY 618 RESIDENTS AND CLINICAL FELLOWS IN ADDITION, THE MEDICAL CENTER HAS APPROXIMATELY 35 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH APPROXIMATELY 44 TRAINEES PER YEAR STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES CORE CLINICAL TRAINING PROGRAMSTHE MEDICAL CENTER SPONSORS CORE CLINICAL TRAINING PROGRAMS IN THE FOLLOWING FIELDS - ANESTHESIOLOGY- EMERGENCY MEDICINE- INTERNAL MEDICINE- NEUROLOGY- OBSTETRICS AND GYNECOLOGY- PATHOLOGY- RADIOLOGY- SURGERY- PODIATRYDURING THE FISCAL YEAR COVERED BY THIS FILING, REPORTED NET EXPENDITURES OF $67,597,581 REPORTED ON ITS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 4 88% OF THE MEDICAL CENTER'S TOTAL EXPENSES RESIDENCY PROGRAMSTHE MEDICAL CENTER SPONSORS ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED RESIDENCY PROGRAMS IN EACH OF THE CORE CLINICAL TRAINING PROGRAMS LISTED ABOVE, AS WELL AS PSYCHIATRY FELLOWSHIP PROGRAMSIN ADDITION TO THE RESIDENT TRAINING PROGRAMS LISTED ABOVE, THE MEDICAL CENTER SPONSORS A WIDE VARIETY OF FELLOWSHIP TRAINING PROGRAMS FOR ELIGIBLE DOCTORS WHO HAVE COMPLETED THEIR RESIDENCY AND WANT TO ENGAGE IN MORE SPECIALIZED STUDY HALF OF THESE PROGRAMS (35 OF 70) ARE ACGME APPROVED OR APPROVED BY A COMPARABLE BODY RELATED TO THE PARTICULAR SUBSPECIALTY THE MEDICAL CENTER SPONSORS THE FOLLOWING FELLOWSHIP PROGRAMS - ANESTHESIA ADULT CARDIOTHORACIC ANESTHESIOLOGY, CRITICAL CARE MEDICINE, OBSTETRIC ANESTHESIOLOGY, PAIN MEDICINE, REGIONAL ANESTHESIA, VASCULAR ANESTHESIA- EMERGENCY MEDICINE EMERGENCY MEDICAL SERVICES, EMERGENCY ULTRASOUND, TRAUMA, SIMULATION- INTERNAL MEDICINE ADVANCED CARDIAC NON-INVASIVE IMAGING, ADVANCED ENDOSCOPY, CARDIOVASCULAR DISEASE, CELIAC DISEASE, CLINICAL CARDIAC ELECTROPHYSIOLOGY, CLINICAL INFORMATICS, ENDOCRINOLOGY, DIABETES, AND METABOLISM, GASTROENTEROLOGY, GENERAL MEDICINE, GERIATRIC MEDICINE, GI MOTILITY/FUNCTIONAL BOWEL DISORDERS, GLOBAL HEALTH, HEMATOLOGY AND ONCOLOGY, HEPATOLOGY, INFECTIONS DISEASE, INFLAMMATORY BOWEL DISEASE, INTERVENTIONAL CARDIOLOGY, INTERVENTIONAL PULMONOLOGY, NEPHROLOGY, PULMONARY CRITICAL CARE, RHEUMATOLOGY, SLEEP MEDICINE, TRANSPLANT HEPATOLOGY- NEUROLOGY CLINICAL NEUROPHYSIOLOGY, EPILEPSY, MOVEMENT DISORDERS, MULTIPLE SCLEROSIS, NEUROLOGY-HIV, NEUROMUSCULAR MEDICINE, NEURO-ONCOLOGY, VASCULAR NEUROLOGY- OBSTETRICS AND GYNECOLOGY FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY, MATERNAL FETAL MEDICINE, MINIMALLY INVASIVE GYNECOLOGIC SURGERY, REPRODUCTIVE ENDOCRINOLOGY- PATHOLOGY CYTOPATHOLOGY, HEMATOLOGY, MEDICAL MICROBIOLOGY, SELECTIVE PATHOLOGY - RADIOLOGY-DIAGNOSTIC ABDOMINAL RADIOLOGY, BREAST IMAGING RADIOLOGY, MRI, MUSCULOSKELETAL IMAGING - MSK, NEURORADIOLOGY, THORACIC IMAGING RADIOLOGY, VASCULAR AND INTERVENTIONAL RADIOLOGY- SURGERY ABDOMINAL TRANSPLANT SURGERY/KIDNEY, CORNEA AND REFRACTIVE SURGERY, INTERVENTIONAL NEUROLOGICAL RADIOLOGY & ENDOVASCULAR NEUROSURGERY, MINIMALLY INVASIVE BARIATRIC SURGERY, NEUROSURGICAL ONCOLOGY & STEREOTACTIC NEUROSURGERY, ORTHOPAEDIC HAND SURGERY, ORTHOPAEDIC SPINE SURGERY, PLASTIC HAND SURGERY, PLASTIC SURGERY/BREAST RECONSTRUCTION, PODIATRY, SURGICAL CRITICAL CARE, THORACIC SURGERY, VASCULAR SURGERY, VASCULAR SURGERY-INTEGRATED

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	- COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSRESEARCHAS PREVIOUSLY NOTED IN THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS THE SOLE MEMBER OF BID-MILTON ALTHOUGH BID-MILTON DOES NOT ENGAGE IN DIRECT RESEARCH, IT IS PART OF BIDMC'S MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF OUR LOCAL AND EXTENDED COMMUNITIES THE BIDMC RESEARCH PROGRAM STRIVES TO BE, AND IS, RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS THAT IMPROVE THE QUALITY OF LIFE THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP FOUR IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING AMONG INDEPENDENT HOSPITALS THE MEDICAL CENTER SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACT THE LIVES OF OUR PATIENTS AND IMPROVE THE MEDICAL CENTER'S PATIENT CARE MEDICAL CENTER INVESTIGATORS LEAD MORE THAN 700 ACTIVE FEDERAL AND INDUSTRY SPONSORED PROJECTS AND MORE THAN 450 ACTIVE CLINICAL TRIALS DURING THE FISCAL PERIOD COVERED BY THIS FILING THIS RESEARCH IS LED BY APPROXIMATELY 470 PRINCIPAL INVESTIGATORS WHO ARE HARVARD MEDICAL SCHOOL FACULTY THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS, AND CARDIOLOGY/CARDIAC SURGERY THE MEDICAL CENTER IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL COMMITTED TO MAINTAINING A COLLABORATIVE CULTURE, TO MAINTAINING MODERN, HIGH-QUALITY FACILITIES, AND TO TAKING FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG THE HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS THE MEDICAL CENTER DESIGNS AND IMPLEMENTS MANY INTERDEPARTMENTAL AND INTERDISCIPLINARY RESEARCH PROGRAMS WITHIN THE INSTITUTION THE MEDICAL CENTER ALSO REACHES OUT AND COLLABORATES WITH OTHER NATIONALLY RECOGNIZED AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS ALL ORIENTED TOWARD TRANSLATING NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE THE MEDICAL CENTER PARTICIPATES IN HARVARD CATALYST, THE HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER, WHICH BRINGS TOGETHER THE INTELLECTUAL FORCE, TECHNOLOGIES, AND CLINICAL EXPERTISE AT HARVARD UNIVERSITY AND ITS ACADEMIC, HEALTH CARE, AND COMMUNITY PARTNERS TO CREATE CONNECTIONS, ENABLE RESEARCH AT THE CUTTING EDGE OF DISCOVERY, AND NURTURE CLINICAL AND TRANSLATIONAL RESEARCHERS WITH THE GOAL OF IMPROVING HUMAN HEALTH STUDIES BY MEDICAL CENTER RESEARCHERS ARE ROUTINELY PUBLISHED IN THE WORLD'S LEADING SCIENTIFIC JOURNALS, INCLUDING NATURE, SCIENCE AND THE NEW ENGLAND JOURNAL OF MEDICINE WHICH HELPS TO BRING THE RESEARCH FINDINGS TO PATIENTS BEYOND THE MEDICAL CENTER THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES - ANESTHESIA, CRITICAL CARE, AND PAIN MEDICINE - EMERGENCY MEDICINE - MEDICINE - ALLERGY AND INFLAMMATION- CARDIOVASCULAR MEDICINE- CENTER FOR VASCULAR BIOLOGY RESEARCH- CENTER FOR VIROLOGY AND VACCINE RESEARCH- CLINICAL INFORMATICS- CLINICAL NUTRITION- ENDOCRINOLOGY- EXPERIMENTAL MEDICINE- GASTROENTEROLOGY- GENERAL MEDICINE AND PRIMARY CARE- GENETICS- GERONTOLOGY- HEMATOLOGY AND ONCOLOGY- HEMOSTASIS AND THROMBOSIS- IMMUNOLOGY- INFECTIOUS DISEASE- INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGY- MOLECULAR AND VASCULAR MEDICINE- NEPHROLOGY- PULMONOLOGY- RHEUMATOLOGY- SIGNAL TRANSDUCTION- TRANSLATIONAL RESEARCH- TRANSPLANT IMMUNOLOGY- NEONATOLOGY - NEUROLOGY - OBSTETRICS AND GYNECOLOGY - ORTHOPAEDIC SURGERY - PATHOLOGY - PSYCHIATRY - RADIOLOGY - SURGERY - CARDIAC SURGERY- CENTER FOR MINIMALLY INVASIVE SURGERY- NEUROSURGERY- PLASTIC AND RECONSTRUCTIVE SURGERY- VASCULAR SURGERY- TRANSPLANT INSTITUTEDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED $58,928,208 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 4 25% OF THE MEDICAL CENTER'S TOTAL EXPENSES ADDITIONALLY, THE MEDICAL CENTER REPORTED $203,543,508 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS WHICH, IF INCLUDED IN THE SCHEDULE H, PART I, LINE 7H CALCULATION, WOULD INCREASE THE NET COMMUNITY BENEFIT REPORTED FROM RESEARCH ACTIVITIES ON THIS SCHEDULE H, PART I, LINE 7H TO 19 04%

Form and Line Reference	Explanation
SCHEDULE H PART VI QUESTIONS 5 AND 6	ADDITIONAL PROMOTION OF COMMUNITY HEALTH AND AFFILIATED HEALTH CARE SYSTEMBID-MILTON MAINTAINS AN OPEN MEDICAL STAFF AND AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS IN ADDITION, AS NOTED THROUGHOUT THIS NARRATIVE SUPPORT TO THE BID-MILTON FORM 990 AND SCHEDULES, THE MEDICAL CENTER IS PART OF THE CAREGROUP NETWORK OF AFFILIATES AND CAREGROUP SERVES AS THE MEDICAL CENTER'S SOLE MEMBER THE MEDICAL CENTER SERVES AS THE SOLE MEMBER TO BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL -MILTON, BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP AND JORDAN HEALTH SYSTEMS, INC EACH OF THESE ENTITIES MAY, IN TURN, SERVE AS THE SOLE MEMBER OF ADDITIONAL AFFILIATES BID-MILTON, THE MEDICAL CENTER AND EACH OF ITS AFFILIATES IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES THEY SERVE

