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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 99,773,585

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	706
6	Total number of volunteers (estimate if necessary)	**6**	190
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	46,384
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	11,388

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	755,006	1,028,684
9	Program service revenue (Part VIII, line 2g)	80,403,561	92,865,229
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,760,165	-3,781,049
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,631,643	2,101,901
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,550,375	92,214,765
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)	40,442,753	43,689,730
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶276,904		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	41,603,372	46,351,889
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	82,046,125	90,041,619
19	Revenue less expenses Subtract line 18 from line 12	2,504,250	2,173,146

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	135,528,870	135,467,707
21	Total liabilities (Part X, line 26)	60,591,733	68,870,109
22	Net assets or fund balances Subtract line 21 from line 20	74,937,137	66,597,598

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 — 2016-08-03 Date

▶ MICHAEL CONKLIN CFO
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	CHRISTINE KAWECKI			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 $ 35,913,309 including grants of $) (Revenue $ 32,958,896)

SEE SCHEDULE O

4b (Code) (Expenses $ 34,381,342 including grants of $) (Revenue $ 47,032,136)

SEE SCHEDULE O

4c (Code) (Expenses $ 10,739,508 including grants of $) (Revenue $ 12,553,141)

SEE SCHEDULE O

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $ 911,734)

4e **Total program service expenses** ▶ 81,034,159

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 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 "Yes," 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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *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	126		
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	706		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	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		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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**	18		
	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**	11		
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, address, and telephone number of the person who possesses the organization's books and records ▶ 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) . . . . . ▶								2,665,231	4,430,306	517,833

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 ▶ 24

			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
MEDICAL CARE OF BOSTON MGMT CORP 464 HILLSIDE AVENUE SUITE 304 NEEDHAM, MA 024941300	HOSPITALISTS PROGRAM	1,265,031
QUEST DIAGNOSTICS 12436 COLLECTIONS CENTER DRIVE CHICAGO, IL 606932436	LAB TESTING SERVICE	922,976
SOUTH SHORE ANESTHESIA ASSOCIATIES 163 LIBERTY PARKWAYSUITE 301 WEYMOUTH, MA 02189	ANESTHESIA SERVICES	855,000
BID PHYSICIAN ORHANIZATION LLC ONE UNIVERSITY AVENUE SUITE B WESTWOOD, MA 02090	PHYSICIAN SERVICES	569,107
HARVARD MEDICAL FACULTY PHYSICIANS 330 BROOKLINE AVENUE BOSTON, MA 02215	PHYSICIAN SERVICES	366,894

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 ▶ 26

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	275,081			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	283,212			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	470,391			
	g	Noncash contributions included in lines 1a-1f $		25,903			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,028,684			
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE	621110	91,750,312	91,750,312		
	b	OUTPATIENT REVENUE	621400	797,295	797,295		
	c	RELATED RENT	900099	216,600	216,600		
	d	OTHER ANCILLARY REV	621110	101,022	101,022		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		92,865,229			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		543,200		10,286	532,914
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,334,991				
	b	Less rental expenses	285,559				
	c	Rental income or (loss)	1,049,432				
	d	Net rental income or (loss) . . . . . ▶		1,049,432			1,049,432
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,858,285				
	b	Less cost or other basis and sales expenses	7,182,534				
	c	Gain or (loss)	-4,324,249				
	d	Net gain or (loss) . . . . . ▶		-4,324,249		17,098	-4,341,347
Other Revenue	8a	Gross income from fundraising events (not including $ 275,081 of contributions reported on line 1c) See Part IV, line 18 . . a	75,074				
	b	Less direct expenses . . . b	90,018				
	c	Net income or (loss) from fundraising events . . ▶		-14,944			-14,944
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	4,175				
	b	Less direct expenses . . . b	709				
	c	Net income or (loss) from gaming activities . . ▶		3,466			3,466
	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	SETTLEMENT FEE INCOME	900099	500,000	500,000		
	b	CAFETERIA/ VENDING MAC	722210	454,269			454,269
	c	REFUNDS & REBATES	900099	41,262	41,262		
	d	All other revenue		68,416	49,416	19,000	
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,063,947			
	12	**Total revenue.** See Instructions . . . . . ▶		92,214,765	93,455,907	46,384	-2,316,210

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,529,447	655,866	873,581	
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	34,941,185	33,279,559	1,562,513	99,113
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,253,284	1,121,564	128,211	3,509
9 Other employee benefits	3,369,876	3,166,881	193,384	9,611
10 Payroll taxes	2,595,938	2,374,979	213,372	7,587
11 Fees for services (non-employees)				
a Management	584,384	584,384		
b Legal	208,951		208,951	
c Accounting	104,549		104,549	
d Lobbying	38,607	38,607		
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)	27,016,778	24,006,977	2,888,242	121,559
12 Advertising and promotion	854,840		854,840	
13 Office expenses	1,022,490	728,446	277,525	16,519
14 Information technology	2,023,643	1,810,958	207,019	5,666
15 Royalties				
16 Occupancy	6,040,089	5,333,778	706,236	75
17 Travel	20,409	8,603	11,550	256
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,078	14,792	25,286	
20 Interest	2,364,642	2,364,642		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,646,112	4,157,806	475,297	13,009
23 Insurance	641,583	641,583		
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	744,734	744,734		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	90,041,619	81,034,159	8,730,556	276,904
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		1,561,605	1	7,867,190
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,673,094	4	9,598,269
	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		625,620	7	455,759
	8	Inventories for sale or use		1,395,417	8	1,504,774
	9	Prepaid expenses and deferred charges		890,420	9	816,884
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 104,119,736			
	b	Less accumulated depreciation	10b 17,675,869	86,897,501	10c	86,443,867
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		28,316,921	12	27,188,368
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,168,292	15	1,592,596
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		135,528,870	16	135,467,707
Liabilities	17	Accounts payable and accrued expenses		8,829,887	17	9,862,243
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		28,062,953	20	30,655,310
	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		2,319,193	23	1,641,515
	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		21,379,700	25	26,711,041
	26	**Total liabilities.** Add lines 17 through 25		60,591,733	26	68,870,109
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		61,077,757	27	53,475,344
	28	Temporarily restricted net assets		11,052,046	28	10,304,920
	29	Permanently restricted net assets		2,807,334	29	2,817,334
		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		74,937,137	33	66,597,598
	34	Total liabilities and net assets/fund balances		135,528,870	34	135,467,707

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	92,214,765
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,041,619
3	Revenue less expenses Subtract line 2 from line 1	3	2,173,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,937,137
5	Net unrealized gains (losses) on investments	5	-1,327,652
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	-9,185,033
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,597,598

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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	including grants of $	) (Revenue $	911,734)

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			
(1) BARRETT MD GEORGE DIRECTOR & GASTRO CHIEF	10 00 2 00	X						0	0	0
(1) BRADY MICHAEL J DIRECTOR & BOARD CHAIR	5 00 11 00	X		X				0	0	0
(2) CICHELLO ANTHONY DIRECTOR & CLERK	2 00 5 00	X		X				0	0	0
(3) CRONIN MD JOHN DIRECTOR & ICU MED DIR	11 00 2 00	X						54,000	0	0
(4) DAVIS III FRANK L DIRECTOR	1 00 2 00	X						0	0	0
(5) FALLON CAROL DIRECTOR	1 00 2 00	X						0	0	0
(6) GREENE DONALD DIRECTOR	1 00 2 00	X						0	0	0
(7) HEALY PETER PRES, CEO & DIR (EX-OFF)	55 00 10 00	X		X				384,404	0	36,801
(8) HEAVEY CHRISTOPHER DIRECTOR	1 00 2 00	X						0	0	0
(9) HODGMAN JANE DIRECTOR & VICE CHAIR	2 00 2 00	X						0	0	0
(10) KERWIN MARK DIRECTOR	1 00 2 00	X						0	0	0
(11) LEWIS MD STANLEY M DIRECTOR	1 00 59 00	X						0	656,144	47,294
(12) LONGMAID MD H ESTERBROOK DIR(EXOFF), MED STF PRES	8 00 2 00	X						27,092	0	0
(13) MARSANO MARIO DIRECTOR	1 00 2 00	X						0	0	0
(14) NEEDHAM ELLEN DIRECTOR, TREASURER	2 00 4 00	X		X				0	0	0
(15) RABKIN MD MITCHELL DIRECTOR	1 00 2 00	X						0	0	0
(16) ROSENBERG MD STUART A DIRECTOR	1 00 64 00	X						0	901,263	67,444
(17) STAPLETON PATRICK DIRECTOR	1 00 2 00	X						0	0	0
(18) TABB MD KEVIN DIRECTOR	1 00 64 00	X						0	1,453,194	53,346
(19) CONKLIN MICHAEL V P FINANCE & CFO	55 00 5 00			X				93,163	0	7,854
(20) CRONIN RN LYNN CHIEF NURSING OFFICER	60 00 0 00				X			183,590	0	26,991
(21) HARRINGTON KATHLEEN VP HUMAN RESOURCES	60 00 0 00				X			178,699	0	15,702
(22) PAGE CYNTHIA VP CLINICAL SUPPORT	60 00 0 00				X			181,614	0	39,749
(23) YEATS MD ASHLEY CHIEF MEDICAL OFFICER	60 00 0 00				X			142,316	233,281	45,545
(24) GRONBERG MARK CONTROLLER	60 00 0 00					X		164,078	0	26,755

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			
(26) CARNATHAN REGINA ..... NURSING SUPERVISOR	60 00 ..... 0 00					X		139,925	0	26,039
(1) FERNANDEZ JEAN M ..... CHIEF INFORMATION OFFICER	60 00 ..... 0 00					X		140,549	0	23,466
(2) DICKERSON TRACY ..... LEAD SURGICAL PA	60 00 ..... 0 00					X		144,495	0	9,518
(3) DROTTAR BARBARA ..... SPINE CLINIC NP	60 00 ..... 0 00					X		130,473	0	23,080
(4) BERRY MD MICHAEL V ..... ORTHO SURG, FRM CHF, SUR	0 00 ..... 60 00						X	0	957,780	22,017
(5) MORRISSEY JOSEPH V ..... FRMR DIR, PRES & CEO	0 00 ..... 0 00						X	225,012	0	26,311
(6) RADZEVICH JASON ..... FRMR V P FINANCE & CFO	0 00 ..... 60 00						X	140,174	228,644	19,488
(7) SINKEVICH DORIS ..... FRMR V P & COO PATIENT CARE/QUALITY	0 00 ..... 0 00						X	335,647	0	433

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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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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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.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
BETH ISRAEL DEACONESS 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		38,607
j	Total Add lines 1c through 1i			38,607
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	BETH ISRAEL DEACONESS 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 $38,607 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	18,396,252	17,551,429	14,742,901	13,725,678	14,870,910
b Contributions	10,000	17,972	2,104,297		
c Net investment earnings, gains, and losses	-550,404	1,097,316	871,552	1,017,223	-603,914
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	17,855,848	18,396,252	17,551,429	14,742,901	13,725,678

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

- a Board designated or quasi-endowment ▶ 78 780 %
- b Permanent endowment ▶ 15 780 %
- c Temporarily restricted endowment ▶ 5 440 %

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		9,060,182		9,060,182
b Buildings		76,342,755	11,477,430	64,865,325
c Leasehold improvements		103,903	103,903	0
d Equipment		18,165,431	6,094,536	12,070,895
e Other		447,465		447,465
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				86,443,867

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	14,066,114	F
(B) DONOR RESTRICTED INVESTMENTS	13,122,254	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	27,188,368	

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	1,478,316
PENSION LIABILITY	18,812,922
ASSET RETIREMENT OBLIGATION	146,020
DUE TO THIRD PARTY PAYORS	4,264,102
DUE TO AFFILIATES	2,009,681
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	26,711,041

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	88,106,259
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-206,254		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-3,902,252		
e	Add lines **2a** through **2d**			2e	-4,108,506
3	Subtract line **2e** from line **1**			3	92,214,765
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	92,214,765

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	92,939,421
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	2,897,802		
e	Add lines **2a** through **2d**			2e	2,897,802
3	Subtract line **2e** from line **1**			3	90,041,619
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	90,041,619

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 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 MEDICAL CENTER, MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM (BIDN), BETH ISRAEL DEACONESS HOSPITAL - MILTON (BIDM), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH (BIDP) AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) HAVE ALL 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 MEDICAL CENTER 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 2015 OR 2014
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES NET OF ELIMINATIONS -208,597 NET TRANSFER FROM AFFILIATES -3,011,677 CHNAGE IN EQUITY IN PARTNERSHIPS -681,978
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATES CONSOLIDATED 2,897,802

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.

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

OMB No 1545-0047

2014

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		3,739,804
(2) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		34,675
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		223,804
(4) NORTH AMERICA	0	0	INVESTMENTS		217,361
(5) SOUTH AMERICA	0	0	INVESTMENTS		30,682
3a Sub-total	0	0			4,246,326
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			4,246,326

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; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV FOREIGN FORMS	ALTHOUGH BID-MILTON WAS AN INDIRECT TRANSFEROR OF FUNDS TO A FOREIGN CORPORATION DURING TH E PERIOD COVERED BY THIS FILING, SUCH TRANSFERS DID NOT RESULT IN AN OBLIGATION TO FILE FO RM 926, RETURN OF A U S TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION ALTHOUGH BID-MIL TON WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECT ING FUND DURING THE PERIOD COVERED BY THIS FILING, BID-MILTON WAS NOT REQUIRED TO FILE FOR M 8621, INFORMATION RETURNS BY A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QU ALIFIED ELECTING FUND

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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.**

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

OMB No 1545-0047

2014

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	237,500	112,655		350,155
	2 Less Contributions	181,021	94,060		275,081
	3 Gross income (line 1 minus line 2)	56,479	18,595		75,074
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	3,147		3,147
	6 Rent/facility costs	40,288	3,630		43,918
	7 Food and beverages	0	14,606		14,606
	8 Entertainment	5,190	0		5,190
	9 Other direct expenses	13,515	9,642		23,157
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(90,018)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-14,944

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 conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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

OMB No 1545-0047

2014

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 criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			969,999	15,079	954,920	1 060 %
b Medicaid (from Worksheet 3, column a)			9,838,716	7,877,830	1,960,886	2 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			10,808,715	7,892,909	2,915,806	3 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			323,646	205,257	118,389	0 130 %
f Health professions education (from Worksheet 5)			17,577		17,577	0 020 %
g Subsidized health services (from Worksheet 6)			1,242,471		1,242,471	1 380 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,830		16,830	0 020 %
j **Total.** Other Benefits			1,600,524	205,257	1,395,267	1 550 %
k **Total.** Add lines 7d and 7j			12,409,239	8,098,166	4,311,073	4 790 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other			10,500		10,500	0 010 %
10	**Total**			10,500		10,500	0 010 %