Additional Data

Software ID:
Software Version:
EIN: 04-2103604
Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BETH ISRAEL DEACONESS HOSPITAL - MILTON	
BETH ISRAEL DEACONESS HOSPITAL - MILTON	PART V, SECTION B, LINE 18E FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTIO N B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION
BETH ISRAEL DEACONESS HOSPITAL - MILTON	PART V, SECTION B, LINE 20D FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTIO N B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	QUESTION 1 AND 4A AS NOTED IN THIS FILING, JOSEPH MORRISSEY SERVED AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BID-MILTON, THE MILTON HOSPITAL FOUNDATION AND COMMUNITY PHYSICIANS ASSOCIATES THROUGH DECEMBER 31, 2012 MR MORRISSEY BECAME ELIGIBLE FOR CERTAIN SALARY AND BENEFIT CONTINUATION PAYMENTS ON LEAVING BID-MILTON AS PART OF THIS ARRANGEMENT, BID-MILTON PROVIDED A GROSS-UP RELATED TO HEALTH INSURANCE BENEFITS
PART I, LINES 4A-B	QUESTION 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS THE SOLE MEMBER OF BID-MILTON AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014 IS CALENDAR YEAR 2013 DETAIL DURING THE 2013 CALENDAR YEAR, THE MEDICAL CENTER 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
PART I, LINE 7	NON-FIXED PAYMENTS BID-MILTON'S EXECUTIVE COMPENSATION PACKAGES MAY INCLUDE OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING THE BID-MILTON'S OBJECTIVES FOR QUALITY AND PATIENT SAFETY, THE BUDGETED CONSOLIDATED OPERATING MARGIN, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE IS REVIEWED AND APPROVED BY THE BID-MILTON'S COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, IS FULLY STAFFED BY INDEPENDENT MEMBERS
PART I, LINE 8	INITIAL CONTRACT EXCEPTION AS NOTED IN THIS FILING, MR PETER HEALY COMMENCED HIS POSITION AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BID-MILTON IN AUGUST 2013 ALL AMOUNTS PAID TO MR HEALY DURING THE CALENDAR YEAR 2013 AND REPORTED IN THIS FORM 990 WERE PAID PURSUANT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN TREASURY REGULATIONS SECTION 53 4958-4(A)(3) AND BID-MILTON FOLLOWED THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED IN TREASURY REGULATIONS SECTION 53 4958-6(C) IN SETTING MR HEALY'S COMPENSATION
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J OTHER REPORTABLE COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN OTHER REPORTABLE COMPENSATION MAY 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 MAY 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 MAY 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 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 BETH ISRAEL DEACONESS HOSPITAL - MILTON, BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS BID-MILTON, BIDMC, HMFP AND APHMFP RESPECTIVELY IN ADDITION, BIDMC IS THE SOLE MEMBER OF MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP AND BID-MILTON IS THE SOLE MEMBER OF COMMUNITY PHYSICIANS ASSOCIATES WHICH MAY BE REFERRED TO IN THESE EXPLANATORY NOTES AS APG AND CPA RESPECTIVELY FINALLY, THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL MAY BE REFERRED TO AS PFHC, HMS OR PFHC/HMS
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	ALEXANDER, BRUCE DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR ALEXANDER DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE BARRETT, M D , GEORGE DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DR BARRETT DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE BRADY, MICHAEL J DIRECTOR AND BOARD CHAIR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR AND BOARD CHAIR - MILTON HOSPITAL FOUNDATION DIRECTOR AND BOARD CHAIR - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER MR BRADY DEVOTES, ON AVERAGE, A COMBINED 16 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CICHELLO, ANTHONY DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, INC D/B/A AFFILIATED PHYSICIANS GROUP MR CICHELLO DEVOTES, ON AVERAGE, A COMBINED 3 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CONLON, KATHLEEN DIRECTOR AND CLERK - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR AND CLERK - MILTON HOSPITAL FOUNDATION DIRECTOR AND CLERK - COMMUNITY PHYSICIANS ASSOCIATES MS CONLON DEVOTES, ON AVERAGE, A COMBINED 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CRONIN, M D , JON DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON MEDICAL DIRECTOR, INTENSIVE CARE AND DIRECTOR, CLINICAL DOCUMENTATION MANAGEMENT PROGRAM - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL DR CRONIN DEVOTES, ON AVERAGE, A COMBINED 12 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 51,000 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY BID-MILTON FOR THE 2013 CALENDAR YEAR REPRESENTS PAYMENTS FROM SOUTH SHORE INTERNAL MEDICINE RELATED TO DR CRONIN'S POSITIONS AS MEDICAL DIRECTOR, INTENSIVE CARE AND DIRECTOR, CLINICAL DOCUMENTATION MANAGEMENT PROGRAM AT BETH ISRAEL DEACONESS HOSPITAL MILTON DAVIS, III, FRANK L DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR DAVIS DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE FALLON, CAROL DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MS FALLON DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE GREENE, DONALD DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR GREENE DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	HEALY, PETER DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - MILTON HOSPITAL FOUNDATION DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014, COMPENSATION REPORTED IS CALENDAR YEAR 2013 COMPENSATION MR HEALY COMMENCED HIS POSITIONS NOTED ABOVE ON AUGUST 26, 2013 MR HEALY DEVOTES, ON AVERAGE, 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 130,501 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 38 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 10,678 HEAVEY, CHRISTOPHER DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR HEAVEY DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE HODGMAN, JANE DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MS HODGMAN DEVOTES, ON AVERAGE, A COMBINED 4 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE KERWIN, MARK DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR KERWIN DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE LEWIS, M D , STANLEY M DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON SENIOR VICE PRESIDENT, NETWORK INTEGRATION - BETH ISRAEL DEACONESS MEDICAL CENTER CARDIOLOGIST - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A AFFILIATED PHYSICIANS GROUP DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH DIRECTOR - JORDAN HEALTH SYSTEMS, INC ASSOCIATE PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR LEWIS DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR LEWIS PERFORMS SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY FORM 990, ALTHOUGH DR LEWIS IS PAID DIRECTLY BY HMFP, THE PORTION OF DR LEWIS' COMPENSATION ATTRIBUTABLE TO HIS SERVICES PERFORMED AT BIDMC AND HMFP HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 434,673 INCENTIVE COMPENSATION 120,063 OTHER REPORTABLE COMPENSATION 11,045 DEFERRED COMPENSATION 25,245 NON-TAXABLE BENEFITS 17,057 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 48,297 INCENTIVE COMPENSATION 13,340 OTHER REPORTABLE COMPENSATION 1,227 DEFERRED COMPENSATION 2,805 NON-TAXABLE BENEFITS 1,895 LONGMAID, M D , H ESTERBROOK DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON PRESIDENT OF THE MEDICAL STAFF - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR LONGMAID DEVOTES, ON AVERAGE, 8 HOURS PER WEEK TO THE REPORTING ORGANIZATION FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 46,253 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 LOONEY, M D , JOHN J DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON PRIMARY CARE PHYSICIAN - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GROUP CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL PRACTICE PHYSICIAN RECRUITMENT COORDINATOR - COMMUNITY PHYSICIANS ASSOCIATES DR LOONEY DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2013 CALENDAR YEAR, DR LOONEY PERFORMED SERVICES FOR APG AND WAS COMPENSATED BY HMFP AS REQUIRED BY THIS FORM 990, DR LOONEY'S COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW DR LOONEY ALSO PERFORMS SERVICES FOR CPA AND COMPENSATION PAID TO DR LOONEY DIRECTLY BY CPA IS ALSO REPORTED PAYMENTS REPORTED BY APG BASE COMPENSATION 391,437 INCENTIVE COMPENSATION 112,788 OTHER REPORTABLE COMPENSATION 4,269 DEFERRED COMPENSATION 30,600 NON-TAXABLE BENEFITS 27,923 PAYMENTS REPORTED BY CPA BASE COMPENSATION 40,000 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	MARSANO, MARIO DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR MARSANO DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE NEEDHAM, ELLEN DIRECTOR AND TREASURER - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR AND TREASURER - MILTON HOSPITAL FOUNDATION DIRECTOR AND TREASURER - COMMUNITY PHYSICIANS ASSOCIATES MS NEEDHAM DEVOTES, ON AVERAGE, A COMBINED 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE RABKIN, M D , MITCHELL T DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR RABKIN DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY PFHC/HMS BASE COMPENSATION 6,000 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY BID-MILTON FOR THE 2013 CALENDAR YEAR REPRESENTS PAYMENT FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR RABKIN'S POSITION AS PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL $6,000 BASE AND OTHER REPORTABLE COMPENSATION ROSENBERG, M D , STUART A DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON PRESIDENT AND CHIEF EXECUTIVE OFFICER - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - CONTINUING EDUCATION PROGRAM, INC D/B/A BETH ISRAEL DEACONESS DEPARTMENT OF PSYCHIATRY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORP , D/B/A AFFILIATED PHYSICIANS GROUP SENIOR LECTURER ON MEDICINE - HARVARD MEDICAL SCHOOL DR ROSENBERG DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY HMFP BASE COMPENSATION 643,688 INCENTIVE COMPENSATION 369,720 OTHER REPORTABLE COMPENSATION 18,900 DEFERRED COMPENSATION 47,813 NON-TAXABLE BENEFITS 18,862 STAPLETON, PATRICK DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION MR STAPLETON DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE TABB, M D , KEVIN DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM DR TABB DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 835,668 INCENTIVE COMPENSATION 404,200 OTHER REPORTABLE COMPENSATION 67,548 DEFERRED COMPENSATION 12,750 NON-TAXABLE BENEFITS 34,166 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR TABB INCLUDES COMBINED PAYMENTS FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF $60,562 CONKLIN, MICHAEL VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER - MILTON HOSPITAL FOUNDATION CHIEF FINANCIAL OFFICER - COMMUNITY PHYSICIANS ASSOCIATES MR CONKLIN COMMENCED THE ROLES LISTED ABOVE ON SEPTEMBER 1, 2014 AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014, COMPENSATION REPORTED IS FOR CALENDAR YEAR 2013, WHICH WAS PRIOR TO MR CONKLIN'S EMPLOYMENT AT BID-MILTON AND AS SUCH, NO COMPENSATION IS REPORTED IN THIS FILING MR CONKLIN DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	RADZEVICH, JASON VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON CHIEF FINANCIAL OFFICER AND TREASURER - BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH CHIEF FINANCIAL OFFICER AND TREASURER - JORDAN HEALTH SYSTEMS, INC VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER - MILTON HOSPITAL FOUNDATION CHIEF FINANCIAL OFFICER - COMMUNITY PHYSICIANS ASSOCIATES MR RADZEVICH RESIGNED FROM HIS POSITIONS AS VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER AT BID-MILTON AND THE MILTON HOSPITAL FOUNDATION AND AS CHIEF FINANCIAL OFFICER AT COMMUNITY PHYSICIANS ASSOCIATES EFFECTIVE APRIL 1, 2014 MR RADZEVICH COMMENCED HIS POSITIONS AS CHIEF FINANCIAL OFFICER AND TREASURER AT BID-PLYMOUTH AND JORDAN HEALTH SYSTEMS INC ON MAY 5, 2014 MR RADZEVICH 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 BID-MILTON BASE COMPENSATION 277,169 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 211 DEFERRED COMPENSATION 1,283 NON-TAXABLE BENEFITS 4,226 SINKEVICH, DORIS CHIEF OPERATING OFFICER AND VICE PRESIDENT, PATIENT CARE/QUALITY - BETH ISRAEL DEACONESS HOSPITAL - MILTON FORMER DIRECTOR (EX-OFFICIO) AND INTERIM CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON FORMER DIRECTOR (EX-OFFICIO) AND INTERIM CHIEF EXECUTIVE OFFICER - MILTON HOSPITAL FOUNDATION FORMER CHIEF NURSING OFFICER BETH ISRAEL DEACONESS HOSPITAL - MILTON MS SINKEVICH SERVED AS THE INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) OF BETH ISRAEL DEACONESS HOSPITAL - MILTON AND THE MILTON HOSPITAL FOUNDATION FROM JANUARY 1, 2013 TO AUGUST 20, 2013 AT WHICH TIME SHE BECAME CHIEF NURSING OFFICER AND VICE PRESIDENT, PATIENT CARE/QUALITY MS SINKEVICH SERVED IN THESE LATTER ROLES UNTIL JANUARY 31, 2014 MS SINKEVICH DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND RELATED ORGANIZATIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 302,134 INCENTIVE COMPENSATION 92,630 OTHER REPORTABLE COMPENSATION 1,980 DEFERRED COMPENSATION 1,389 NON-TAXABLE BENEFITS 557 CRONIN, R N , LYNN CHIEF NURSING OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS CRONIN DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 113,139 INCENTIVE COMPENSATION 36,125 OTHER REPORTABLE COMPENSATION 4,843 DEFERRED COMPENSATION 563 NON-TAXABLE BENEFITS 25,195 YEATS, M D , ASHLEY CHIEF MEDICAL OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON PHYSICIAN, EMERGENCY MEDICINE - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR YEATS DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION A PORTION OF DR YEATS' COMPENSATION WAS PAID DIRECTLY BY ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, AN ENTITY RELATED TO BID-MILTON AND EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AS REQUIRED BY FORM 990, DR YEATS' COMPENSATION HAS BEEN SEPARATELY REPORTED ON THIS FILING, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 261,319 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 1,208 NON-TAXABLE BENEFITS 2,726 PAYMENTS REPORTED BY APHMFP BASE COMPENSATION 54,590 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 PAGE, CYNTHIA VICE PRESIDENT, CLINICAL SUPPORT SERVICES - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS PAGE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 138,879 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 173 DEFERRED COMPENSATION 676 NON-TAXABLE BENEFITS 41,347 GRONBERG, MARK CONTROLLER - BETH ISRAEL DEACONESS HOSPITAL - MILTON MR GRONBERG DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 138,375 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 490 DEFERRED COMPENSATION 676 NON-TAXABLE BENEFITS 24,265
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	FERNANDEZ, JEAN M CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS FERNANDEZ DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 138,439 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 259 DEFERRED COMPENSATION 671 NON-TAXABLE BENEFITS 23,235 HARRINGTON, KATHLEEN VICE PRESIDENT, HUMAN RESOURCES - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS HARRINGTON DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 143,336 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 671 NON-TAXABLE BENEFITS 10,857 CAMPBELL, ALEXANDER DIRECTOR, HEALTH CARE QUALITY - BETH ISRAEL DEACONESS HOSPITAL - MILTON MR CAMPBELL DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 115,637 INCENTIVE COMPENSATION 10,000 OTHER REPORTABLE COMPENSATION 4,889 DEFERRED COMPENSATION 563 NON-TAXABLE BENEFITS 22,695 BERRY, M D , MICHAEL V FORMER CHIEF, SURGERY - BETH ISRAEL DEACONESS HOSPITAL - MILTON ORTHOPEDIC SURGEON - COMMUNITY PHYSICIANS ASSOCIATES PAYMENTS REPORTED BELOW RELATE TO DR BERRY'S POSITION AS AN ORTHOPEDIC SURGEON PAYMENTS REPORTED BY CPA BASE COMPENSATION 950,613 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 7,082 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 22,400 MORRISSEY, JOSEPH V FORMER DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON FORMER DIRECTOR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - MILTON HOSPITAL FOUNDATION FORMER DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES MR MORRISSEY SERVED IN THE LISTED POSITIONS THROUGH DECEMBER 31, 2012 PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 0 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 450,046 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 44,727 AS REQUIRED IN THIS FORM 990, OTHER REPORTABLE COMPENSATION REPORTED BY BID-MILTON FOR THE 2013 CALENDAR YEAR INCLUDES SALARY CONTINUATION PAYMENTS OF $430,947 ZEIDEL, M D MARK L FORMER DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR (EX-OFFICIO) AND CHIEF (MEDICINE) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (MEDICINE) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP DIRECTOR (EX-OFFICIO) AND PRESIDENT - BETH ISRAEL DEACONESS DEPT OF MEDICINE FOUNDATION HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR ZEIDEL DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR ZEIDEL PERFORMS SERVICES FOR BOTH HMFP AND BIDMC AS REQUIRED BY THIS 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 ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 351,556 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,505 DEFERRED COMPENSATION 22,089 NON-TAXABLE BENEFITS 9,955 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 351,557 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,505 DEFERRED COMPENSATION 22,089 NON-TAXABLE BENEFITS 9,955 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2013 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 THE HMFP DEPARTMENT OF MEDICINE AND HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL $144,848 BASE AND OTHER REPORTABLE COMPENSATION, $16,128 DEFERRED COMPENSATION AND $1,837 NON-TAXABLE BENEFITS

Additional Data

Software ID:
Software Version:
EIN: 04-2103604
Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
LEWIS MD STANLEY M DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	482,970	133,403	12,272	28,050	18,952	675,647	0
LOONEY MD JOHN J DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	431,437	112,788	4,629	30,600	27,923	607,377	0
ROSENBERG MD STUART A DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	643,688	369,720	18,900	47,813	18,862	1,098,983	0
TABB MD KEVIN DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	835,668	404,200	67,548	12,750	34,166	1,354,332	0
RADZEVICH JASON V P FINANCE & CFO	(I)	277,169	0	211	1,283	4,226	282,889	0
	(II)	0	0	0	0	0	0	0
SINKEVICH DORIS SEE SCH J, PART III	(I)	302,134	92,630	1,980	1,389	557	398,690	0
	(II)	0	0	0	0	0	0	0
CRONIN RN LYNN CHIEF NURSING OFFICER	(I)	113,139	36,125	4,843	563	25,195	179,865	0
	(II)	0	0	0	0	0	0	0
YEATS MD ASHLEY CHIEF MEDICAL OFFICER	(I)	261,319	0	0	1,208	2,726	265,253	0
	(II)	54,590	0	0	0	0	54,590	0
PAGE CYNTHIA VP CLINICAL SUPPORT SERVIC	(I)	138,879	0	173	676	41,347	181,075	0
	(II)	0	0	0	0	0	0	0
GRONBERG MARK CONTROLLER	(I)	138,375	0	490	676	24,265	163,806	0
	(II)	0	0	0	0	0	0	0
FERNANDEZ JEAN M CHIEF INFORMATION OFFICER	(I)	138,439	0	259	671	23,235	162,604	0
	(II)	0	0	0	0	0	0	0
HARRINGTON KATHLEEN VP HUMAN RESOURCES	(I)	143,336	0	0	671	10,857	154,864	0
	(II)	0	0	0	0	0	0	0
CAMPBELL ALEXANDER DIR HEALTH CARE QUALITY	(I)	115,637	10,000	4,889	563	22,695	153,784	0
	(II)	0	0	0	0	0	0	0
BERRY MD MICHAEL V ORTHO SURG,FRM SHF SUR	(I)	0	0	0	0	0	0	0
	(II)	950,613	0	7,082	0	22,400	980,095	0
MORRISSEY JOSEPH V FRMR DIR, PRES & CEO	(I)	0	0	450,046	0	44,727	494,773	0
	(II)	0	0	0	0	0	0	0
ZEIDEL MD MARK L FORMER DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	703,113	0	11,010	44,178	19,910	778,211	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS HEALTH & ED FACILITIES AUTHORITY	04-2456011	57586CNM3	11-30-2005	32,670,479	VARIOUS CAPITAL EXPENDITURES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	34,691,559			
4	Gross proceeds in reserve funds	1,752,287			
5	Capitalized interest from proceeds	3,505,689			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	591,625			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	28,742,997			
11	Other spent proceeds	98,961			
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	X							
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K PART 1F	DESCRIPTION OF TAX EXEMPT DEBT PURPOSE IN RESPONSE TO GROWING DEMAND AND CHANGES IN HEALTH CARE DELIVERY, MILTON HOSPITAL UNDERTOOK A MAJOR EXPANSION AND RENOVATION PROJECT, BEGINNING IN 2005 COMPLETED IN 2008, THE PROJECT RESULTED IN A NEW EMERGENCY DEPARTMENT, AN ENLARGED, DEDICATED ENDOSCOPY CENTER AND AN UPDATED SURGICAL SERVICES CENTER, INCLUDING TWO NEW AND FOUR RENOVATED OPERATING ROOMS OTHER FEATURES OF THE PROJECT INCLUDED REMODELED LABORATORY AND PHLEBOTOMY AREAS, EXPANDED FREE PARKING, AND IMPROVEMENTS TO POWER PLANT FACILITIES

Return Reference	Explanation
SCHEDULE K PART II LINE 8	YEAR OF SUBSTANTIAL COMPLETION OF PROJECT(S) IN RESPONSE TO GROWING DEMAND AND CHANGES IN HEALTH CARE DELIVERY, MILTON HOSPITAL UNDERTOOK A MAJOR EXPANSION AND RENOVATION PROJECT, BEGINNING IN 2005 COMPLETED IN 2008, THE PROJECT RESULTED IN A NEW EMERGENCY DEPARTMENT, AN ENLARGED, DEDICATED ENDOSCOPY CENTER AND AN UPDATED SURGICAL SERVICES CENTER, INCLUDING TWO NEW AND FOUR RENOVATED OPERATING ROOMS OTHER FEATURES OF THE PROJECT INCLUDED REMODELED LABORATORY AND PHLEBOTOMY AREAS, EXPANDED FREE PARKING, AND IMPROVEMENTS TO POWER PLANT FACILITIES

Return Reference	Explanation
SCHEDULE K PART II LINE 1, COLUMN A, LINE 3	THE DIFFERENCE IN BETWEEN THE TOTAL PROCEEDS AND THE ISSUE PRICE IS THE INVESTMENT EARNINGS FROM THE PROJECT FUND

Return Reference	Explanation
SCHEDULE K PART III QUESTIONS 2 AND 3	FACILITIES FINANCED WITH TAX-EXEMPT BONDS ARE PRIMARILY OCCUPIED BY BID-MILTON AND ITS AFFILIATED TAX-EXEMPT ENTITIES SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND BID-MILTON MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (I E CLEANING, PATIENT TRANSPORT, AND FOOD SERVICES) WITHIN TAX EXEMPT DEBT FINANCED SPACE ANY SUCH AGREEMENTS IN PLACE AS OF SEPTEMBER 30, 2014 WERE REVIEWED TO ENSURE PROPER ACCOUNTING OF ANY PRIVATE USE GENERATED FROM SUCH ACTIVITIES IN ADDITION, SUCH AGREEMENTS ARE GENERALLY REVIEWED BY INSIDE COUNSEL PRIOR TO FINALIZING

Return Reference	Explanation
SCHEDULE K PART IV, COLUMN A, LINE 2C	A REBATE CALCULATION WAS COMPLETED AS OF JUNE 30, 2013 WITH NO REBATE DUE

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CRICORMF	K TABB -DIRECTOR	338,888	INSURANCE		No
(2) J LEWIS MD	FAMILY OF S LEWIS, M D	66,459	SALARY		No
(3) E ROSENBERG	FAMILY OF S ROSENBERG, M D	114,736	SALARY		No
(4) S FREEDMAN MD	FAMILY OF M ZEIDEL	170,906	SALARY		No
(5) M HODGMAN MD	FAMILY OF J HODGMAN	75,000	SALARY		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L PART IV COLUMN (D)	DESCRIPTION OF TRANSACTIONS INVOLVING INTERESTED PERSONSKEVIN TABB, A DIRECTOR SITTING ON THE BOARD OF BID-MILTON, BIDMC DIRECTOR (EX-OFFICIO) AND BIDMC PRESIDENT AND CHIEF EXECUTIVE OFFICER, ALSO HOLDS A POSITION ON THE RISK MANAGEMENT FOUNDATION OF THE HARVARD MEDICAL INSTITUTIONS, INC (CRICO/RMF) BOARD CAREGROUP IS THE SOLE MEMBER AND A SUPPORTING ORGANIZATION OF BIDMC, WHICH IN TURN SERVES AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL - MILTON AND BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH CAREGROUP IS A CRICO/RMF MEMBER AND THROUGH CAREGROUP, THESE ENTITIES PURCHASE PHYSICIAN PROFESSIONAL LIABILITY INSURANCE AND GENERAL LIABILITY INSURANCE IN ADDITION, CAREGROUP AND ITS AFFILIATES ARE ENTITLED TO REPRESENTATION ON THE CRICO/RMF BOARD PURSUANT TO THE CAREGROUP MEMBER INTEREST IN CRICO/RMF FOR THE PERIOD COVERED BY THIS FILING, BID-MILTON PAID $ 338,888 TO THE CRICO ENTITIES FOR THIS INSURANCE COVERAGE ALL CRICO/RMF AND SHAREHOLDERS ARE ENTITIES EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED STANLEY M LEWIS, M D, A DIRECTOR SITTING ON THE BOARD OF BID-MILTON, SERVES ON THE BOARDS OF DIRECTORS FOR MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP (APG), AND THE BOARD OF TRUSTEES FOR BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM (BIDN), DR LEWIS IS ALSO THE SENIOR VICE PRESIDENT FOR NETWORK INTEGRATION AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND A CARDIOLOGIST AT HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) JASON JONATHAN LEWIS IS DR LEWIS' SON AND IS A MEDICAL RESIDENT AT BIDMC DR JASON JONATHAN LEWIS' SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $59,677INCENTIVE COMPENSATION $0OTHER REPORTABLE COMPENSATION $8DEFERRED COMPENSATION $0NON-TAXABLE BENEFITS $6,774STUART A ROSENBERG, MD, IS A DIRECTOR SITTING ON THE BOARD OF BID-MILTON, SERVES AS A DIRECTOR (EX-OFFICIO) AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND IS THE PRESIDENT AND CEO OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) DR ROSENBERG'S DAUGHTER, ELIZABETH ROSENBERG, IS AN ULTRASOUND TECHNOLOGIST AT BIDMC HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2013 INCLUDE BASE COMPENSATION $53,096INCENTIVE COMPENSATION $200OTHER REPORTABLE COMPENSATION $10DEFERRED COMPENSATION $2,788NON-TAXABLE BENEFITS $8,434IN ADDITION, DR ROSENBERG'S DAUGHTER KATHERINE RAND IS A NURSE AND IS ALSO EMPLOYED BY BIDMC HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2013 INCLUDE BASE COMPENSATION $45,641INCENTIVE COMPENSATION $0OTHER REPORTABLE COMPENSATION $1DEFERRED COMPENSATION $ 1,426NON-TAXABLE BENEFITS $3,140MARK L ZEIDEL, M D , A FORMER DIRECTOR OF BIDMILTON, IS ALSO A DIRECTOR (EX-OFFICIO) OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), CLINICAL CHIEF OF MEDICINE AT BIDMC / CLINICAL CHAIR OF MEDICINE AT HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND A DIRECTOR SERVING ON THE MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP (APG) BOARD DR ZEIDEL IS MARRIED TO SUSAN FREEDMAN, MD, A PHYSICIAN EMPLOYED BY HMFP AND APG HMFP IS INTEGRALLY RELATED TO BID-MILTON, BIDMC AND APG DR FREEDMAN'S SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $149,400INCENTIVE COMPENSATION $0OTHER REPORTABLE COMPENSATION $2,726DEFERRED COMPENSATION $18,000NON-TAXABLE BENEFITS $780JANE HODGMAN, SERVES AS A DIRECTOR ON THE BOARDS OF BID-MILTON, MILTON HOSPITAL FOUNDATION, INC , AND COMMUNITY PHYSICIAN ASSOCIATES, INC MS HODGMAN'S HUSBAND, MARK HODGMAN, MD, IS CHIEF OF MEDICINE AT BID-MILTON AND RECEIVED $75,000 IN COMPENSATION IN CALENDAR YEAR 2013 VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF BID- MILTON MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO BID-MILTON SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE BID-MILTON MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, BID-MILTON 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 $10,000 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 BID-MILTON CONFLICT OF INTEREST POLICY

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Return Reference	Explanation
FORM 990, PART I & PART III, LINE 1	DESCRIPTION OF ORGANIZATION'S MISSION THE MISSION OF THE BETH ISRAEL DEACONESS HOSPITAL-MILTON, INC (BID-MILTON OR HOSPITAL) IS TO PROVIDE SAFE, HIGH-QUALITY, COMMUNITY-BASED HEALTH CARE AND ACCESS TO TERTIARY CARE IN CLOSE COLLABORATION WITH ITS SOLE MEMBER, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER), REGARDLESS OF THE PATIENT'S ABILITY TO PAY, RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, AGE, OR DISABILITY BID-MILTON ASPIRES TO BE AMONG THE BEST COMMUNITY HOSPITALS IN EASTERN MASSACHUSETTS BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON OR HOSPITAL), IS A 88-BED ACUTE CARE HOSPITAL THAT SERVES PATIENTS OF ALL AGES AND SERVES THE COMMUNITIES OF MILTON, QUINCY, BRAINTREE, RANDOLPH, CANTON, HYDE PARK DORCHESTER AND OTHER LOCAL COMMUNITIES THE HOSPITAL PROVIDES A COMPREHENSIVE PROGRAM OF CLINICAL SERVICES AND DELIVERS CARE IN ACCORDANCE WITH BID-MILTON'S CORE VALUES OF PATIENT COMFORT, CONFIDENTIALITY AND CONVENIENCE WITH THE ULTIMATE GOAL OF PLAYING AN INTEGRAL ROLE IN IMPROVING THE OVERALL HEALTH OF THE COMMUNITIES SERVED BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER), IS A NATIONALLY RECOGNIZED TERTIARY CARE ACADEMIC MEDICAL CENTER, IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND IS THE SOLE MEMBER OF BID-MILTON BIDMC IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND IS RECOGNIZED NATIONALLY FOR THE CLINICAL EXCELLENCE OF ITS FACULTY AND THE PATIENT CARE PROVIDED, AS WELL AS FOR THE MAGNITUDE AND BREADTH OF ITS RESEARCH AND FOR ITS COMMITMENT TO MEDICAL EDUCATION MANY BID-MILTON PHYSICIANS ALSO HOLD APPOINTMENTS AT HARVARD OR OTHER MAJOR MEDICAL SCHOOLS AND ARE TIED CLOSELY WITH THEIR COLLEAGUES AT OTHER ACADEMIC MEDICAL CENTERS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INPATIENT HEALTHCARE SERVICES BID-MILTON PROVIDES A WIDE RANGE OF INPATIENT CARE INCLUDING SURGICAL SERVICES, INTENSIVE AND CARDIAC CARE AND COMPLETE DIAGNOSTIC FACILITIES BID-MILTON'S INPATIENT FACILITIES INCLUDE MEDICAL/SURGICAL BEDS AND A SEVEN-BED INTENSIVE AND CARDIAC CARE UNIT THE HOSPITAL HAS A FULLY RENOVATED STATE-OF-THE ART SURGICAL SUITE WITH SIX FULLY EQUIPPED OPERATING ROOMS, ONE MINOR SURGERY ROOM AND A POST-OPERATIVE ANESTHESIA CARE UNIT SURGICAL SERVICES ARE AVAILABLE 24 HOURS A DAY FOR CRITICALLY ILL OR INJURED PATIENTS REQUIRING IMMEDIATE SURGICAL INTERVENTION, OR FOR OTHER PATIENTS ON A NON-EMERGENT OR ELECTIVE BASIS BID-MILTON'S HIGHLY QUALIFIED SURGEONS PERFORM ORTHOPEDIC PROCEDURES AND IMPLANTS, PLASTIC RECONSTRUCTION, GASTROINTESTINAL, GENERAL SURGICAL (INCLUDING BREAST) GYNECOLOGICAL, OPHTHALMOLOGIC, PODIATRIC, AND UROLOGICAL PROCEDURES LIMITED VASCULAR AND THORACIC SURGERY IS ALSO PERFORMED PATIENTS ARE UNDER THE CARE OF THE HOSPITAL'S MEDICAL STAFF, HOSPITALISTS AND/OR GENERAL SURGEONS ALONG WITH NURSES WHO ARE TRAINED IN CARING FOR PATIENTS WITH COMPLEX MEDICAL NEEDS THE NURSING CARE TEAM CONSISTS OF REGISTERED NURSES, SURGICAL TECHNICIANS AND QUALIFIED ANCILLARY PERSONNEL WORKING COLLABORATIVELY WITH SURGICAL AND ANESTHESIA PHYSICIANS THE SCOPE OF NURSING PRACTICE IN THE PERIOPERATIVE AREA INCLUDES PREOPERATIVE ASSESSMENT AND PLANNING, INTRA-OPERATIVE INTERVENTION, POSTOPERATIVE ASSESSMENT AND INTERVENTION, DISCHARGE PLANNING AND DOCUMENTATION TO ENSURE HIGH QUALITY PATIENT CARE AND SAFETY THE INPATIENT POPULATION THAT IS SERVED INCLUDES CHILDREN UNDER 15 YEARS OF AGE REQUIRING MINOR OUTPATIENT SURGERY AND ANY INDIVIDUALS WHO ARE 15 YEARS AND OLDER WHO REQUIRE MINOR OR MAJOR SURGICAL INTERVENTION FOR THE FISCAL PERIOD COVERED BY THIS FILING, BID-MILTON HAD 6,107 INPATIENT DISCHARGES WITH 20,316 PATIENT DAYS, AND 1,214 TOTAL INPATIENT SURGERIES

Return Reference	Explanation
FORM 990, PART III, LINE 4B	OUTPATIENT CLINICS AND SERVICES BID-MILTON PROVIDES A COMPREHENSIVE PROGRAM OF CLINICAL SERVICES ENCOMPASSING GENERAL INTERNAL MEDICINE AND ALL THE SUBSPECIALTIES OF INTERNAL MEDICINE, COVERING THE GAMUT OF SERVICES FROM PRIMARY TO TERTIARY CARE AS WELL AS PROVIDING SURGICAL SERVICES ON AN OUTPATIENT BASIS THE HOSPITAL'S MEDICAL STAFF BLENDS EXPERIENCED PRIMARY CARE PHYSICIANS AND SPECIALISTS IN A WIDE VARIETY OF DISCIPLINES THE PRIMARY CARE AND SPECIALISTS AT BID-MILTON PROVIDE OUTPATIENT PRIMARY CARE AS WELL AS ENDOSCOPIC, OPHTHALMOLOGIC, DERMATOLOGIC AND PODIATRIC PROCEDURES, CARDIAC REHABILITATION, DIABETES MANAGEMENT SERVICES, AND ELDER ASSESSMENT PROGRAMS BID-MILTON ALSO OFFERS OCCUPATIONAL HEALTH SERVICES AND NUTRITIONAL COUNSELING DIAGNOSTIC FACILITIES INCLUDE A COMPLETE 24-HOUR HISTOPATHOLOGY LABORATORY AND BLOOD BANKING SERVICES AS WELL AS DIAGNOSTIC IMAGING INCLUDING CT SCANNING, ULTRASOUND, ULTRASONIC CARDIOGRAPHY, BONE DENSITOMETRY, NUCLEAR MEDICINE, PLAIN FILM RADIOLOGY AND FLUOROSCOPY IN ADDITION, THE HOSPITAL'S PICTURE ARCHIVAL AND COMMUNICATION SYSTEM (PACS) CAN INSTANTANEOUSLY TRANSMIT RADIOLOGIC IMAGES BETWEEN BID-MILTON AND BIDMC, MEANING THAT PATIENTS IN MILTON HAVE ACCESS TO THE SAME WORLD-CLASS SPECIALISTS AS PATIENTS AT BIDMC THE SYSTEM FACILITATES, WHEN NECESSARY, MULTI-DISCIPLINARY EVALUATION OF IMAGES, RESULTING IN IMPROVED TECHNICAL PERFORMANCE AND FEEDBACK AND DIAGNOSES WITH GREATER DIAGNOSTIC ACCURACY DURING THE FISCAL PERIOD COVERED BY THIS FILING, BID-MILTON HAD 121,636 OUTPATIENT ENCOUNTERS HOSPITAL CLINICS HAD 8,614 VISITS, PERFORMED 5,631 ENDOSCOPY PROCEDURES, PROVIDED 964 NUTRITION CLINIC VISITS, PERFORMED 328 SLEEP STUDIES AND 2,613 OUTPATIENT SURGERIES IN ADDITION, BID-MILTON OUTPATIENT CARDIOLOGY PHYSICIANS AND PROFESSIONALS PERFORMED 9,382 EKG EXAMS, BID-MILTON GENERAL RADIOLOGY PERFORMED 32,651 OUTPATIENT EXAMS, 11,133 CAT SCAN OUTPATIENT EXAMS, 7,692 OUTPATIENT ULTRASOUND PROCEDURES, OVER 3,260 MRI EXAMS AND 1,024 NUCLEAR MEDICINE TESTS FINALLY, DURING THE PERIOD COVERED BY THIS FILING BID-MILTON PERFORMED 216,993 OUTPATIENT LAB TESTS, HAD 40,509 REHABILITATION VISITS AND PERFORMED 11,137 OTHER PROCEDURES AND TESTS NOT INCLUDED IN THE DETAIL ABOVE SEE SCHEDULE H FOR ADDITIONAL INFORMATION ON CHARITY CARE AND COMMUNITY BENEFITS