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	3,757,405		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	34,100,944		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	38,422,446		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,321,502		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	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 letter of facility reporting group BETH ISRAEL DEACONESS HOSPITAL -MILTON

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE NARRATIVE SUPPORT			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE NARRATIVE SUPPORT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

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

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

BETH ISRAEL DEACONESS HOSPITAL -MILTON

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
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 STATEMENTBETH 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 " THIS MISSION IS ACHIEVED BY IDENTIFYING EXISTING AND FUTURE HEALTH NEEDS IN THE COMMUNITY AND ADDRESSING THEM THROUGH HEALTH INITIATIVES, INCLUDING EDUCATION, PREVENTION AND SCREENING PROGRAMS 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 $340,476 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I, COLUMN C AS NOTED IN THE NARRATIVE DETAIL TO SCHEDULE H BELOW, BID-MILTON HAS PARTNERED WITH THE COMMONWEALTH OF MASSACHUSETTS ON SOME OF THESE EFFORTS BECAUSE THE HOSPITAL IS UNIQUELY QUALIFIED IN ITS COMMUNITIES, TO PROVIDE CERTAIN SERVICES, AND GRANT FUNDING RECEIVED OF $205,257 HAS SIMILARLY BEEN REPORTED IN THIS SCHEDULE H, PART I, LINES 7E AND 7I, COLUMN D IN ADDITION, DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER PROVIDED NET COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF $19,595,102 AS REPORTED ON THE MEDICAL CENTER'S SCHEDULE H, PART I, LINES 7E AND 7I COMMUNITY BENEFITS LEADERSHIPBID-MILTON'S COMMUNITY BENEFITS LEADERSHIP TEAM INCLUDES REPRESENTATION FROM THE HOSPITAL'S SENIOR ADMINISTRATION, PATIENT FAMILY AND ADVISORY COUNCIL AND COMMUNITY SERVICE PROVIDERS DAY-TO-DAY OPERATIONS OF THE COMMUNITY BENEFITS PROGRAM IS OVERSEEN BY THE HOSPITAL'S PUBLIC RELATIONS DEPARTMENT, WITH GUIDANCE FROM HOSPITAL LEADERSHIP AND FINANCE DEPARTMENTS AND COMMUNITY BENEFITS ADVISORY COMMITTEE

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 THE 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 W AS BORNE LARGELY OUT OF BID-MILTON'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALT H-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THE PROJECT ALSO FULFILLS COMMONWEALTH ATTORNEY GENERAL 'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BID-MIL TON ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW THE BID-MILTON, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT COMMUNITY HEALTH NEEDS ASSESSMENT - TARGETED GEOGRAPHYTHE 20 13 COMMUNITY HEALTH ASSESSMENT (CHNA) ENCOMPASSED BRAINTREE, MILTON, AND RANDOLPH (REFERRE D TO AS THE MILTON REGION) FOCUSING BID-MILTON'S CHNA ON THIS GEOGRAPHIC AREA FACILITATED THE ALIGNMENT OF THE HOSPITAL'S EFFORTS WITH COMMUNITY AND GOVERNMENTAL PARTNERS, AND SEV ERAL COMMUNITY-BASED ORGANIZATIONS THIS FOCUS ALSO FACILITATES COLLABORATION WITH THE ADV ISORY COMMITTEE, WHICH AS DESCRIBED ABOVE, IS INVOLVED IN IMPLEMENTING KEY STRATEGIES OF T HE CHNA SO THAT FUTURE INITIATIVES CAN BE DEVELOPED IN A MORE COORDINATED APPROACH BID-MI LTON IS CURRENTLY IN THE PROCESS AND FINAL STAGES OF COMPLETING ITS NEXT ASSESSMENT DUE SE PTEMBER 2016 WITH THE CLOSING OF QUINCY MEDICAL CENTER, THE GEOGRAPHICAL FOCUS OF BID-MIL TON'S NEXT COMMUNITY HEALTH NEEDS ASSESSMENT WILL ENCOMPASS MILTON, QUINCY AND RANDOLPH CO MMUNITY HEALTH NEEDS ASSESSMENT - TARGET POPULATIONSTARGET POPULATIONS FOR BID-MILTON'S CO MMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS , COLLABORATIVE EFFORTS, AND A CHNA WHICH IS CONDUCTED EVERY THREE YEARS, IN ACCORDANCE WI TH THE REQUIREMENTS UNDER IRC SECTION 501(R) BID-MILTON'S TARGET POPULATIONS FOCUS ON MEDI CALLY-UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES IN THE MILTON REGION, AS FOLLOWS - CHI LDREN AND YOUTH AT RISK- SENIORS/SOCIALLY ISOLATED ELDERS/ELDERS LIVING IN PUBLIC HOUSING INDIVIDUALS WHO ARE OBESE/OVERWEIGHT- LOW INCOME NEIGHBORHOODS/ETHNIC & LINGUISTIC MINORIT IES- UNDERINSURED/UNINSURED - INDIVIDUALS WITH CHRONIC DISEASE- INDIVIDUALS WITH BEHAVIORA L HEALTH PROBLEMSBID-MILTON'S PROGRAMS MIRROR THE FIVE CORE PRINCIPLES OUTLINED BY THE PUB LIC HEALTH INSTITUTE IN TERMS OF THE "EMPHASIS ON COMMUNITIES WITH DISPROPORTIONATE UNMET HEALTH-RELATED NEEDS, EMPHASIS ON PRIMARY PREVENTION, BUILDING A SEAMLESS CONTINUUM OF CAR E, BUILDING COMMUNITY CAPACITY, AND COLLABORATIVE GOVERNANCE "COMMUNITY HEALTH NEEDS ASSES SMENT - APPROACH AND METHODSTHE CHNA UTILIZED A PARTICIPATORY, COLLABORATIVE APPROACH TO L OOK AT HEALTH IN ITS BROADEST CONTEXT THE ASSESSMENT PROCESS INCLUDED SYNTHESIZING EXISTI NG DATA ON SOCIAL, ECONOMIC, AND HEALTH INDICATORS IN THE REGION AS WELL AS INFORMATION FR OM TWO COMMUNITY DIALOGUES CONDUCTED WITH COMMUNITY RESIDENTS, AND TEN INTERVIEWS WITH COM MUNITY 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 RESPON SE, EDUCATION, HEALTH CARE, AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULA TIONS (E G , SENIORS) (SCHEDULE H, PART V, SECTION B, QUESTION 3) ULTIMATELY, THE QUALITA TIVE RESEARCH ENGAGED APPROXIMATELY 30 PEOPLE BID-MILTON CONDUCTED THIS CHNA PROCESS INDE PENDENTLY AS REPORTED IN SCHEDULE H, PART V, SECTION B, QUESTIONS 6A AND 6B 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 REVIEW ED PROGRESS TOWARDS GOALS AND OBJECTIVES OF THE PRIOR THREE YEAR PERIOD, AS WELL AS THE CU RRENT DATA COLLECTED THROUGH THE CHNA, TO HELP ENVISION AND DEFINE PRIORITY AREAS FOR THE FUTURE PRIORITY AREAS WERE IDENTIFIED AND GOALS WERE DEFINED, ALONG WITH OBJECTIVES FOR E ACH GOAL AND DRAFTED STRATEGIES TO OPERATIONALIZE