Return Reference	Explanation
FORM 990, PART III, LINE 4C	EMERGENCY DEPARTMENT AS PREVIOUSLY NOTED IN THIS FILING, BIDMC IS A NATIONALLY RECOGNIZED TERTIARY CARE ACADEMIC MEDICAL CENTER AND TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND THE SOLE MEMBER OF BID-MILTON ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) IS AN INTEGRALLY RELATED PHYSICIAN PRACTICE OF BIDMC AND IS ALSO EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED APHMFP PHYSICIANS PROVIDE AROUND THE CLOCK PHYSICIAN PATIENT CARE COVERAGE AND MEDICAL DIRECTION OF THE BID-MILTON EMERGENCY DEPARTMENT THESE PHYSICIANS ARE ALL CERTIFIED OR BOARD-ELIGIBLE IN LEVEL 1 TRAUMA DURING THE FISCAL YEAR COVERED BY THIS FILING, BID-MILTON HAD 27,080 EMERGENCY DEPARTMENT VISITS

Return Reference	Explanation
FORM 990, PART V, QUESTION 7G	CONTRIBUTIONS OF INTELLECTUAL PROPERTY BETH ISRAEL DEACONESS HOSPITAL MILTON DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

Return Reference	Explanation
FORM 990, PART V, QUESTION 7H	CONTRIBUTIONS OF CARS, BOATS, AIRPLANES AND OTHER VEHICLES BETH ISRAEL DEACONESS HOSPITAL - MILTON DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 1098-C

Return Reference	Explanation
FORM 990, PATY VI, QUESTION 12 AND 12A	STATEMENT RE AUDITED FINANCIAL STATEMENTS THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BETH ISRAEL DEACONESS HOSPITAL - MILTON AND ITS AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2014 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF BETH ISRAEL DEACONESS HOSPITAL - MILTON, COMMUNITY PHYSICIAN ASSOCIATES AND THE MILTON HOSPITAL FOUNDATION

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), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC (BID-MILTON) AND JORDAN HEALTH SYSTEMS, INC (JHSI) 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 AN EMPLOYMENT RELATIONSHIP WITH 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS A TERTIARY CARE ACADEMIC MEDICAL CENTER BIDMC, A FLAGSHIP TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL, IS KNOWN FOR ITS EXEMPLARY PATIENT CARE, CONDUCTING "LEADING EDGE" CLINICAL AND BASIC SCIENCE RESEARCH AND SUPPORTING OUTSTANDING EDUCATIONAL PROGRAMS BIDMC IS A HOSPITAL EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986 AS AMENDED, AND ACTING THROUGH ITS BOARD OF DIRECTORS, IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON OR HOSPITAL)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE AMENDED AND RESTATED BYLAWS OF BID-MILTON, THE MEDICAL CENTER AS SOLE CORPORATE MEMBER OF THE HOSPITAL (THE MEMBER) HAS THE RIGHT TO APPOINT THREE OF THE HOSPITAL'S MAXIMUM OF TWENTY (20) VOTING DIRECTORS THE REMAINING DIRECTORS ARE NOMINATED BY THE BOARD OF DIRECTORS AND SUBMITTED TO THE MEMBER FOR APPROVAL A DIRECTOR MAY BE REMOVED FROM OFFICE BY THE MEMBER, EITHER WITH OR WITHOUT CAUSE THE MEMBER SHALL FILL ANY BOARD VACANCIES WITH PERSONS NOMINATED BY THE BOARD, UNLESS THE VACANCY IS CREATED BY THE DEPARTURE OF A MEMBER-APPOINTED DIRECTOR, IN WHICH CASE THE MEMBER MAY ELECT A PERSON NOT NOMINATED BY THE BOARD ADDITIONALLY, THE MEDICAL CENTER AS SOLE MEMBER HAS THE FOLLOWING RIGHTS 1 THE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS WHICH IT MAY EXERCISE ON ITS OWN INITIATIVE UPON A TWO-THIRDS (2/3) VOTE OF ITS DIRECTORS ELIGIBLE TO VOTE ON ITS BOARD OF DIRECTORS, WITH OR WITHOUT THE APPROVAL OF THE BOARD OF DIRECTORS OF THE HOSPITAL, OR UPON A MAJORITY VOTE OF ITS DIRECTORS ELIGIBLE TO VOTE IN THE EVENT THE BOARD OF DIRECTORS OF THE HOSPITAL HAS RECOMMENDED ANY OF THE LISTED ACTIONS A REMOVE A MEMBER OF THE HOSPITAL'S BOARD OF DIRECTORS, BUT ONLY AFTER NOTIFYING THE CHAIR OF THE HOSPITAL IN THE EVENT THE DIRECTOR THAT IS SUBJECT TO REMOVAL IS NOT A DIRECTOR WHO WAS APPOINTED BY THE MEMBER, B ESTABLISH OR MODIFY THE COMPENSATION OF, AND/OR REMOVE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE HOSPITAL UPON PRIOR CONSULTATION WITH THE HOSPITAL'S BOARD OF DIRECTORS, C AMEND THE HOSPITAL'S BYLAWS OR ARTICLES OF ORGANIZATION, D CAUSE THE HOSPITAL TO ENTER INTO (I) MANAGED CARE CONTRACTS, OTHER PAYER AGREEMENTS, EXCLUSIVE CONTRACTS, AGREEMENTS-NOT-TO-COMPETE, OR SIMILAR ARRANGEMENTS (II) CONTRACTS FOR MANAGEMENT SERVICES WITH POTENTIALLY SIGNIFICANT MULTI-YEAR BUDGETARY IMPACT, OR (III) OTHER MULTI-YEAR SERVICE CONTRACTS WITH POTENTIALLY SIGNIFICANT MULTI-YEAR BUDGETARY IMPACT, E MERGE OR OTHERWISE CONSOLIDATE THE HOSPITAL WITH ANOTHER ENTITY, F DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE HOSPITAL'S PROPERTY AND ASSETS OR DISPOSE OF ANY HOSPITAL SUBSIDIARY OR AFFILIATED CORPORATIONS, G CREATE OR ACQUIRE A HOSPITAL SUBSIDIARY OR AFFILIATED CORPORATION, H DISCONTINUE OR INSTITUTE A CLINICAL DEPARTMENT OR DEPARTMENTS OR PROGRAMS, WHEN THE CONTINUED OPERATION OF OR FAILURE TO INSTITUTE SUCH DEPARTMENT(S) OR PROGRAM(S) COULD REASONABLY BE ANTICIPATED TO MATERIALLY AND ADVERSELY AFFECT THE HOSPITAL'S FINANCIAL STATUS OR ITS ABILITY TO CONTINUE TO CONDUCT ITS BUSINESS, I TO THE EXTENT LEGALLY PERMISSIBLE, TAKE SUCH ACTIONS TO CAUSE ASSETS OF THE HOSPITAL TO BE TRANSFERRED, OTHER THAN IN THE ORDINARY COURSE OF CONDUCT OF HOSPITAL BUSINESS, TO THE MEMBER TO ADVANCE THE CHARITABLE PURPOSES OF THE MEMBER OR THE HOSPITAL, AND J TO DISSOLVE THE HOSPITAL TO THE EXTENT PERMITTED BY LAW

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION, THE FOLLOWING ACTIONS OF THE HOSPITAL'S BOARD OF DIRECTORS REQUIRE THE PRIOR APPROVAL OF THE MEMBER A ANY ACTION LISTED AS A MEMBER RESERVED POWER IN THE BYLAWS, B APPROVAL OF THE HOSPITAL'S STRATEGIC, FINANCIAL AND OPERATIONAL PLANS, C APPROVAL OF THE HOSPITAL'S ANNUAL OPERATING AND CAPITAL BUDGETS, D CAPITAL EXPENDITURES BEYOND THE APPROVED CAPITAL BUDGET, PROVIDED, HOWEVER, THAT THE MEMBER WILL APPROVE THROUGH A STANDING RESOLUTION CAPITAL EXPENDITURES NOT INCLUDED IN AN APPROVED CAPITAL BUDGET SO LONG AS IN ANY FISCAL YEAR SUCH CAPITAL EXPENDITURES ARE NOT IN THE AGGREGATE IN EXCESS OF FIVE PERCENT (5%) OF THE MOST RECENT APPROVED ANNUAL CAPITAL BUDGET, E THE BORROWING OF, OR INCURRENCE OF DEBT IN, ANY AMOUNT OTHER THAN (I) FOR PURPOSES OF SECURING WORKING CAPITAL FROM A LENDER WHICH SHALL HAVE BEEN APPROVED BY THE MEMBER AND PURSUANT TO THEN EXISTING LOAN DOCUMENTATION CONTAINING THE TERMS AND PROVISIONS RELATING TO SUCH BORROWING WHICH SHALL HAVE BEEN APPROVED BY THE MEMBER, AND, (II) DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS WHICH IS ANTICIPATED IN AND CONSISTENT WITH THE ANNUAL OPERATING BUDGET OR A CAPITAL BUDGET WHICH SHALL HAVE BEEN APPROVED BY THE MEMBER FOR THE YEAR IN WHICH INCURRED FOR THE HOSPITAL, F THE APPOINTMENT OF THE INDEPENDENT AUDITOR AND APPROVAL OF THE INDEPENDENT FINANCIAL AUDITS, G ENTRY INTO MANAGED CARE CONTRACTS, EXCLUSIVE CONTRACTS AND OTHER MULTI-YEAR MATERIAL CONTRACTS, H ENTRY INTO ANY PARTNERSHIP/AFFILIATION ARRANGEMENTS OR JOINT VENTURE PROPOSALS, I THE CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIARY OR AFFILIATED CORPORATION, J THE ADDITION OR ELIMINATION OF ANY CLINICAL DEPARTMENTS OR PROGRAMS, AND K AMENDMENTS TO THE BYLAWS OR ARTICLES OF ORGANIZATION OF THE HOSPITAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	AS A GENERAL PRACTICE, THE FILING ORGANIZATION HAS SUBCOMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY AND THE FILING ORGANIZATION SEEKS TO MAINTAIN CONTEMPORANEOUS DOCUMENTATION WITH RESPECT TO THE ACTIONS TAKEN BY THESE SUBCOMMITTEES HOWEVER, DURING THE TAX YEAR, THE FILING ORGANIZATION DID NOT MAINTAIN CONTEMPORANEOUS DOCUMENTATION FOR CERTAIN OF ITS SUBCOMMITTEES CORRECTIVE ACTION HAS BEEN TAKEN BY THE FILING ORGANIZATION TO ENSURE THAT ALL ACTIONS TAKEN BY EACH OF ITS SUBCOMMITTEES ARE DOCUMENTED AS PRESCRIBED BY THE IRS AND IN ACCORDANCE WITH ITS OWN BEST PRACTICES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS PRIOR TO FILING THE FORM 990, RELATED SCHEDULES AND REQUIRED DISCLOSURES (RETURN), THE RETURN IS REVIEWED BY BID-MILTON'S CHIEF FINANCIAL OFFICER, THE TAX DIRECTOR OF CAREGROUP, AND THE RETURN IS REVIEWED AND SIGNED BY DELOITTE TAX, LLP AS NOTED IN THIS RETURN, CAREGROUP IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER WHICH IS, IN TURN, THE SOLE MEMBER OF BID-MILTON THE COMPLETE FORM 990, INCLUDING ALL SCHEDULES AND ATTACHMENTS, IS PRESENTED TO THE BID-MILTON COMPLIANCE AND AUDIT COMMITTEE FOR REVIEW AND DISCUSSION A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE BID-MILTON BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON OR HOSPITAL) HAS A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY PURSUANT TO THAT POLICY, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES OF BID-MILTON ARE ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS MAINTAINED BY OFFICERS, DIRECTORS OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A CONFLICT OF INTEREST BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A TERTIARY CARE ACADEMIC MEDICAL CENTER EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND IS THE SOLE MEMBER OF BID-MILTON THE BIDMC OFFICE OF COMPLIANCE AND BUSINESS CONDUCT ADMINISTERS A CONFLICT OF INTEREST QUESTIONNAIRE PROCESS ANNUALLY IN CONJUNCTION WITH THE BID-MILTON OFFICE OF COMPLIANCE AND PROVIDES A SUMMARY OF POSITIVE RESPONSES TO BID-MILTON'S COMPLIANCE OFFICER FOR REVIEW AND DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICY IS SUBJECT TO ONGOING REVIEW BY BID-MILTON PURSUANT TO THE 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 IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE CAREGROUP TAX DEPARTMENT ISSUES AN ANNUAL TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BID-MILTON BOARD OF DIRECTORS AS WELL AS CURRENT AND FORMER BID-MILTON OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR THE HOSPITAL 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DESCRIPTION OF PROCESS TO DETERMINE COMPENSATION OF THE ORGANIZATIONS CEO AND OTHER OFFICERS AND KEY EMPLOYEES BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON) HAS A COMPENSATION COMMITTEE THAT IS COMPOSED OF MEMBERS OF THE BID-MILTON BOARD OF DIRECTORS AND WHO ARE APPOINTED BY THE CHAIR OF THE BOARD ALL MEMBERS ARE INDEPENDENT THE BID-MILTON COMPENSATION COMMITTEE ESTABLISHES THE POLICIES AND THE COMPENSATION STRUCTURE OF THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND VICE PRESIDENTS THE BID-MILTON COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT IT COMPLIES WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIED UPON WRITTEN COMPENSATION SURVEYS/STUDIES PRODUCED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE MET TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWED THE COMPENSATION SURVEY DATA PREPARED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM TO ENSURE INDEPENDENCE, NO BID-MILTON STAFF THAT MIGHT PROVIDE ADMINISTRATIVE SUPPORT TO THIS COMMITTEE WAS PRESENT FOR THESE DISCUSSIONS THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION BETH ISRAEL DEACONESS HOSPITAL-MILTON, INC 199 REEDSDALE ROAD MILTON, MA 02186

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MHDF FUNDRAISING EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 33,658 TOTAL EXPENSES 33,658 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 21,170,643 MANAGEMENT AND GENERAL EXPENSES 1,478,757 FUNDRAISING EXPENSES 59,235 TOTAL EXPENSES 22,708,635

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET TRANSFER FROM AFFILIATES 1,000,000 EMPLOYEE BENEFIT & PENSION FUNDS -3,653,009 CHANGE IN EQUITY IN PARTNERSHIPS 227,057