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8	THESE OBJECTIVES COMMUNITY HEALTH NEEDS ASSESSMENT - KEY FINDINGSBID-MILTON'S CHNA RESULTE D IN KEY FINDINGS RELATED TO DEMOGRAPHICS, SOCIAL AND PHYSICAL ENVIRONMENT, RISK AND PROTE CTIVE LIFESTYLE BEHAVIORS, HEALTH OUTCOMES, ACCESS TO CARE, COMMUNITY ASSETS AND PROGRAMS AND COMMUNITY SUGGESTIONS FOR FUTURE PROGRAMS AND SERVICES SEVERAL OVERARCHING THEMES EME RGED FROM THIS SYNTHESIS OF DATA, INCLUDING LACK OF TRANSPORTATION SERVICES IN THE 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, SUBSTANC E ABUSE AND MENTAL HEALTH ARE PRESSING HEALTH CONCERNS IN THE COMMUNITY, FOR WHICH THE CUR RENT SYSTEM WAS PERCEIVED AS INSUFFICIENT, AND, DESPITE STRONG HEALTH CARE SERVICES IN THE REGION, VULNERABLE POPULATIONS ENCOUNTER CONTINUED DIFFICULTIES IN ACCESSING RESOURCES I N RESPONSE, THERE ARE SEVERAL EFFORTS CURRENTLY UNDERWAY IN THE MILTON REGION WORKING TO M EET 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 IMPROVING ACCESS TO AFFORDABLE PREVENTIVE HEALTH CARE SCREENINGSEACH YEAR, BID-MILTO N OFFERS COMMUNITY MEMBERS ACCESS TO FREE OR LOW COST PREVENTIVE SCREENINGS TO ADDRESS HEA RT HEALTH AND CANCER CONCERNS BEFORE THEY ARISE IN PARTNERSHIP WITH COMMUNITY PHYSICIANS, FREE SKIN CANCER SCREENINGS WERE PROVIDED TO 48 COMMUNITY MEMBERS AT NO COST IN MAY 2015 BY PROVIDING ACCESS TO THESE FREE SCREENINGS, THE HOSPITAL EMPOWERED PATIENTS TO DETECT P OTENTIALLY HARMFUL MELANOMAS IN THE EARLY STAGES WHEN THE CURE RATE IS NEARLY 100 PERCENT IN ADDITION, BID-MILTON HOSTED TWO, LOW-COST BLOOD SCREENING FAIRS PARTICIPANTS' BLOOD WA S TESTED FOR GLUCOSE, CALCIUM, PROTEIN AND KIDNEY AND LIVER FUNCTION THESE TYPES OF TESTS PROVIDED SCREENING FOR MANY HEALTH ISSUES, INCLUDING DIABETES ADDITIONALLY, A COMPLETE " LIPID PROFILE" TESTED BLOOD FOR CHOLESTEROL, TRIGLYCERIDES, HDL AND LDL ("GOOD AND "BAD" C HOLESTEROL), AND THESE TESTS CAN BE DIRECT INDICATORS OF HEART DISEASE THESE BI-ANNUAL BL OOD SCREENING EVENTS PROVIDED ACCESS TO VALUABLE HEALTH CARE SCREENINGS TO 66 COMMUNITY ME MBERS AT A LOW COST THE SCREENINGS ATTRACTED MANY REGULAR ATTENDEES WHO TAKE ADVANTAGE OF THE OPPORTUNITY TO REGULARLY TRACK TEST RESULTS OVER TIME FOCUS ON CHRONIC DISEASE PREVEN TION AND EDUCATIONIN APRIL, 2015, BID-MILTON HELD ITS SIXTH ANNUAL DIABETES FAIR MORE THA N 85 INDIVIDUALS SUFFERING FROM DIABETES ATTENDED THIS FREE EVENT AND RECEIVED VALUABLE IN FORMATION FOR MANAGING DIABETES FROM A TEAM OF CLINICAL EXPERTS TOPICS INCLUDED NEW DIABE TES MEDICATIONS, VASCULAR COMPLICATIONS THAT MAY OCCUR, FOOT CARE AND IMPORTANT DIETARY RE COMMENDATIONS ATTENDEES WERE ALSO PROVIDED WITH A DIABETIC-FRIENDLY LUNCH, EXHIBITOR DISP LAYS AS WELL AS BLOOD PRESSURE AND FOOT SCREENINGS HELD EACH SPRING AND FALL, BID-MILTON'S COMMUNITY EDUCATION LECTURE SERIES PROVIDED ACCESS TO FREE HEALTH EDUCATION OPPORTUNITIES FOR PEOPLE OF ALL AGES SELECTED BASED ON NEEDS ASSESSMENT DATA AND DISEASE PREVALENCE, T OPICS INCLUDED NUTRITION, STROKE, NECK AND BACK PAIN, FOOT ISSUES, ALZHEIMER'S AND PREPARI NG FOR END -OF -LIFE CARE EDUCATING SENIORSBID-MILTON CONTINUED ITS PARTNERSHIP WITH THE M ILTON COUNCIL ON AGING IN EDUCATING COMMUNITY SENIORS ON IMPORTANT HEALTH TOPICS THROUGH T HE HOSPITAL'S "LUNCH AND LEARN" LECTURES SERIES AT THE MILTON SENIOR CENTER HOSPITAL STAF F AND PHYSICIANS PROVIDED SENIORS WITH VALUABLE INFORMATION ON BREAST CANCER, ARTHRITIS AN D JOINT REPLACEMENT SURGERY, CARDIAC REHABILITATION AND SHINGLES IN ADDITION TO THE TOWN OF MILTON, THE HOSPITAL HAS EXPANDED ITS LECTURE SERIES TO THE RANDOLPH SENIOR CENTER LEC TURES AT THE RANDOLPH SENIOR CENTER WERE CONDUCTED IN ENGLISH AND HAITIAN CREOLE, EDUCATIN G SENIORS IN THEIR NATIVE LANGUAGES ON STROKE AWARENESS AND THE IMPORTANCE OF HAVING A PRI MARY CARE PHYSICIAN ENHANCE COMMUNITY RESOURCES ON NUTRITION COUNSELING AND EDUCATIONIN AD DITION TO PROVIDING NUTRITION COUNSELING ON AN INPATIENT AND OUTPATIENT BASIS, BID-MILTON HELD ITS SIXTH ANNUAL COMMUNITY HEALTH WALK IN JUNE 2015 IN ADDITION TO HIGHLIGHTING THE BENEFITS OF WALKING AS A CARDIOVASCULAR EXERCISE AND SPONSORING FREE HEALTH EXHIBITORS AND SCREENINGS, THE WALK SERVES AS BID-MILTON'S OUTLET FOR DISTRIBUTING MINI-GRANTS TO LOCAL ORGANIZATIONS SUPPORTING COMMUNITY HEALTH INITIATIVES BID-MILTON AWARDED $9,500 TO SEVEN LOCAL ORGANIZATIONS INCLUDING MILTON HIGH SCHOOL, QUINCY PUBLIC SCHOOLS, RANDOLPH SENIOR C ENTER, AND INTERFAITH SOCIAL SERVICES, AMONG OTHERS GRANT FUNDING WILL BE USED TO SUPPORT INITIATIVES SUCH AS SUBSTANCE ABUSE PREVENTION, MENTAL HEALTH SERVICES FOR YOUNG ADULTS, EXERCISE PROGRAMS FOR CHILDREN AND NUTRITION ACCESS TO DISADVANTAGED WOMEN AND CHILDREN, A MONG OTHERS FINALLY, THE HOSPITAL SPONSORS BOTH A MONTHLY BARIATRIC SURGERY INFORMATION SE SSION ALONG WITH A BARIATRIC SURGERY SUPPORT GROUP AS AN OPTION FOR CHRONICALLY OBESE INDI VIDUALS WHO HAVE FAILED OTHER WEIGHT LOSS ATTEMPTS TO ENJOY THE HEALTH BENEFITS THAT COME FROM SUBSTANTIAL AND SUSTAINED WEIGHT LOSS INCREASE COMMUNITY AWARENESS ON BEHAVIORAL HEAL TH AND SUBSTANCE ABUSEBEHAVIORAL HEALTH AND SUBSTANCE ABUSE ISSUES ARE A GROWING CONCERN TO ADDRESS THESE ISSUES, BID-MILTON BECAME AN ACTIVE PARTNER IN THE MILTON SUBSTANCE PREVE NTION COALITION, HOSTING SEVERAL COALITION MEETINGS AND SERVING AS A FISCAL AGENT FOR A CH NA 20 GRANT SEVERAL COMMUNITY EDUCATIONAL PROGRAM