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) MILTON PHYSICIAN-HOSPITAL ORGANIZATION INC 199 REEDSDALE ROAD MILTON, MA 02186 04-3213042	PHYSICIAN/HOSPITAL ORGANIZATION	MA	N/A	C					No
(2) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	N/A	C					No
(3) JORDON COMMUNITY ACO INC 275 SANDWICH ST PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C					No
(4) ATLANTIC MEDICAL MANAGEMENT INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-3161451	INACTIVE CORPORATION	MA		C					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2103604
Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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	HMFP AT BIDMC		No
(1) BI ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(2) BI COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
(3) BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(4) BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(5) BI DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(6) BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(7) BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 110 FRANCIS STREET BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(8) 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
(9) 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
(10) 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
(11) BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(12) BI DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(13) BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(14) BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(15) LONGWOOD MEDICAL INTL FOUNDATION 185 PILGRIM ROAD BOST BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(16) CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	OVERSEE FINCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	LINE 11D, III-O	N/A		No
(17) 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
(18) CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN C/O HARVARD MED SCH 401 PARK DR BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(19) MED CARE OF BOSTON MGMT CORP DBA AFFILIATED PHYS GROUP 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) 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
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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
(6) 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	N/A		No
(7) 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
(8) 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
(9) BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC 275 SANDWICH ST PLYMOUTH, MA 02186 22-2667354	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
(10) JH REALTY CORP 275 SANDWICH ST PLYMOUTH, MA 02360 22-2677673	REAL ESTATE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS-PLYMOUTH		No
(11) JORDAN AMBULATORY HEALTH CARE 36 CORDAGE PARK CIRCLE PLYMOUTH, MA 02360 22-2667348	PROVIDE MEDICAL SERVICES	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS-PLYMOUTH		No
(12) JORDAN HEALTH FOUNDATION 175 SANDWICH ST PLYMOUTH, MA 02360 51-0432984	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS-PLYMOUTH		No
(13) JORDAN HEALTH SYSTEMS INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(14) JORDAN PHYSICIANS ASSOCIATES INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 9	JORDAN HEALTH SYSTEMS INC		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A									
BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	RELATED	-770,391	219,365		No			No	6 000 %
BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	EXCLUDED				No			No	2 120 %
CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A									
CHARLTON MRI SERVICES LLC 330 BROOKLINE AVENUE BOSTON, MA 02215 26-4662778	PROVISION OF PATIENT CARE SERVICES	MA	N/A									
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidated Financial Statements

September 30, 2014 and 2013

(With Independent Auditors' Report Thereon)

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidated Financial Statements

September 30, 2014 and 2013

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KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report

The Board of Directors
Beth Israel Deaconess Hospital – Milton Foundation, Inc. and Affiliates:

We have audited the accompanying consolidated financial statements of Beth Israel Deaconess Hospital – Milton Foundation, Inc. and Affiliates (the Foundation), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly in all material respects, the financial position of Beth Israel Deaconess Hospital – Milton Foundation, Inc. and Affiliates as of September 30, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Boston, Massachusetts
December 12, 2014

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidated Balance Sheets

September 30, 2014 and 2013

Assets		2014	2013
Current assets:			
Cash and cash equivalents	$	1,806,997	2,307,970
Investments		14,457,541	13,550,829
Patient accounts receivable, net of allowance for uncollectible accounts of $1,678,154 in 2014 and $1,585,827 in 2013		8,239,142	9,273,172
Other current assets		2,942,515	3,763,824
Total current assets		27,446,195	28,895,795
Assets limited or restricted as to use:			
Held by trustees under debt and other agreements		2,938,689	2,928,843
Held for specific purposes and endowments		13,859,380	12,936,026
		16,798,069	15,864,869
Property and equipment, net		86,949,088	86,858,720
Professional liability reinsurance recoveries		1,586,061	1,212,389
Other assets		643,542	671,396
Total assets	$	133,422,955	133,503,169
Liabilities and Net Assets			
Current liabilities:			
Current portion of long-term debt	$	677,108	796,909
Accounts payable and accrued expenses		11,254,713	12,618,128
Estimated settlements with third-party payers		2,196,035	1,794,704
Total current liabilities		14,127,856	15,209,741
Long-term debt, net of current portion		29,708,441	30,145,897
Professional liability		1,820,431	1,322,389
Employee benefit plan liability		13,860,709	10,681,871
Other liabilities		1,393,844	3,036,105
Total liabilities		60,911,281	60,396,003
Net assets:			
Unrestricted		58,652,294	60,171,140
Temporarily restricted		11,052,046	10,136,692
Permanently restricted		2,807,334	2,799,334
Total net assets		72,511,674	73,107,166
Total liabilities and net assets	$	133,422,955	133,503,169

See accompanying notes to consolidated financial statements.

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidated Statements of Operations

Years ended September 30, 2014 and 2013

	2014	2013
Revenue and other support		
Net patient service revenue, net of bad debt of $4,032,120 in 2014 and $3,440,211	$ 81,660,834	80,077,525
Other revenue	3,849,405	5,644,978
Net assets released from restrictions used in operations	6,199	785,973
Total revenue and other support	85,516,438	86,508,476
Expenses		
Salaries and benefits	43,968,384	42,071,665
Supplies and other expenses	34,392,271	32,111,560
Depreciation	4,637,943	4,543,518
Interest	2,298,733	2,454,386
Total expenses	85,297,331	81,181,129
Income from operations	219,107	5,327,347
Nonoperating gains		
Net realized gains on sales of investments	1,025,416	1,519,614
Change in equity interests in limited partnerships, and other	226,270	128,578
Total nonoperating gains	1,251,686	1,648,192
Excess of revenue, other support and gains over expenses	1,470,793	6,975,539
Other changes in unrestricted net assets		
Net unrealized losses on investments	(336,630)	(1,166,313)
Net transfers from affiliate	1,000,000	2,000,000
Net assets released from restrictions for capital acquisitions	—	144,871
Changes in funded status of employee benefit plan other than net periodic pension cost	(3,653,009)	4,607,178
	(2,989,639)	5,585,736
(Decrease) increase in unrestricted net assets	$ (1,518,846)	12,561,275

See accompanying notes to consolidated financial statements

BETH ISRAEL DEACONESS HOSPITAL - MILTON FOUNDATION, INC.
AND AFFILIATES
Consolidated Statements of Changes in Net Assets

Years ended September 30, 2014 and 2013

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Net assets at September 30, 2012	$ 47,609,865	10,464,914	2,787,834	60,862,613
Excess of revenue over expenses	6,975,539	—	—	6,975,539
Restricted contributions, net	—	52,511	11,500	64,011
Restricted investment income and gains	—	145,168	—	145,168
Change in net unrealized gains and losses on unrestricted investments	(1,166,313)	—	—	(1,166,313)
Net assets released from restrictions used for operations	—	(851,973)	—	(851,973)
Net assets released from restrictions used for purchase of property and equipment	144,871	(144,871)	—	—
Net transfers from affiliate	2,000,000	—	—	2,000,000
Net unrealized gains on funds held in trust	—	470,943	—	470,943
Change in funded status of employee benefit plans, other than net periodic benefit cost	4,607,178	—	—	4,607,178
	12,561,275	(328,222)	11,500	12,244,553
Net assets at September 30, 2013	60,171,140	10,136,692	2,799,334	73,107,166
Excess of revenue over expenses	1,470,793	—	—	1,470,793
Restricted contributions, net	—	41,565	8,000	49,565
Restricted investment income and gains	—	383,999	—	383,999
Change in net unrealized gains and losses on unrestricted investments	(336,630)	—	—	(336,630)
Net assets released from restrictions used for operations	—	(6,199)	—	(6,199)
Net transfers from affiliate	1,000,000	—	—	1,000,000
Net unrealized gains on funds held in trust	—	495,989	—	495,989
Change in funded status of employee benefit plans, other than net periodic benefit cost	(3,653,009)	—	—	(3,653,009)
	(1,518,846)	915,354	8,000	(595,492)
Net assets at September 30, 2014	$ 58,652,294	11,052,046	2,807,334	72,511,674

See accompanying notes to consolidated financial statements

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidated Statements of Cash Flows

Years ended September 30, 2014 and 2013

		2014	2013
Operating activities:			
Change in net assets	$	(595,492)	12,244,553
Adjustments to reconcile change in net assets to net cash provided by operating activities:			
Depreciation		4,637,943	4,543,518
Amortization		373,981	470,776
Net realized and unrealized gains on investments		(1,791,996)	(1,047,362)
Restricted contributions and investment income		(44,613)	(114,639)
Change in funded status of employee benefit plan other than net periodic pension costs		3,653,009	(4,607,178)
Increase (decrease) in cash resulting from a change in:			
Accounts receivable		1,034,030	(1,494,563)
Other current assets		710,877	267,366
Accounts payable and accrued expenses		(1,161,537)	(523,163)
Other assets and liabilities		(588,206)	648,532
Estimated settlements with third-party payors		401,331	192,878
Net cash provided by operating activities		6,629,327	10,580,718
Investing activities:			
Purchases of property, plant and equipment		(4,728,311)	(5,640,076)
Proceeds from sales of investments		2,487,788	21,601,039
Purchases of investments		(2,535,704)	(22,937,783)
Net cash used in investing activities		(4,776,227)	(6,976,820)
Financing activities:			
Restricted contributions and investment income		44,613	114,639
Principal payments on long-term debt		(2,398,686)	(2,358,461)
Net cash used in financing activities		(2,354,073)	(2,243,822)
Net (decrease) increase in cash and cash equivalents		(500,973)	1,360,076
Cash and cash equivalents, beginning of year		2,307,970	947,894
Cash and cash equivalents, end of year	$	1,806,997	2,307,970
Supplemental disclosure of cash flow information:			
Cash paid for interest	$	1,924,752	1,983,610

See accompanying notes to consolidated financial statements.

(1) Organization and Mission

The Beth Israel Deaconess Hospital – Milton Foundation, Inc. (the Foundation) is the sole member of Beth Israel Deaconess Hospital – Milton (the Hospital) and Community Physician Associates, Inc. (CPA). The Foundation and its affiliated entities (collectively referred to as the Foundation) operate for the purpose of providing inpatient, outpatient and emergency care services for residents of Milton, Massachusetts and its surrounding communities.

Beth Israel Deaconess Medical Center, Inc. (the Medical Center), is the sole corporate member of the Foundation and its affiliates. The Medical Center is an affiliate of CareGroup, Inc. (CareGroup), its sole corporate member. CareGroup is a regional healthcare delivery system comprised of teaching and community hospitals, physicians groups, and other caregivers.

In addition to charity care, the Hospital provides a wide variety of services to the community in order to ensure access to appropriate care for populations in need. Such services include various clinics, health screening programs, health education programs and support groups operated in the Hospital's service area. The Hospital also participates in activities designed to foster a vital local economic and civic environment.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles and include the accounts of the above-named entities. Significant intercompany balances and transactions have been eliminated.

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

The Foundation considers events in transactions that occur after the balance sheet date, but before the consolidated financial statements are issued, to provide additional evidence relative to certain estimates or to identify matters that require additional disclosure. These consolidated financial statements were issued on December 12, 2014 and subsequent events have been evaluated through that date.

(b) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments a maturity of three months or less when purchased, excluding amounts whose use is limited by the Foundation's Board of Directors' designation or other arrangements under indenture agreements.

(c) Inventories

Inventories, consisting primarily of drugs and supplies, are stated at the lower of cost (first-in first out) or market. Inventories are included in other current assets in the consolidated balance sheets.

(d) Investments and Assets Limited or Restricted as to Use

Investments and assets limited or restricted as to use primarily include assets restricted by donors, assets set aside by the board and assets held by trustees under long-term debt and other agreements.

(e) Investments and Investment Income

The Foundation records its investment securities at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See note 5 for a discussion of fair value measurements.

Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses unless the investments are trading securities or the decline in market value below cost is determined to be other than temporary. On a periodic basis, the Foundation reviews significant declines in the value of securities below historical cost and records an impairment charge (included in the performance indicator) for declines determined to be other than temporary.

Investment income on assets held in trust under long-term debt agreements, to the extent not capitalized, is reported as other revenue. Unrestricted investment income and gains and losses from all other investments are reported as nonoperating gains. Restricted investment income and investment gains are reported as additions to the appropriate donor-restricted net assets.

(f) Uncompensated Care and Provision for Uncollectible Accounts

The Hospital provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy.

The Hospital grants credit without collateral to patients, most of whom are local residents and are insured under third party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for uncollectible accounts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for uncollectible accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare converge and other collection indicators.

(g) Property and Equipment

Property and equipment are stated at cost less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of depreciable assets, which range from three to forty years. Equipment under capitalized leases is stated at the present value of minimum lease payments and is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included with depreciation expense.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support (unless explicit donor stipulations specify how the donated assets must be used) and are excluded from the excess of revenue over expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long lived assets, are reported as restricted support. Absent explicit donor stipulations about how long these long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long lived assets are placed in service.

(h) Long-Lived Assets

Long-lived assets such as property, plant, and equipment are reviewed for impairment whenever circumstances indicate that the carrying amount of the asset may not be recoverable. If circumstances require a long-lived asset be treated for possible impairment, the Foundation first compares undiscounted cash flows expected to be generated by an asset to the carrying value of the asset. If the carrying value of the long-lived asset is not recoverable on an undiscounted cash flow basis, then impairment is recognized to the extent that the carrying amount exceeds its fair value. Fair value is determined through various valuation techniques including discounted cash flow models, quoted market values and third party independent appraisals, as considered necessary.

(i) Self-Insurance

The Foundation is self-insured for their workers' compensation program. Accounts payable and accrued expenses includes a provision for estimated self-insured workers compensation claims for both reported claims not yet paid and claims incurred but not reported.

(j) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Foundation has been limited by donors to a specific period or purpose and include accumulated appreciation (both realized and unrealized) on permanently restricted funds that are not available for current use under the Foundation's spending policy approved by the Board of Directors. Temporarily restricted net assets are restricted primarily for the purchase of equipment and other fixed assets, funding charity care and specific Foundation programs and support of educational activities.

Permanently restricted net assets have been restricted by donors to be maintained by the Foundation in perpetuity and are comprised of investments and amounts held in trust by Beth Israel Deaconess Hospital – Milton, Inc.

The Foundation has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Foundation's Board of Directors (the Board) and expended. State law allows the Board to appropriate as much of the net appreciation of permanently restricted net assets as is prudent considering the Hospital's long and short-term needs, present and anticipated financial requirements, expected total return on investments, price-level trends, and general economic conditions.

(k) Excess of Revenue Over Expenses

The consolidated statements of operations include the excess of revenue, other support and gains over expenses and losses. For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses, which consist primarily of contributions, investment income and net realized gains and losses on investments.

Changes in unrestricted net assets which are excluded from the excess of revenues, other support and gains over expenses and losses, consistent with industry practice, include net unrealized gains and losses on investments, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and the change in the funded status of employee benefit plan other than net periodic pension cost.

(l) Revenue Recognition

The Hospital has entered into payment agreements with Medicare, Blue Cross, Medicaid, and various commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements varies, and includes prospectively determined rates per discharge or per visit, discounts from established charges, capitated rates, cost (subject to limits), fee screens, and prospectively determined daily rates.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursement are subject to negotiation, audit, and/or final determination by the third-party payors. As a result, there is at least a reasonable possibility that the recorded estimates will change by a material amount in the near term. Variances between preliminary estimates of net patient service revenue and final third-party settlements are included in net patient service revenue in the year in which the settlement of change in estimate occurs.

(m) Donations

Contributions received, including pledges, are recorded as revenues in the period received, at their fair values. The Foundation reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met in the same operating period are presented as unrestricted support. The Foundation reports gifts of property as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long lived assets must be maintained, the Foundation reports

expirations of donor restrictions when the donated assets or acquired long lived assets are placed in service.

(n) Debt Issuance Costs

Debt issuance costs and original issue discounts are amortized over the period the related obligation is outstanding, generally using the interest method.