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8 (CONTINUED)	S WERE HELD AT THE HOSPITAL ON TOPICS SUCH AS OVERCOMING ANXIETY AND STRESS, DEALING WITH DEPRESSION AND UNDERSTANDING ADDICTION BID-MILTON ALSO DONATED $6,500 TO MILTON PUBLIC SCH OOLS TO GREATLY ENHANCE THE HIGH SCHOOL'S "TAKE FIVE" RESOURCE AND RECOVERY ROOM, A SPACE DEDICATED IN HELPING HIGH SCHOOL STUDENTS WITH ANXIETY AND STRESS AND TO DEVELOP APPROPRIA TE COPING SKILLS CHART 2 BEHAVIORAL HEALTH PROGRAMMINGIN RESPONSE TO AN INCREASE IN PATIEN TS PRESENTING TO THE HOSPITAL'S EMERGENCY DEPARTMENT IN BEHAVIORAL HEALTH CRISIS, WHICH PE RPETUATES AND CONTRIBUTES TO BEHAVIORAL HEALTH PATIENT BOARDING, BETH ISRAEL DEACONESS HOS PITAL-MILTON AND SOUTH SHORE MENTAL HEALTH ARE COLLABORATING ON A $2 MILLION CHART 2 (COMM UNITY HOSPITAL ACCELERATION, REHABILITATION AND TRANSFORMATION) GRANT TO PROVIDE CO-LOCATE D BEHAVIORAL HEALTH SERVICES IN THE BID-MILTON ED WITH POST-DISCHARGE COMMUNITY FOLLOW UP THE PROGRAM MODEL IS COMPRISED OF A CARE TEAM OF MEDICAL, CLINICAL AND NON-TRADITIONAL PRO FESSIONALS, INCLUDING A MASTERS-PREPARED RN DIRECTOR OF CARE INTEGRATION, A FULL TIME LICS W, AN MD AND RN "CHAMPION", A LICENSED MUSIC THERAPIST, A PEER SPECIALIST, A CHAPLAIN AND AN LICSW WHO SERVES AS A COMMUNITY NAVIGATOR TO FOLLOW PATIENTS ONCE THEY ARE DISCHARGED F ROM THE ED KEY COMPONENTS OF THE MODEL INCLUDE IMPROVING CARE WHILE THE PATIENT IS PHYSIC ALLY IN THE ED AND PROVIDING EDUCATION AND SUPPORT TO ED STAFF IN WORKING WITH BH PATIENTS , FORMING THE BEGINNING OF THE THERAPEUTIC RELATIONSHIP WITH THE PATIENTS AND FAMILIES TO EDUCATE, INTERVENE IN CRISIS SITUATIONS, DEESCALATE AND FORM A WORKING ALLIANCE FOR POST D ISCHARGE FOLLOW UP, PROVIDING WARM HANDOFFS BETWEEN THE HOSPITAL AND THE DISCHARGE PROGRAM TO PROMOTE CONTINUITY OF CARE AND REDUCTION OF REVISITS, FACILITATING LINKAGES TO THE ARR AY OF BEHAVIORAL HEALTH SERVICES PROVIDED BY SSMH IN THE COMMUNITY (E G A PEER ACTIVITY CENTER AND ONGOING CASE MANAGEMENT), AND INTEGRATING CARE STRATEGIES WHICH ARE BASED ON EV IDENCE BASED PRACTICES TO MORE EFFECTIVELY MANAGE THE NEEDS OF BEHAVIORAL HEALTH PATIENTS IN CRISIS IN THE ED COMMUNITY PARTNERSBID-MILTON IS AN IMPORTANT MEMBER OF LOCAL PUBLIC HE ALTH TEAMS ADDRESSING THE NEEDS OF AREA COMMUNITIES BID-MILTON WORKS WITH SEVERAL AREA GR OUPS INCLUDING - AARP- AL-ANON- ALATEEN- ALCOHOLICS ANONYMOUS- AMERICAN ACADEMY OF DERMATO LOGY- AMERICAN CANCER SOCIETY- AMERICAN HEART ASSOCIATION- AMERICAN RED CROSS- BAY STATE C OMMUNITY SERVICES- BOSTON HIGASHI SCHOOL- CHADD- CURRY COLLEGE- FRAMINGHAM COLLEGE- FULLER VILLAGE- GREATER BOSTON UROLOGY- INTERFAITH SOCIAL SERVICES- MANET COMMUNITY HEALTH CENTE RS- MILTON BOARD OF HEALTH- MILTON COUNCIL ON AGING- MILTON FOUNDATION FOR EDUCATION- MILT ON LOCAL EMERGENCY PLANNING COMMITTEE- MILTON SUBSTANCE ABUSE PREVENTION COALITION- MILTON PUBLIC SCHOOLS- NICOTINE ANONYMOUS- OLD COLONY HOSPICE- OVEREATERS ANONYMOUS- QUINCY COMM UNITY ACTION PROGRAMS- RANDOLPH BOARD OF HEALTH- QUINCY PUBLIC SCHOOLS- RANDOLPH PUBLIC SC HOOLS- RANDOLPH SENIOR CENTER- SEASONS HOSPICE & PALLIATIVE CARE- SIMMONS COLLEGE- SOUTH S HORE DERMATOLOGY- SOUTH SHORE ELDER SERVICES- SOUTH SHORE MENTAL HEALTH- SOUTH SHORE SKIN SURGEONS- SOUTH SHORE YMCA/GERMANTOWN NEIGHBORHOOD ASSOCIATION- WORK INC AS DESCRIBED IN D ETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, THE BID-MILTON IS DEEPLY DE DICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF ITS COMMUNITY HOWEVER, AS NOTED IN SCHEDULE H, PART V, SECTION B, QUESTION 11, BID-MILTON IS UNABLE TO ADDRESS ALL NEEDS DURING THE PERIOD COVERED BY THIS FILING, BID-MILTON WAS UNABLE TO ADDR ESS THE NEED FOR TRANSPORTATION IDENTIFIED IN THE CHNA AND THE CHIP DUE TO LIMITED FINANCI AL RESOURCES AS NOTED IN DETAIL ABOVE, THE BID-MILTON'S PRIMARY TOOL FOR ASSESSING THE HEA LTH CARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND CHIP (SCHEDULE H PART VI QUESTION 2)