(o) Professional Liability

The Hospital insures its professional liability risks on a claims-made basis in cooperation with the other Harvard-affiliated healthcare organizations through a captive insurance company, of which CareGroup holds a 10% ownership interest. The Hospital maintains a program of self-insurance to cover professional liability claims incurred by not reported to the captive insurance company at year-end. The estimated amount of the accrued claims has been determined by consulting actuaries on a discounted basis using an interest rate of 2.5% and 2.0% in 2014 and 2013, respectively.

(p) Income Tax Status

The Foundation has been determined by the Internal Revenue Service to be organizations described in Internal Revenue Code (the Code) Section 501(c)(3) and, therefore, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

The Hospital recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in recognition in measurement are reflected in the period in which the change in judgment occurs. The Hospital did not recognize the effect of any income tax positions in either 2014 or 2013.

(q) Fair Value of Financial Instruments

The carrying amount of cash and cash equivalents, patient accounts receivable, accounts payable and accrued expenses approximate fair value because of the short maturity of these instruments. Long term debt instruments are carried at cost. Fair values are estimated based on quoted market prices for the same or similar issues. Utilizing available market pricing information provided by a third party, the Hospital estimated fair value of long term debt as of September 30, 2014 is approximately $33,400,135. The fair value of long-term debt is based on significant observable inputs and is categorized as Level 2 for purposes of financial instruments valuation disclosure.

(r) Reclassifications

Certain amounts in the 2013 consolidated financial statements have been reclassified to conform with the 2014 presentation.

(3) Community Service and Uncompensated Care

(a) Community Benefits

The Hospital works in collaboration with residents of its service areas and with community-based organizations to identify the healthcare needs of the community and to develop strategies to improve the health status of community members. The Hospital's community benefits program is focused particularly on underserved populations, and is designed to ensure that the Hospital is a welcoming and culturally competent organization for all patients and employees.

The Hospital provides an annual report describing its community benefits activities to the Massachusetts Attorney General's office. The report summarizes progress made during the past year as well as objectives and initiatives for the upcoming year. The Hospital's most recent report for 2013 includes descriptions of community services and programs provided by the Hospital at a cost of approximately $162,000 (in addition to the cost of the charity care provided). The Hospital is in the process of compiling its annual report for 2014.

(b) Charity Care

The Hospital provides are without charge or at amounts less than its established rates to patients who meet certain criteria under the charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue except to the extent reimbursed by the Massachusetts Health Safety Net Trust (Health Safety Net Trust).

The Hospital also makes payments to the Health Safety Net Trust to support the delivery of charity care to patients throughout Massachusetts. These payments are reported as a component of supplies and other expense in the consolidated statements of operations.

The unreimbursed charity care cost was approximately $858,250 and $1,284,268 in 2014 and 2013, respectively.

(c) Other Uncompensated Care

The Hospital provides care to patients who participate in other programs designed to support low-income families, including particularly the Medicaid program, which is jointly funded by federal and state governments. The Massachusetts Health Reform Law provided an initiative for expansion of Medicaid coverage to greater populations and for enrollment of uninsured patients in other insurance programs.

Payments from Medicaid and other programs which insure low-income populations do not cover the cost of services provided. In aggregate, the cost of care provided by the Hospital for such services exceeded reimbursement by $2,462,295 and $2,345,667 in 2014 and 2013, respectively.

(d) Bad Debts

In addition to charity care and shortfalls in providing services to patients insured under the state and federal programs, the Hospital also incurs losses related to self-pay patients who fail to make payments for services or insured patients who fail to pay coinsurance or deductibles for which they

are responsible under insurance contracts. Bad debts are included as a component of net patient service revenue in the consolidated financial statements, and include the provision for accounts anticipated to be uncollectible. The estimated cost of providing such services was $1,351,672 and $1,068,912 in 2014 and 2013, respectively.

(4) Patient Accounts Receivable and Related Allowance for Doubtful Accounts

Patient accounts receivable are reflected net of an allowance for doubtful accounts. In evaluating the collectability of patient accounts receivable, the Foundation analyzes its past collection history, business and economic conditions, trends in governmental and employee health care coverage and other collection indicators for each of its major categories of revenue by payor to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major categories of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Throughout the year, the Foundation, after all reasonable collection efforts have been exhausted, will write off the difference between the standard rates (or discounted rates if applicable) and the amounts actually collected against the allowance for doubtful accounts. In addition to the review of the categories of revenue, management monitors the write offs against established allowances to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts.

The Foundation's allowance for doubtful accounts as a percentage of patient accounts receivable, net of contractual allowances, increased from September 30, 2013 to September 30, 2014. A contributing factor for the increase in the allowance for doubtful accounts was an increase in uninsured and underinsured patients served in 2014 from the previous year.

(5) Investments and Assets Limited or Restricted as to Use

The Foundation invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The Foundation is a partner in the CareGroup Investment Partnership, LLP (the Partnership) which holds and manages certain investments on behalf of the Foundation. The Foundation made contributions of $1,237,646 and $17,468,487 during 2014 and 2013, respectively. The market value of all the Foundation's investments held by the Partnership was $20,473,154 and $17,994,436 at September 30, 2014 and 2013, respectively.

Fair value represents the price that would be received upon the sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants as of the measurement date. Financial instruments that are measured and reported at fair value are classified and disclosed in one of the following categories:

- Level 1 – quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities. Level 1 includes debt and equity securities that trade in an active exchange market, as well as U.S. Treasury securities;

- Level 2 – observable prices that are based on inputs not quoted in active markets, but corroborated by market data. This category generally includes certain U.S. governmental and agency mortgage-backed debt securities, corporate debt securities, and some alternative investments; and
- Level 3 – unobservable inputs are used when little or no market data is available. Significant professional judgment is used in determining the fair value assigned to such assets or liabilities. This category includes financial instruments whose value is determined using pricing models, discounted cash flow methodologies or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. Investments that are included in this category generally include limited partnerships, private equity, real estate funds, and hedge funds.

Following is a description of the valuation methodologies used for assets at fair value:

Cash and cash equivalents: Money market funds are valued at the net asset value (NAV) of $1.00 per unit reported by the financial institution.

Mutual funds and equities: Valued at the closing price reported on an active market on which the individual securities are traded.

Private and hedged equities, credit related, and real assets: The estimation of fair value of investments in investment companies for which investment does not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The Foundation owns interests in alternative investment funds rather than in the securities underlying each fund and, therefore, it is generally required to consider such investments as Level 2 or 3 for purposes of applying ASC 820-10, *Fair Value Measurements*, even though the underlying securities may not be difficult to value or may be readily marketable. The Foundation has applied the provisions of Accounting Standards Update 2009-12, *Investment in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, for its alternative investments. This standard allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable value using NAV per share or its equivalent as a practical expedient. The Foundation has utilized the NAV reported by each of the underlying funds as a practical expedient to estimate the value of the investment. Also, because the Foundation uses NAV as a practical expedient to estimate fair value, the level in the fair value hierarchy in which each fund's fair value measurement is classified is based primarily on the Foundation's ability to redeem its interest in the fund at or near the date of the consolidated balance sheet. Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments or a reflection on the liquidity of each fund's underlying assets and liabilities.

Fixed income: The accounts invest principally in fixed income instruments and debt instruments. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources which may employ various pricing methods to value the investments including matrix pricing.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Foundation believes its valuation

methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents information about the Foundation's assets that are measured at fair value on a recurring basis as of September 30, 2014. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement and include related strategy, liquidity, and funding commitments:

	Level 1	Level 2	Level 3	Total	Redemption period frequency	Days notice
Investments						
Domestic equities	$ 660,059	1,006,014	—	1,666,073	Daily – Quarterly	1–60
Global equities	—	3,274,367	1,305,586	4,579,953	Weekly – Illiquid	2–120 and N/A
Private equity and venture funds	—	—	607,278	607,278	Illiquid	1–N/A
Absolute return and hedged equity	815,740	2,011,979	4,177,161	7,004,880	Daily -Illiquid	45–120
Credit related	—	209,671	1,345,902	1,555,573	Annual – Illiquid	360–N/A
Real assets	378,096	—	717,943	1,096,039	Daily -Illiquid	1–N/A
Fixed income	996,225	—	528,201	1,524,426	Daily -Illiquid	1–N/A
Cash and cash equivalents	5,562,644	—	—	5,562,644	Daily	1
Funds held in trust	—	—	7,658,744	7,658,744	Illiquid	N/A
Total	$ 8,412,764	6,502,031	16,340,815	31,255,610		

Global equities of $4.6 million noted in the table above are comprised of the following strategies: 32% Developed Markets, 38% Global Value, and 30% Emerging Markets (actively managed).

Absolute return and hedged equity of 7.0% noted in the table above are comprised of the following strategies: 39% Event Driven, 38% Global Long-Short, 7% Relative Value, and 16% Open Mandate.

The following table describes the redemption frequency or liquidity of investments as of September 30, 2014:

	Daily	Weekly monthly	Quarterly	Annually	Greater than 1 year and illiquid	Total
Domestic equities	$ —	731,685	934,388	—	—	1,666,073
Global equities	—	2,473,953	800,414	426,829	878,757	4,579,953
Private equity and venture capital	—	—	—	—	607,278	607,278
Absolute return and hedged equity	815,740	—	749,438	2,733,909	2,705,793	7,004,880
Credit related	—	—	—	394,787	1,160,786	1,555,573
Real assets	378,096	—	—	—	717,943	1,096,039
Fixed income	996,225	—	274,775	—	253,426	1,524,426
Cash and cash equivalents	5,562,644	—	—	—	—	5,562,644
Funds held in trust	—	—	—	—	7,658,744	7,658,744
Total	$ 7,752,705	3,205,638	2,759,015	3,555,525	13,982,727	31,255,610

(Continued)

The following table sets forth a summary of changes in the fair value of the Foundation's Level 3 investments for the year ended September 30, 2014:

	Fair value measurements using significant unobservable inputs						
	Beginning balance	Net realized gains	Changes in net unrealized gains	Transfers from Level 3	Gross purchases	Gross (sales)	Ending balance
Investments							
Global equities	$ 1,216,535	—	98,555	(380,303)	572,782	(201,983)	1,305,586
Private equity funds	493,216	70,256	57,233	—	124,931	(138,358)	607,278
Absolute return and hedged equity	3,784,067	180,335	(54,467)	(362,945)	1,012,446	(382,275)	4,177,161
Credit related	1,904,959	335,069	(136,540)	(209,671)	293,026	(840,941)	1,345,902
Real assets	545,316	32,710	41,864	—	273,910	(175,857)	717,943
Fixed income	548,070	—	(19,869)	—	—	—	528,201
Funds held in trust	7,162,755	—	495,989	—	—	—	7,658,744
	$ 15,654,918	618,370	482,765	(952,919)	2,277,095	(1,739,414)	16,340,815

The following table presents information about the Foundation's assets that are measured at fair value on a recurring basis as of September 30, 2013. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement and include related strategy, liquidity and funding commitments.

	Level 1	Level 2	Level 3	Total	Redemption period frequency	Days notice
Investments						
Domestic equities	$ 1,341,213	739,399	—	2,080,612	Daily – Quarterly	1–60
Global equities	—	2,819,918	1,216,535	4,036,453	Weekly – Illiquid	2-120
Private equity and venture funds	—	—	493,216	493,216	Illiquid	N A
Absolute return and hedged equity	—	2,526,430	3,784,067	6,310,497	Quarterly – Illiquid	45-120
Credit related	—	—	1,904,959	1,904,959	Annual – Illiquid	90-N A
Real assets	363,803	—	545,316	909,119	Daily -Illiquid	1-N A
Fixed income	—	—	548,070	548,070	Quarterly	60
Cash and cash equivalents	5,970,017	—	—	5,970,017	Daily	1
Funds held in trust	—	—	7,162,755	7,162,755	Illiquid	N A
Total	$ 7,675,033	6,085,747	15,654,918	29,415,698		

(Continued)

The following table describes the redemption frequency or liquidity of investments as of September 30, 2013:

	Daily	Weekly monthly	Quarterly	Annually	Greater than 1 year and illiquid	Total
Domestic equities	$ 679,645	725,805	675,162	—	—	2,080,612
Global equities	—	1,727,943	1,091,975	191,245	1,025,290	4,036,453
Private equity and venture capital	—	—	—	—	493,216	493,216
Absolute return and hedged equity	—	—	1,859,412	2,896,454	1,554,631	6,310,497
Credit related	—	—	—	841,606	1,063,353	1,904,959
Real assets	363,803	—	—	—	545,316	909,119
Fixed income	—	—	182,690	—	365,380	548,070
Cash and cash equivalents	5,970,017	—	—	—	—	5,970,017
Funds held in trust	—	—	—	—	7,162,755	7,162,755
Total	$ 7,013,465	2,453,748	3,809,239	3,929,305	12,209,941	29,415,698

The following table sets forth a summary of changes in the fair value of the Foundation's Level 3 investments for the year ended September 30, 2013:

	Fair value measurements using significant unobservable inputs							
	Beginning balance	Net realized gains	Changes in net unrealized gains	Transfer into Level 3	Transfers from Level 3	Gross purchases	Gross (sales)	Ending balance
Investments								
Global equities	$ —	—	56 901	—	—	1 159 634	—	1 216 535
Private equity funds	—	4 823	6 188	—	—	491 892	(9 687)	493 216
Absolute return and hedged equity	—	85 590	(29 893)	115 064	—	3 857 299	(243 993)	3 784 067
Credit related	—	80 614	(28 653)	—	—	2 085 070	(232 072)	1 904 959
Real assets	—	18 600	2 650	—	—	561 792	(37 726)	545 316
Fixed income	—	115 140	(122 607)	—	—	797 887	(242 350)	548 070
Funds held in trust	7 400 824	—	470 943	—	(709 012)	—	—	7 162 755
	$ 7 400 824	304 767	355 529	115 064	(709 012)	8 953 574	(765 828)	15 654 918

There were no transfers between Level 1 and Level 2 investments for the years ended September 30, 2014 and 2013.

Commitments

Private equity and venture capital, credit related, and real asset investments are generally made through limited partnership under the terms of these agreements. The Foundation is obligated to remit additional funding periodically as capital or liquidity calls are exercised by the manager. These partnerships have a limited existence, generally up to ten years. At September 30, 2014, the Foundation projects that the commitments to these partnerships will be exercised by the manager as follows:

Entity		Private equity & venture cap	Absolute return hedged equity	Credit related	Real assets	Total
2015 – 2024	$	441,432	379,738	408,334	198,308	1,427,812

(6) Property and Equipment

Property and equipment consisted of the following:

		September 30 2014	2013
Land and improvements	$	8,954,869	8,945,894
Buildings and improvements		75,373,334	74,165,965
Major movable equipment		15,430,259	12,163,503
Construction in progress		375,154	147,181
Total		100,133,616	95,422,543
Less accumulated depreciation and amortization		(13,184,528)	(8,563,823)
	$	86,949,088	86,858,720

(Continued)

(7) Long-Term Debt

Long-term debt consisted of the following:

	September 30	
	2014	2013
Massachusetts Health and Educational Facilities Authority (MHEFA) Revenue Bonds: Milton Hospital Issue, Series D	$ 33,000,000	33,000,000
Bank installment loans	2,319,192	3,068,567
Capital lease obligations	3,405	42,946
	35,322,597	36,111,513
Unamortized discount	(4,937,048)	(5,168,707)
	30,385,549	30,942,806
Less current portion	(677,108)	(796,909)
Total	$ 29,708,441	30,145,897

(a) Milton Hospital. Inc. Series D

In November 2005, the Hospital entered into a Loan and Trust Agreement with the Massachusetts Health and Educational Facilities Authority (MHEFA) and U.S. Bank National Association to issue, on an insured basis, $33,000,000 of MHEFA Revenue Bonds, Milton Hospital Issue, Series D (the Series D Bonds). The Bonds were issued to finance and/or reimburse the capital costs of the development, construction, equipping and furnishing of an addition to the Hospital, as well as a new parking deck. Annual interest rates on the outstanding Series D Bonds range from five and one-quarter percent (5.25%) to five and one-half percent (5.5%). Collateral for the Series D Bonds consists of a second lien on the Hospital's gross receipts and a mortgage on the Hospital's real property.