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, 4 79% 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 AS NOTED THROUGHOUT THIS SCHEDULE H NARRATIVE, THERE ARE SIGNIFICANT ADDITIONAL ACTIVITIES AND EXPENDITURES WHICH BID-MILTON CONSIDERS FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS UNDER THE INSTRUCTIONS TO THIS SCHEDULE H QUESTION 7 THESE ITEMS ARE NOT QUANTIFIED IN SCHEDULE H QUESTION 7, BUT IT IS WORTH NOTING THAT IF BID-MILTON HAD INCLUDED THESE IN SCHEDULE H QUESTION 7, THE FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST WOULD BE 11 35% FOR THE PERIOD COVERED BY THIS FILING 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 $954,920 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A THE MEDICAL CENTER, WHICH AS PREVIOUSLY NOTED IS THE SOLE MEMBER OF BIDN, PROVIDED AN ADDITIONAL $15,589,014 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 BIDN 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 $2,916,899 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, 11 03% OR 10,426 OF BID-MILTON'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS THIS TRANSLATED TO $7,877,830 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BID-MILTON FOR SUCH SERVICES BY $1,960,886 AS REPORTED ON THIS SCHEDULE H, PART I LINE 1B IN ADDITION 21 55% OR 238,329 OF THE MEDICAL CENTER'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS THIS TRANSLATED TO AN ADDITIONAL $40,982,312 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, 50 01% OR 47,258 OF BID-MILTON'S PATIENT ENCOUNTERS WERE WITH MEDICARE PATIENTS PAYMENTS TO HOSPITALS THROUGH THIS GOVERNMENT SPONSORED PROGRAM HAVE ALSO NOT KEPT PACE WITH INFLATION AND ALTHOUGH THE PROVISION OF HEALTH CARE TO THESE PATIENTS GENERATED $34,100,944 IN REVENUE, THIS AMOUNT WAS LESS THAN THE COST OF CARE PROVIDED BY BID-MILTON FOR SUCH SERVICES BY $4,321,502 IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH BID-MILTON CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THIS MEDICARE SHORTFALL IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, BID-MILTON HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED BIDMC SIMILARLY PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, 23 97% OR 265,084 OF THE MEDICAL CENTER'S PATIENT ENCOUNTERS WERE WITH MEDICARE PATIENTS BIDMC REVENUE COLLECTED FROM PROVIDING THIS PATIENT CARE WAS $368,812,882 WHICH WAS LESS THAN THE COST OF SERVICES PROVIDED BY $12,670,670

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 $3,757,405 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 $19,165,721 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 $14,059,000 AND $14,495,000 IN 2015 AND 2014, RESPECTIVELY PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTIBILITY 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 COLLECTIBILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSISTENT IN 2015 AND 2014 THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 12 6% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2015 AND 13 3% IN 2014

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 H OSPITAL IS DESIGNED TO COMPLY WITH BOTH THE MASSACHUSETTS HEALTH SAFETY NET REGULATIONS ON CREDIT AND COLLECTION POLICIES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE B AD DEBT REQUIREMENTS, THE MEDICARE PROVIDER REIMBURSEMENT MANUAL AND THE FEDERAL HEALTHCAR E REFORM LAW'S "FINANCIAL ASSISTANCE POLICY" FOR WHICH THE IRS HAD PROVIDED PRELIMINARY GU IDANCE AT THE TIME THE BID-MILTON FINALIZED THIS POLICY BID-MILTON CONTINUES TO MONITOR G UIDANCE FROM THE IRS AS IT IS ISSUED BID-MILTON DOES NOT DISCRIMINATE ON THE BASIS OF RACE , COLOR, NATIONAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, DISABILITY, OR AGE IN ITS POLICIES OR IN ITS APPLICATION OF POLICIES CONCERNING THE ACQUI SITION AND VERIFICATION OF FINANCIAL INFORMATION, PRE-ADMISSION OR PRE-TREATMENT DEPOSITS, PAYMENT PLANS, DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED B Y THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, DETERMINATION THAT A PA TIENT IS LOW-INCOME, OR IN ITS BILLING AND COLLECTION PRACTICES NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONSFINANCIAL ASSISTANCE IS INTENDED TO ASSIST LOW-INCOME PATIENTS WHO DO NOT OTHERWISE HAVE THE ABILITY TO PAY FOR THEIR HEALTH CARE SER VICES SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE C OST OF HIS OR HER CARE FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED, BID-MILTON WILL A SSIST THEM IN APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR S OME OF THEIR UNPAID HOSPITAL BILLS BID-MILTON PROVIDES THIS ASSISTANCE FOR BOTH RESIDENTS AND NON-RESIDENTS OF MASSACHUSETTS, HOWEVER, THERE MAY NOT BE COVERAGE FOR A MASSACHUSETTS HOSPITAL'S SERVICES THROUGH AN OUT-OF STATE PROGRAM IN ORDER FOR BID-MILTON TO ASSIST UN INSURED AND UNDERINSURED PATIENTS FIND THE MOST APPROPRIATE COVERAGE OPTIONS, PATIENTS MUS T ACTIVELY WORK WITH THE HOSPITAL'S FINANCIAL COUNSELORS TO VERIFY THEIR FINANCIAL AND OTH ER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILITY BID-MILTON ADVISES PATIENTS 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 FULFILL ING THEIR RIGHT TO APPLY FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM INCLUDING MASS HEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, MEDICAL HARDSH IP THROUGH THE HEALTH SAFETY NET, HEALTH SAFETY NET AND/OR OTHER FINANCIAL PROGRAMS AS AVA ILABLE AND APPROPRIATE THE HOSPITAL ALSO WILL ASSIST UNINSURED OR UNDERINSURED PATIENTS, W HEN REQUESTED OR AS IDENTIFIED THROUGH INTERNAL SCREENING PROCEDURES, IN APPLYING FOR AVAI LABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BI LLS IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE F INANCIAL ASSISTANCE PROGRAMS, BID-MILTON WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE O F THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS WHO HAVE A FINANCIAL LIABILITY AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITA L BID-MILTON WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UNINS URED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULING S ERVICES, WHILE THE PATIENT IS AT THE HOSPITAL, UPON DISCHARGE, AND/OR FOR A REASONABLE TIM E FOLLOWING DISCHARGE FROM THE HOSPITAL BID-MILTON WILL DIRECT ALL PATIENTS SEEKING INFOR MATION ON AVAILABLE COVERAGE OPTIONS, OR THOSE THAT THE HOSPITAL DETERMINES MAY BE ELIGIBL E, TO THE HOSPITAL'S FCU WHERE PATIENT FINANCIAL COUNSELORS CAN SCREEN PATIENTS FOR ELIGIB ILITY IN AN APPROPRIATE COVERAGE OPTION THE HOSPITAL WILL THEN ASSIST THE PATIENT IN APPL YING FOR APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE TO THEM WHEN REQUESTED, THE HOSPI TAL WILL ALSO PROVIDE INFORMATION ON HOW TO CONTACT THE APPROPRIATE STAFF WITHIN THE HOSPI TAL'S FINANCE OFFICE TO VERIFY THE ACCURACY OF THE HOSPITAL BILL OR TO DISPUTE CERTAIN CHA RGES CONTACT INFORMATION IS PRINTED ON ALL PATIENT STATEMENTS FOR CASES WHERE THE HOSPITA L IS USING THE HEATH INFORMATION EXCHANGE APPLICATION, THE HOSPITAL WILL ASSIST THE PATIEN T IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECU RITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRA MS AS THEY BECOME PART OF THE HEATH INFORMATION EXCHANGE PROGRAM, WHICH IS AN INTERNET POR TAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER T O PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, A