The Series D Bonds mature serially on July 1 of each year through 2041. Beginning in 2016, annual sinking fund installments are due on the bonds, with a final principal payment to retire the bonds due in 2041. The bonds maturing after July 1, 2030 are subject to redemption prior to maturity at a redemption price of one hundred percent (100%) of the remaining principal amount due.

On July 14, 2004, the Hospital entered into an agreement with Century Bank and Trust Company for a term note in the amount of $3,000,000 to fund renovations to the medical office building at the Highland Street location. The agreement includes an interest rate equal to LIBOR plus eight-tenths percent (0.80%). Interest rates at September 30, 2014 and 2013 were 1.36% and 1.61%, respectively. As of August 14, 2005, the Hospital began making monthly payments of principal and interest which will continue through July 2015. The mortgage is secured by a first priority security interest in the Hospital's unrestricted investments. As of September 30, 2014 and 2013, the outstanding amount was $283,467 and $630,763, respectively.

(Continued)

In January 2005, the Hospital entered into a variable rate mortgage note payable with Century Bank and Trust Company with a ten (10) year term for the purchase of property in Milton, Massachusetts. The note is payable in monthly installments of principal and interest, with the interest portion based on the one (1) year LIBOR plus one hundred and fifteen basis points computed on the basis of a 360 day year counting the actual number of days elapsed. Interest rates at September 30, 2014 and 2013 were 1.70% and 1.86%, respectively. The mortgage is secured by a first priority security interest in the Hospital's unrestricted investments. As of September 30, 2014 and 2013, the outstanding amount was $45,019 and $110,268, respectively.

In January 2008, the Hospital entered into a working capital variable rate note payable with Century Bank and Trust Company with a twelve (12) year term. The note is payable in monthly installments of principal and interest, with the interest portion based on the one (1) year LIBOR rate plus two and one-half percent (2.5%). The interest rates at September 30, 2014 and 2013 were 3.08% and 3.32%, respectively. The note is secured by a first priority security interest in the Hospital's unrestricted investments. As of September 30, 2014 and 2013, the outstanding amount was $1,990,706 and $2,327,536, respectively.

The Hospital's Series D debt agreements contain limitations on additional indebtedness, mergers, and other covenants, and maintenance of minimum debt service coverage ratios. Management believes the Hospital is in compliance with the required covenants as of September 30, 2014.

(b) Scheduled Principal Payments

Aggregate principal payments on long-term debt, including capital lease obligations, are summarized as follows:

2015	$ 677,108
2016	357,980
2017	1,086,527
2018	1,135,427
2019	1,189,847
Thereafter	30,875,708
	$ 35,322,597

(c) Line of Credit

The Hospital maintained a $1,500,000 revolving line of credit agreement with Century Bank and Trust Company, which expired on September 25, 2013. Borrowings under this agreement were due on demand, and interest was payable monthly at the bank's prime rate plus one percent (1%). The line of credit was guaranteed by the Medical Center. The Hospital did not utilize the line of credit in either 2014 or 2013.

(8) Leases

The Hospital rents physician office space with lease payments of approximately $13,148 per month. Total annual rent payments amount to $157,784 which will continue through the remainder of the lease term ending March 1, 2015. Rent expense amounted to $156,639 and $157,784 for the years ended September 20, 2014 and 2013.

In November 2007, the Hospital entered into an operating lease for numerous pieces of surgical equipment with lease payments of approximately $44,300 per month. Total annual rent payments amount to $531,540, which will continue through the remainder of the lease term ending November 29, 2013. Rent expense amounted to $44,300 and $531,540 for the years ended September 30, 2014 and 2013. The final lease payment was made on October 2013.

In August 2009, the Hospital entered into an operating lease for numerous pieces of computer equipment with lease payments of approximately $23,930 per month. Total annual rent payments amount to $287,148, which will continue through the remainder of the lease term ending July 31, 2014. Rent expense amounted to $287,148 and $287,148 for the years ended September 30, 2014 and 2013. The final lease payment was made on October 2014.

In July 2014, the hospital entered into an operating lease for surgical equipment on a cost per procedure (CPP) schedule for a term of 36 months. The minimum lease payments for the CCP lease over the three years will be approximately $486,000.

The future minimum operating lease payments as of September 30, 2014 is $509,928.

(9) Employee Benefit Plan – Retirement Plan

The Foundation maintains a noncontributory qualified defined benefit pension plan (the Plan) that covers substantially all of its eligible employees. Pursuant to a vote of the Board of Directors, benefits under the Plan were frozen effective July 1, 2004. The Hospital's policy is to make contributions to the Plan in such amounts necessary to fund benefits provided under the Plan on the basis of information furnished by the actuary. The Hospital contributed $1,588,164 to the Plan during the year ended September 30, 2014. Additionally, based on the plan actuary's calculations, the Hospital estimates contributing approximately $1,539,161 to the Plan in fiscal year 2015.

(a) Funded Status

Accounting for defined benefit pension and other postretirement plans focuses primarily on balance sheet reporting for the funded status of benefit plans and requires recognition of benefit liabilities for under-funded plans and benefit assets for over-funded plans, with offsetting impacts to unrestricted net assets.

The following table sets forth the Plan's funded status and amounts recognized in the consolidated balance sheet:

		September 30	
		2014	2013
Change in benefit obligation:			
Benefit obligation at beginning year	$	37,355,979	39,885,457
Interest cost		1,721,556	1,539,873
Actuarial loss (gain)		5,127,844	(3,144,655)
Benefits paid		(1,301,770)	(924,696)
Benefit obligation at end of year		42,903,609	37,355,979
Change in plan assets:			
Fair value of plan assets at beginning of year		26,674,108	25,194,874
Actual return on plan assets		2,334,432	1,807,929
Employer contributions		1,588,164	732,813
Benefits paid		(1,301,770)	(924,696)
Administrative expenses		(252,034)	(136,812)
Fair value of plan assets at end of year		29,042,900	26,674,108
Funded status	$	13,860,709	10,681,871

(b) Net Periodic Pension Cost

Net periodic pension costs for the Plan are comprised of the components listed below:

		Year ended September 30	
		2014	2013
Interest cost	$	1,721,556	1,539,873
Expected return on plan assets		(2,084,441)	(1,968,589)
Amortization of unrecognized actuarial loss		1,476,878	1,759,995
Net periodic pension cost	$	1,113,993	1,331,279

(c) Unrestricted Net Assets

The amount not yet reflected in net periodic cost and included in the change in unrestricted net assets is as follows:

		September 30	
		2014	2013
Net actuarial loss	$	18,552,249	14,899,240

(Continued)

(d) Assumptions

The weighted average assumptions used to determine the benefit obligations at were as follows:

	September 30	
	2014	**2013**
Discount rate	4.14%	4.70%

The weighted average assumptions used to determine the net periodic pension cost were as follows:

	September 30	
	2014	**2013**
Discounted Rate	4.70%	3.91%
Long-term rate of return	8.00	8.00

The discount rate reflects the rate at which the pension benefits could be effectively settled. In estimating those rates, the Hospital looks to available information about rates implicit in current prices of annuity contracts that could be used to effect settlement of the obligation (including information about available annuity rates currently published by the Pension Benefit Guaranty Corporation). In making those estimates, the Hospital also looks to rates of return on high-quality fixed-income investments currently available and expected to be available during the period to maturity of the pension benefits.

The expected long-term rate of return on plan assets reflects the average rate of earnings expected on the funds invested or to be invested to provide for the benefits included in the projected benefit obligation. In estimating that rate, the Hospital gave appropriate consideration to the returns being earned by the plan assets in the fund and the rates of return expected to be available for reinvestment. The Foundation's investment objective for the Plan is to achieve the highest reasonable total return after considering the Plan liabilities, funded status, projected cash flows, projected markets returns, benefit obligation and the Foundations' ability and willingness to incur market risk.

(e) Plan Assets

The Foundation's policy is to invest assets consistent with the fiduciary requirements under existing federal laws and prudent investment practices. The goal is to preserve and enhance capital over time, both in nominal and real terms.

Plan assets were invested in the following classes of securities:

	September 30	
	2014	**2013**
Equity	48%	52%
Fixed income	49	47
Cash and cash equivalents	3	1
	100%	100%

The target allocation of the various asset classes is as follows:

Asset class	**Target allocation**
Equity	45%
Fixed income	55
Cash and cash equivalents	—

The Foundation's pension plan asset allocations by asset category, using the fair value hierarchy as defined in note 5, are as follows at September 30, 2014:

		Level 1	**Level 2**	**Total**
Investments:				
Domestic equities	$	—	9,296,936	9,296,936
Global equities		4,737,629	—	4,737,629
Fixed income		4,117,701	10,188,442	14,306,143
Cash and cash equivalents		702,192	—	702,192
Total	$	9,557,522	19,485,378	29,042,900

The Foundation's pension plan asset allocations by asset category, using the fair value hierarchy as defined in note 5, are as follows at September 30 2013:

		Level 1	**Level 2**	**Total**
Investments:				
Domestic equities	$	—	9,785,301	9,785,301
Global equities		4,015,071	—	4,015,071
Fixed income		3,424,058	9,110,160	12,534,218
Cash and cash equivalents		339,518	—	339,518
Total	$	7,778,647	18,895,461	26,674,108

(Continued)

(f) Benefit Payments

During the years ended September 30, 2014 and 2013, the Plan made benefit payments of $1,301,770 and $924,696. The following benefit payments are expected to be paid during the year ended September 30, 2014:

2015	$ 1,479,527
2016	1,577,826
2017	1,714,005
2018	1,861,345
2019	2,060,844
2020 through 2024	12,579,895

The Foundation maintains a 403(b) employee savings plan. The Plan covers all eligible employees of the Foundation and provides both an annual core contribution, as well as a matching contribution to contributing employees. Effective May 17, 2009, the Foundation suspended its core contributions as well as matching and transitional benefits. For the year ended September 30, 2012, the Foundation made no contributions to the Plan. Beginning July 1, 2013 the Hospital began a 1% core contribution which totaled $265,643 in 2014. Beginning October 1, 2014 the Hospital increased the contribution from 1% to 2%

(10) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets were comprised of and restricted as follows:

	September 30	
	2014	2013
Amounts held in trust by outside charitable trust funds	$ 7,658,744	7,162,755
Restricted for specific purposes	2,190,376	1,939,732
Property and equipment	71,439	71,167
Accumulated net realized and unrealized gains on permanently restricted donations subject to spending policy	1,131,487	963,038
	$ 11,052,046	10,136,692

Permanently restricted net assets include donor restricted amounts to be held in perpetuity. Income generated by these funds is to be used for operations, as deemed necessary by the Foundation's Board of Directors.

(11) Endowment

The Foundation's endowment includes both donor restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by U.S. generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of

donor-imposed restrictions. The Foundation has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Foundation's board of directors and expended. State law allows the board to appropriate as much of the net appreciation of permanently restricted net assets as is prudent considering the Foundation's long and short-term needs, present and anticipated financial requirements, expected total return on investments, price-level trends, and general economic conditions.

To satisfy its long-term rate of return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

Changes in endowment assets for the year ended September 30, 2014 were as follows:

	Board designated	Temporarily restricted	Permanently restricted	Total
Balance at the beginning of the year	$ 13,550,829	963,038	2,799,334	17,313,201
Contributions	9,972	—	8,000	17,972
Appropriations	(32,127)	—	—	(32,127)
Investment income	17,300	684	—	17,984
Unrealized and realized gains	911,567	167,765	—	1,079,332
Balance at the end of the year	$ 14,457,541	1,131,487	2,807,334	18,396,362

Changes in endowment assets for the year ended September 30, 2013 were as follows:

	Board designated	Temporarily restricted	Permanently restricted	Total
Balance at the beginning of the year	$ 10,826,109	1,149,595	2,787,834	14,763,538
Contributions	1,998,336	—	11,500	2,009,836
Investment income	244,383	10,921	—	255,304
Unrealized and realized gains	482,001	(197,478)	—	284,523
Balance at the end of the year	$ 13,550,829	963,038	2,799,334	17,313,201

Under the Foundation's policy, endowment assets are invested conservatively with the intent of providing a predictable stream of funding to the Foundation. The Foundation invests in mutual funds, alternative investments, money markets, marketable equity securities, fixed income securities, certificates of deposit and cash and cash equivalents to achieve its long-term return objectives within limited risk constraints. Actual returns in any year may vary from budgeted amounts due to market fluctuations.

(Continued)

(12) Concentration of Credit Risk

Financial instruments that potentially subject the Foundation to a concentration of credit risk are patient accounts receivable, cash and cash equivalents and other interest-bearing investments. The Foundation invests available cash in money market securities of various banks, commercial paper of domestic companies with high credit ratings, mutual funds, alternative investments, marketable securities, and fixed income securities.

The Foundation is located in Milton, Massachusetts. The Hospital and CPA grant credit, without collateral, to their patients, many of whom are local residents and are insured under third-party payor agreements.

The mix of accounts receivable from patients and third-party payors were as follows:

	September 30	
	2014	2013
Medicare	35%	34%
Medicaid	3	4
Health maintenance organizations	33	34
Other third-party payors, including commercial	21	17
Self-pay	8	11
	100%	100%

Management monitors and evaluates its allowance for uncollectible accounts to ensure that receivables are stated at their net realizable value.

The Foundation has a potential concentration of credit risk in that it maintains deposits with a financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation (FDIC). The maximum deposit insurance amount is $250,000 for interest-bearing accounts, which is applied per depositor, per insured depository institution for each account ownership category. Noninterest bearing transaction deposit accounts are provided unlimited insurance coverage through December 31, 2012. As of September 30, 2014, the Foundation had approximately $1,061,606 in excess of FDIC limits.

(13) Functional Expenses

Total expenses by function consisted of the following:

	Year ended September 30	
	2014	2013
Patient services	$ 74,684,799	67,380,337
Administrative and general	10,079,977	12,988,981
Fundraising	532,555	811,811
	$ 85,297,331	81,181,129

(Continued)

(14) Contingencies

The Hospital is a party in various legal proceedings and potential claims arising in the ordinary course of its business. In addition, the healthcare industry as a whole is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at the time.

Recently, government activity has increased with respect to investigations and allegations concerning possible violations by healthcare providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services.

(15) Related-Party Transactions

Beth Israel Deaconess Medical Center

In July 2012, the Hospital repaid the remaining $6,105,000 of its Series C Bonds utilizing proceeds from a loan from the Medical Center, which matures in July 2016. The note payable to the Medical Center at September 30, 2014 and September 30, 2013 was $3,036,104 and $4,645,872, respectively, and is recorded in accounts payable and accrued expenses and in other liabilities on the consolidated balance sheet.

KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report on Other Financial Information

The Board of Directors
Beth Israel Deaconess Hospital – Milton Foundation, Inc. and Affiliates:

We have audited the consolidated financial statements of Beth Israel Deaconess Hospital – Milton Foundation, Inc. and Affiliates as of and for the years ended September 30, 2014 and 2013, and have issued our report thereon dated December 12, 2014 which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating financial information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

KPMG LLP

Boston, Massachusetts
December 12, 2014

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidating Balance Sheets

September 30, 2014

Assets	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated Totals
Current assets					
Cash and cash equivalents	$ 7,815	1,561,605	237,577	—	1,806,997
Investments	—	14,457,541	—	—	14,457,541
Patient accounts receivable, net	—	10,673,094	710,301	(3,144,253)	8,239,142
Other current assets	—	2,911,457	31,058	—	2,942,515
Total current assets	7,815	29,603,697	978,936	(3,144,253)	27,446,195
Assets limited or restricted as to use					
Held by trustees under debt and other agreements	—	2,938,689	—	—	2,938,689
Held for specific purposes and endowments	—	13,859,380	—	—	13,859,380
	—	16,798,069	—	—	16,798,069
Property and equipment, net	—	86,897,501	51,587	—	86,949,088
Professional liability reinsurance recoverie.	—	1,586,061	—	—	1,586,061
Other assets	—	643,542	—	—	643,542
Total assets	$ 7,815	135,528,870	1,030,523	(3,144,253)	133,422,955
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	$ —	677,108	—	—	677,108
Accounts payable and accrued expenses	(1)	10,935,165	3,463,802	(3,144,253)	11,254,713
Estimated settlements with third-party payers	—	2,196,035	—	—	2,196,035
Total current liabilities	(1)	13,808,308	3,463,802	(3,144,253)	14,127,856
Long-term debt, net of current portion	—	29,708,441	—	—	29,708,441
Professional liability	—	1,820,431	—	—	1,820,431
Employee benefit plans liability	—	13,860,709	—	—	13,860,709
Other liabilities	—	1,393,844	—	—	1,393,844
Total liabilities	(1)	60,591,733	3,463,802	(3,144,253)	60,911,281
Net assets					
Unrestricted	7,816	61,077,757	(2,433,279)	—	58,652,294
Temporarily restricted	—	11,052,046	—	—	11,052,046
Permanently restricted	—	2,807,334	—	—	2,807,334
Total net assets	7,816	74,937,137	(2,433,279)	—	72,511,674
Total liabilities and net assets	$ 7,815	135,528,870	1,030,523	(3,144,253)	133,422,955

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidating Statements of Operations

Year ended September 30, 2014

	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Revenue and other support					
Net patient service revenue	$ —	79,290,231	2,370,603	—	81,660,834
Other revenue	—	3,849,405	—	—	3,849,405
Net assets released from restrictions used in operations	—	6,199	—	—	6,199
Total revenue and other support	—	83,145,835	2,370,603	—	85,516,438
Expenses					
Salaries and benefits	—	41,638,166	2,330,218	—	43,968,384
Supplies and other expenses	—	33,497,473	894,798	—	34,392,271
Depreciation	—	4,611,753	26,190	—	4,637,943
Interest	—	2,298,733	—	—	2,298,733
Total expenses	—	82,046,125	3,251,206	—	85,297,331
Income (loss) from operations	—	1,099,710	(880,603)	—	219,107
Nonoperating gains					
Net realized gains on sales of investments	—	1,025,416	—	—	1,025,416
Change in equity interests in limited partnerships, other	—	227,057	(787)	—	226,270
Total nonoperating gains	—	1,252,473	(787)	—	1,251,686
Excess (deficiency) of revenue, other support and gains over expenses	—	2,352,183	(881,390)	—	1,470,793
Other changes in unrestricted net assets					
Net unrealized losses on investments	—	(336,630)	—	—	(336,630)
Net transfers from affiliate	—	1,000,000	—	—	1,000,000
Changes in funded status of employee benefit plan other than net periodic pension cost	—	(3,653,009)	—	—	(3,653,009)
	—	(2,989,639)	—	—	(2,989,639)
Decrease in unrestricted net assets	$ —	(637,456)	(881,390)	—	(1,518,846)

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC.
AND AFFILIATES

Consolidating Statements of Changes in Net Assets

September 30, 2014

	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Excess (deficiency) of revenue, other support and gains over expenses,	$ —	2,352,183	(881,390)	—	1,470,793
Other changes in unrestricted net assets					
Net unrealized gains on investments	—	(336,630)	—	—	(336,630)
Net transfers from affiliate	—	1,000,000	—	—	1,000,000
Changes in funded status of employee benefit plan other than net periodic pension cost	—	(3,653,009)	—	—	(3,653,009)
Decrease in unrestricted net assets	—	(637,456)	(881,390)	—	(1,518,846)
Temporarily restricted net assets					
Restricted Contributions, net	—	41,565	—	—	41,565
Investment income	—	3,048	—	—	3,048
Net realized and unrealized gains on investments	—	380,951	—	—	380,951
Net unrealized gains on funds held in trust	—	495,989	—	—	495,989
Net assets used in operations	—	(6,199)	—	—	(6,199)
Increase in temporarily restricted net assets	—	915,354	—	—	915,354
Permanently restricted net assets					
Contributions	—	8,000	—	—	8,000
Increase in permanently restricted net assets	—	8,000	—	—	8,000
Change in net assets	—	285,898	(881,390)	—	(595,492)
Net assets, beginning of year	7,816	74,651,239	(1,551,889)	—	73,107,166
Net assets, end of year	$ 7,816	74,937,137	(2,433,279)	—	72,511,674

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC.
AND AFFILIATES

Consolidating Statement of Cash Flows

September 30, 2014

	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Operating activities					
Change in net assets	$ —	285,898	(881,390)	—	(595,492)
Adjustments to reconcile change in net assets to net cash (used by) provided by operating activities					
Depreciation	—	4,611,753	26,190	—	4,637,943
Amortization	—	373,981	—	—	373,981
Net unrealized gains on investments	—	(1,791,996)	—	—	(1,791,996)
Restricted contributions and investment income	—	(44,613)	—	—	(44,613)
Change in funded status of employee benefit plan other than net periodic pension cost	—	3,653,009	—	—	3,653,009
Increase (decrease) in cash resulting from a change in					
Accounts receivable	—	(36,080)	(189,635)	1,259,745	1,034,030
Other current assets	—	710,352	525	—	710,877
Accounts payable and accrued expenses	(1)	(940,947)	1,039,156	(1,259,745)	(1,161,537)
Other assets and liabilities	—	(588,206)	—	—	(588,206)
Estimated settlements with third-party payors	—	401,331	—	—	401,331
Net cash (used in) provided by operating activities	(1)	6,634,482	(5,154)	—	6,629,327
Investing activities					
Purchases of property, plant and equipment	—	(4,717,626)	(10,685)	—	(4,728,311)
Proceeds from sales of investments	—	2,487,788	—	—	2,487,788
Purchases of investments	—	(2,535,704)	—	—	(2,535,704)
Net cash (used in) investing activities	—	(4,765,542)	(10,685)	—	(4,776,227)
Financing activities					
Restricted contributions and investment income	—	44,613	—	—	44,613
Principal payments on long-term debt and capital lease	—	(2,398,686)	—	—	(2,398,686)
Net cash used in financing activities	—	(2,354,073)	—	—	(2,354,073)
Net decrease in cash and cash equivalents	(1)	(485,133)	(15,839)	—	(500,973)
Cash and cash equivalents, beginning of year	7,816	2,046,738	253,416	—	2,307,970
Cash and cash equivalents, end of year	$ 7,815	1,561,605	237,577	—	1,806,997
Supplemental disclosure of cash flow information					
Cash paid for interest, net of amount capitalized	$ —	1,924,752	—	—	1,924,752

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidating Balance Sheets

September 30, 2013

Assets	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Milton Hospital Development Fund, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Current assets						
Cash and cash equivalents	$ 7,816	2,046,738	—	253,416	—	2,307,970
Investments	—	13,550,829	—	—	—	13,550,829
Patient accounts receivable, net	—	10,637,014	—	520,666	(1,884,508)	9,273,172
Other current assets	—	3,732,241	—	31,583	—	3,763,824
Total current assets	7,816	29,966,822	—	805,665	(1,884,508)	28,895,795
Assets limited or restricted as to use						
Held by trustees under debt and other agreements	—	2,928,843	—	—	—	2,928,843
Held for specific purposes and endowments	—	12,936,026	—	—	—	12,936,026
	—	15,864,869	—	—	—	15,864,869
Property and equipment, net	—	86,791,628	—	67,092	—	86,858,720
Professional liability reinsurance recoveries	—	1,212,389	—	—	—	1,212,389
Other assets	—	671,396	—	—	—	671,396
Total assets	$ 7,816	134,507,104	—	872,757	(1,884,508)	133,503,169
Liabilities and Net Assets						
Current liabilities						
Current portion of long-term debt	$ —	796,909	—	—	—	796,909
Accounts payable and accrued expenses	—	12,077,990	—	2,424,646	(1,884,508)	12,618,128
Estimated settlements with third-party payers	—	1,794,704	—	—	—	1,794,704
Total current liabilities	—	14,669,603	—	2,424,646	(1,884,508)	15,209,741
Long-term debt, net of current portion	—	30,145,897	—	—	—	30,145,897
Professional liability	—	1,322,389	—	—	—	1,322,389
Employee benefit plans liability	—	10,681,871	—	—	—	10,681,871
Other liabilities	—	3,036,105	—	—	—	3,036,105
Total liabilities	—	59,855,865	—	2,424,646	(1,884,508)	60,396,003
Net assets						
Unrestricted	7,816	61,715,213	—	(1,551,889)	—	60,171,140
Temporarily restricted	—	10,136,692	—	—	—	10,136,692
Permanently restricted	—	2,799,334	—	—	—	2,799,334
Total net assets	7,816	74,651,239	—	(1,551,889)	—	73,107,166
Total liabilities and net assets	$ 7,816	134,507,104	—	872,757	(1,884,508)	133,503,169

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC. AND AFFILIATES

Consolidating Statements of Operations

Year ended September 30, 2013

	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Milton Hospital Development Fund, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Revenue and other support						
Net patient service revenue	$ —	77,644,528	—	2,432,997	—	80,077,525
Other revenue	2,501	5,642,477	—	—	—	5,644,978
Net assets released from restrictions used in operations	—	785,973	—	—	—	785,973
Total revenue and other support	2,501	84,072,978	—	2,432,997	—	86,508,476
Expenses						
Salaries and benefits	—	39,728,736	—	2,342,929	—	42,071,665
Supplies and other expenses	—	30,888,883	—	1,222,677	—	32,111,560
Interest	—	2,454,386	—	—	—	2,454,386
Depreciation	—	4,514,292	—	29,226	—	4,543,518
Total expenses	—	77,586,297	—	3,594,832	—	81,181,129
Income (loss) from operations	2,501	6,486,681	—	(1,161,835)	—	5,327,347
Nonoperating gains						
Net realized gains on sales of investments	—	1,519,614	—	—	—	1,519,614
Change in equity interests in limited partnerships	—	128,578	—	—	—	128,578
Total nonoperating gains	—	1,648,192	—	—	—	1,648,192
Excess (deficiency) of revenue, other support and gains over expenses, before effects of affiliation	2,501	8,134,873	—	(1,161,835)	—	6,975,539
Other changes in unrestricted net assets						
Net unrealized losses on investments	—	(1,166,313)	—	—	—	(1,166,313)
Net transfers from affiliate	—	1,150,000	—	850,000	—	2,000,000
Net assets released from restrictions for capital acquisitions	—	144,871	—	—	—	144,871
Changes in funded status of employee benefit plan other than net periodic pension cost	—	4,607,178	—	—	—	4,607,178
Other changes in unrestricted net assets	(495,299)	35,299	—	—	460,000	—
	(495,299)	4,771,035	—	850,000	460,000	5,585,736
Increase (decrease) in unrestricted net assets	$ (492,798)	12,905,908	—	(311,835)	460,000	12,561,275

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC.
AND AFFILIATES

Consolidating Statements of Changes in Net Assets

Year ended September 30, 2013

	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Milton Hospital Development Fund, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Excess (deficiency) of revenue, other support and gains over expenses, after effects of affiliatio	$ 2,501	8,134,873	—	(1,161,835)	—	6,975,539
Other changes in unrestricted net assets						
Net unrealized gains on investments	—	(1,166,313)	—	—	—	(1,166,313)
Net transfers from affiliate	—	1,150,000	—	850,000	—	2,000,000
Net assets released from restrictions for capital acquisitio	—	144,871	—	—	—	144,871
Changes in funded status of employee benefit plar other than net periodic pension cost	—	4,607,178	—	—	—	4,607,178
Other changes in unrestricted net assets	(495,299)	35,299	—	—	460,000	—
Increase (decrease) in unrestricted net assets	(492,798)	12,905,908	—	(311,835)	460,000	12,561,275
Temporarily restricted net assets						
Restricted contributions, net	—	82,445	—	—	—	82,445
Investment income	—	50,628	—	—	—	50,628
Net realized and unrealized gains on investments	—	94,540	—	—	—	94,540
Net unrealized gains on funds held in trust	—	470,943	—	—	—	470,943
Net assets released from restrictions	—	(996,844)	—	—	—	(996,844)
Other changes in temporarily restricted net assets	—	—	(29,934)	—	—	(29,934)
Increase in temporarily restricted net assets	—	(298,288)	(29,934)	—	—	(328,222)
Permanently restricted net assets						
Contributions	—	32,500	(21,000)	—	—	11,500
Increase in permanently restricted net assets	—	32,500	(21,000)	—	—	11,500
Change in net assets	(492,798)	12,640,120	(50,934)	(311,835)	460,000	12,244,553
Net assets, beginning of year	500,614	62,011,119	50,934	(1,240,054)	(460,000)	60,862,613
Net assets, end of year	$ 7,816	74,651,239	—	(1,551,889)	—	73,107,166

See accompanying independent auditors' report on other financial information

BETH ISRAEL DEACONESS HOSPITAL – MILTON FOUNDATION, INC.
AND AFFILIATES

Consolidating Statement of Cash Flows

Year ended September 30, 2013

	Milton Hospital Foundation, Inc.	Milton Hospital, Inc.	Milton Hospital Development Fund, Inc.	Community Physician Associates, Inc.	Eliminations and Reclassifications	Consolidated totals
Operating activities						
Change in net assets	$ (492,798)	12,640,120	(50,934)	(311,835)	460,000	12,244,553
Adjustments to reconcile change in net assets to net cash (used by) provided by operating activities						
Depreciation	—	4,514,292	—	29,226	—	4,543,518
Amortization	—	470,776	—	—	—	470,776
Net unrealized gains on investments	—	(1,047,362)	—	—	—	(1,047,362)
Restricted contributions and investment income	—	(114,639)	—	—	—	(114,639)
Change in funded status of employee benefit plan other than net periodic pension cost	—	(4,607,178)	—	—	—	(4,607,178)
Increase (decrease) in cash resulting from a change in						—
Accounts receivable	—	(3,524,230)	—	145,159	1,884,508	(1,494,563)
Other current assets	484,205	194,912	—	48,249	(460,000)	267,366
Accounts payable and accrued expenses	(1,794)	1,216,139	(393)	147,393	(1,884,508)	(523,163)
Other assets and liabilities	—	568,532	—	80,000	—	648,532
Estimated settlements with third-party payors	—	192,878	—	—	—	192,878
Net cash (used in) provided by operating activities	(10,387)	10,504,240	(51,327)	138,192	—	10,580,718
Investing activities						
Purchases of property, plant and equipment	8,887	(5,645,962)	2,147	(5,148)	—	(5,640,076)
Proceeds from sales of investments	—	21,559,089	41,950	—	—	21,601,039
Purchases of investments	—	(22,937,783)	—			(22,937,783)
Net cash (used in) provided by investing activities	8,887	(7,024,656)	44,097	(5,148)	—	(6,976,820)
Financing activities						
Restricted contributions and investment income	—	114,639	—	—	—	114,639
Principal payments on long-term debt and capital lease	—	(2,358,461)	—	—	—	(2,358,461)
Net cash used in financing activities	—	(2,243,822)	—	—	—	(2,243,822)
Net (decrease) increase in cash and cash equivalents	(1,500)	1,235,762	(7,230)	133,044	—	1,360,076
Cash and cash equivalents, beginning of year	9,316	810,976	7,230	120,372	—	947,894
Cash and cash equivalents, end of year	$ 7,816	2,046,738	—	253,416	—	2,307,970
Supplemental disclosure of cash flow information						
Cash paid for interest, net of amount capitalized	$ —	1,983,610	—	—	—	1,983,610

See accompanying independent auditors' report on other financial information