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	ND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY TH E 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 P ROVIDE THE FINANCIAL COUNSELORS WITH ACCURATE AND TIMELY INFORMATION REGARDING THEIR FULL NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH, SOCIAL SECURITY NUMBER (IF AVAILABLE), CUR RENT HEALTH INSURANCE COVERAGE OPTIONS, INCLUDING OTHER INSURANCE OR COVERAGE OPTIONS (SUC H 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 FOR CERTAIN HEALTH INSURANCE PROGRAMS IF THERE IS NO SPECIFIC COVERAGE FOR THE SERVICES PROV IDED, THE HOSPITAL WILL USE THE INFORMATION TO DETERMINE IF THE SERVICES MAY BE COVERED BY 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 PRO GRAMS THE SCREENING AND APPLICATION PROCESS FOR A PUBLIC HEALTH INSURANCE PROGRAM IS DONE THROUGH THE HEALTH INFORMATION EXCHANGE (HIX), WHICH IS AN INTERNET PORTAL DESIGNED BY TH E MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENE RAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATIO N FOR THE PROGRAMS OFFERED BY THE STATE OR THROUGH A STANDARD PAPER APPLICATION THAT IS CO MPLETED BY THE PATIENT AND ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXECUTIVE OFFICE O F HEALTH AND HUMAN SERVICES FOR PROCESSING AS THIS OFFICE SOLELY MANAGES THE APPLICATION P ROCESS LISTED ABOVE, WHICH IS AVAILABLE FOR CHILDREN, ADULTS, SENIORS, VETERANS, HOMELESS, AND DISABLED INDIVIDUALS IN SPECIAL CIRCUMSTANCES, THE HOSPITAL MAY APPLY FOR THE PATIENT USING A SPECIFIC FORM DESIGNED BY THE MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND P OLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL ASSISTANCE COVERAGE DUE TO BEING INCARCERATED, VICTIMS OF SPOUSAL ABUSE, OR APPLYING DUE TO A MEDICAL HARDSHIP 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 THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPLIC ATION AND SECURING THE NECESSARY DOCUMENTATION REQUIRED BY THE APPLICABLE FINANCIAL ASSIST ANCE PROGRAM NECESSARY DOCUMENTATION INCLUDES PROOF OF (1) ANNUAL HOUSEHOLD INCOME (PAYR OLL STUBS, RECORD OF SOCIAL SECURITY PAYMENTS, AND A LETTER FROM THE EMPLOYER, TAX RETURNS , OR BANK STATEMENTS), (2) CITIZENSHIP AND IDENTITY, AND (3) IMMIGRATION STATUS FOR NON-CI TIZENS (IF APPLICABLE), AND (4) ASSETS OF THOSE INDIVIDUALS WHO ARE ALSO ENROLLED IN THE M EDICARE PROGRAM THE HOSPITAL WILL THEN SUBMIT THIS DOCUMENTATION TO THE MASSACHUSETTS EXEC UTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND ASSIST THE PATIENT IN SECURING ANY ADDITIONA L DOCUMENTATION IF SUCH IS REQUESTED BY THE COMMONWEALTH AFTER COMPLETING THE APPLICATION THE COMMONWEALTH PLACES A THREE DAY TIME LIMITATION ON SUBMITTING ALL NECESSARY DOCUMENTA TION FOLLOWING THE SUBMISSION OF THE APPLICATION FOR A PROGRAM FOLLOWING THIS THREE DAY P ERIOD, THE PATIENT MUST WORK WITH THE MASSHEALTH ENROLLMENT CENTERS TO SECURE THE ADDITION AL DOCUMENTATION NEEDED FOR ENROLLMENT IN THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM IN S PECIAL CIRCUMSTANCES, THE HOSPITAL MAY APPLY FOR THE PATIENT FOR ELIGIBILITY IN THE HEALTH SAFETY NET PROGRAM USING A SPECIFIC FORM DESIGNED BY THE MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL ASSI STANCE 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 AND

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES (CONTINUED)	HUMAN SERVICES WHICH USES THE FEDERAL POVERTY GUIDELINES, ASSET INFORMATION AS WELL AS NEC ESSARY DOCUMENTATION LISTED ABOVE AS THE BASIS FOR DETERMINING ELIGIBILITY FOR STATE SPONS ORED PUBLIC ASSISTANCE PROGRAMS BID-MILTON HAS NO ROLE IN THE DETERMINATION OF PROGRAM ELI GIBILITY 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 PATIEN T'S RESPONSIBILITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMONWEAL TH TO ENSURE ACCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS AND THE AMOUNTS ULTIMA TELY CHARGED TO THE FINANCIAL ASSISTANCE ELIGIBLE PATIENTS IS DETERMINED BY THE SPECIFIC C ONNECTOR PLAN FOR WHICH THE PATIENT QUALIFIES IN ADDITION, BID-MILTON'S POLICY PROVIDES F OR INDIVIDUALS WHO ARE UNABLE TO AFFORD THEIR CARE BECAUSE OF MEDICAL HARDSHIP AND PROVIDE S FOR FEES BASED ON A SLIDING SCALE RELATIVE TO PERCENTAGES OF THE FEDERAL POVERTY GUIDELI NES (SCHEDULE H, PART V, SECTION B, QUESTION 22D) IN ADDITION, BID-MILTON BECOMES AWARE O F A PATIENT'S HSN OR FINANCIAL ELIGIBILITY STATUS, ALL INVOICES ARE ADJUSTED ACCORDINGLY (SCHEDULE H, PART V, SECTION B, QUESTIONS 23 AND 24) 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 INFORMAT ION REFERRING PATIENTS TO BID-MILTON'S FINANCIAL COUNSELORS FOR SUPPORT IN APPLYING FOR FI NANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS O R OTHER AVAILABLE PROGRAMS FOR WHICH THE PATIENT MAY BE ELIGIBLE, INCLUDING MEDICAL HARDSH IP, AND WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL THE FULL BID-MILTON CRE DIT 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 18 OR 19

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 EDUCATIONAS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH (BID-PLYMOUTH) ALTHOUGH BID-PLYMOUTH 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-PLYMOUTH'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, RESIDENTS AND FELLOWS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES THE MEDICAL CENTER HAS 48 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 611 RESIDENTS AND CLINICAL FELLOWS IN ADDITION, THE MEDICAL CENTER HAS 42 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 62 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- SURGERYDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED NET EXPENDITURES OF $64,613,551 REPORTED ON ITS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 4 36% 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 ALMOST HALF OF THESE PROGRAMS (48 OF 90) ARE ACGME APPROVED OR APPROVED BY A COMPARABLE BODY RELATED TO THE PARTICULAR SUBSPECIALTY THE MEDICAL CENTER SPONSORS THE FOLLOWING FELLOWSHIP PROGRAMS - ANESTHESIA ADULT CARDIOTHORACIC ANESTHESIOLOGY, ADVANCED CLINICAL ANESTHESIA, CRITICAL CARE MEDICINE, NEUROANESTHESIA, OBSTETRIC ANESTHESIOLOGY, PAIN MEDICINE, REGIONAL ANESTHESIA, VASCULAR ANESTHESIA - EMERGENCY MEDICINE EMERGENCY MEDICAL SERVICES, EMERGENCY ULTRASOUND, TRAUMA, SIMULATION, ACADEMIC EMERGENCY MEDICINE AND FACULTY FELLOWSHIP - 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, HOSPITAL AND PALLIATIVE CARE, INFECTIOUS DISEASE, INFLAMMATORY BOWEL DISEASE, INTERVENTIONAL CARDIOLOGY, INTERVENTIONAL PULMONOLOGY, NEPHROLOGY, PULMONARY CRITICAL CARE, RHEUMATOLOGY, SLEEP MEDICINE, SLEEP RESPIRATION TRANSPLANT HEPATOLOGY, TRANSPLANT NEPHROLOGY - NEUROLOGY COGNITIVE BEHAVIORAL 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, MEDICAL MICROBIOLOGY - CPEP, SELECTIVE PATHOLOGY - RADIOLOGY-DIAGNOSTIC ABDOMINAL RADIOLOGY, BREAST IMAGING RADIOLOGY, MRI, MUSCULOSKELETAL IMAGING - MSK, NEURORADIOLOGY, THORACIC IMAGING RADIOLOGY, VASCULAR AND INTERVENTIONAL RADIOLOGY, RADIATION ONCOLOGY - SURGERY ABDOMINAL TRANSPLANT SURGERY/KIDNEY, COLORECTAL SURGERY, CORNEA AND REFRACTIVE SURGERY, CEREBROVASCULAR AND ENDOVASCULAR NEUROSURGERY, MINIMALLY INVASIVE BARIATRIC SURGERY, NEUROSURGICAL ONCOLOGY & STERIOTACTIC NEUROSURGERY, ORTHOPAEDIC HAND SURGERY, ORTHOPAEDIC SPINE SURGERY, PLASTIC HAND SURGERY, PLASTIC SURGERY/AESTHETIC RECONSTRUCTION, 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-PLYMOUTH ALTHOUGH BID-PLYMOUTH 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 TIER OF INDEPENDENT HOSPITALS IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING THE MEDICAL CENTER SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACT THE LIVES OF OUR PATIENTS AND IMPROVE THE MEDICAL CENTER'S PATIENT CARE MEDICAL CENTER INVESTIGATORS LEAD MORE THAN 1,285 ACTIVE FEDERAL AND INDUSTRY SPONSORED PROJECTS AND MORE THAN 6450 ACTIVE CLINICAL TRIALS DURING THE FISCAL PERIOD COVERED BY THIS FILING THIS RESEARCH IS LED BY 568 PRINCIPAL INVESTIGATORS, 416 OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS, AND CARDIOLOGY/CARDIAC SURGERY AS NOTED IN THIS FILING, 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 $74,962,452 OF NET INTERNALLY FUNDED RESEARCH ON ITS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 5 06% OF THE MEDICAL CENTER'S TOTAL EXPENSES ADDITIONALLY, THE MEDICAL CENTER REPORTED $198,265,202 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS WHICH, IF INCLUDED IN THE MEDICAL CENTER'S 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 18 19%

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493225036976

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.**

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

OMB No 1545-0047

2014

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**		
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), 501(c)(4), and 501(c)(29) organizations 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**	Yes	

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 in column(B) 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, LINES 4A-B	PART I QUESTION 4A SEVERANCE AND CHANGE OF CONTROL PAYMENTS 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 IN ADDITION, DORIS 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 OPERATING OFFICER AND VICE PRESIDENT, PATIENT CARE/QUALITY MS SINKEVICH SERVED IN THESE LATTER ROLES UNTIL JANUARY 31, 2014 MR MORRISSEY AND MS SINKEVICH EACH BECAME ELIGIBLE FOR CERTAIN SALARY AND BENEFIT CONTINUATION PAYMENTS ON LEAVING BID-MILTON PART I 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, 2015 IS CALENDAR YEAR 2014 DETAIL DURING THE 2014 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 2014 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, ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND MILTON HOSPITAL FOUNDATION MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS BID-MILTON, BIDMC, HMFP APHMFP AND MHF 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)	BARRETT, M D , GEORGE DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES CHIEF OF GASTROENTEROLOGY - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR BARRETT DEVOTES, ON AVERAGE, 12 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 AND CLERK - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR AND CLERK - MILTON HOSPITAL FOUNDATION DIRECTOR AND CLERK - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, INC D/B/A AFFILIATED PHYSICIANS GROUP MR CICHELLO DEVOTES, ON AVERAGE, A COMBINED 7 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CRONIN, M D , JOHN 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 DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL DR CRONIN DEVOTES, ON AVERAGE, A COMBINED 13 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 54,000 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 2014 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 DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR DAVIS DEVOTES, ON AVERAGE, A COMBINED 3 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 DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MS FALLON DEVOTES, ON AVERAGE, A COMBINED 3 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 DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR GREENE DEVOTES, ON AVERAGE, A COMBINED 3 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE 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 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 336,715 INCENTIVE COMPENSATION 37,500 OTHER REPORTABLE COMPENSATION 10,189 DEFERRED COMPENSATION 1,563 NON-TAXABLE BENEFITS 35,238 HEAVEY, CHRISTOPHER DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR HEAVEY DEVOTES, ON AVERAGE, A COMBINED 3 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
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	KERWIN, MARK DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR KERWIN DEVOTES, ON AVERAGE, A COMBINED 3 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 DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES 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 60 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 441,045 INCENTIVE COMPENSATION 137,827 OTHER REPORTABLE COMPENSATION 11,658 DEFERRED COMPENSATION 25,740 NON-TAXABLE BENEFITS 16,825 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 49,005 INCENTIVE COMPENSATION 15,314 OTHER REPORTABLE COMPENSATION 1,295 DEFERRED COMPENSATION 2,860 NON-TAXABLE BENEFITS 1,869 LONGMAID, M D , H ESTERBROOK DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES PRESIDENT OF THE MEDICAL STAFF - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR LONGMAID DEVOTES, ON AVERAGE, 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 27,092 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 MARSANO, MARIO DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR MARSANO'S TERM ON BID-MILTON, MHF AND CPA BOARDS ENDED JULY 2015 MR MARSANO DEVOTED, ON AVERAGE, A COMBINED 3 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 DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR RABKIN DEVOTES, ON AVERAGE, A COMBINED 3 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	ROSENBERG, M D , STUART A DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES PRESIDENT, CHIEF EXECUTIVE OFFICER AND DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION 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 668,059 INCENTIVE COMPENSATION 213,612 OTHER REPORTABLE COMPENSATION 19,592 DEFERRED COMPENSATION 48,750 NON-TAXABLE BENEFITS 18,694 INCENTIVE COMPENSATION REPORTED FOR THE 2014 CALENDAR YEAR INCLUDES A PAYMENT IN THE AMOUNT OF $80,000 PURSUANT TO A RETENTION INCENTIVE PLAN ESTABLISHED BY HMFP'S BOARD OF DIRECTORS IN 2012 AS REQUIRED BY THIS FORM 990, THIS INCENTIVE PAYMENT WAS REPORTED AS DEFERRED COMPENSATION IN THE 2012 FORM 990 STAPLETON, PATRICK DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR STAPLETON DEVOTES, ON AVERAGE, A COMBINED 3 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 - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES 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 PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL 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 967,341 INCENTIVE COMPENSATION 417,000 OTHER REPORTABLE COMPENSATION 68,853 DEFERRED COMPENSATION 13,000 NON-TAXABLE BENEFITS 40,346 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR TABB INCLUDES COMBINED PAYMENTS FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF $61,750 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 HIS POSITIONS NOTED ABOVE ON SEPTEMBER 1, 2014 MR CONKLIN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, COMPENSATION REPORTED IS CALENDAR YEAR 2014 COMPENSATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 91,948 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,215 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 7,854 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 158,192 INCENTIVE COMPENSATION 18,652 OTHER REPORTABLE COMPENSATION 6,746 DEFERRED COMPENSATION 2,378 NON-TAXABLE BENEFITS 24,613 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 157,192 INCENTIVE COMPENSATION 20,939 OTHER REPORTABLE COMPENSATION 568 DEFERRED COMPENSATION 2,314 NON-TAXABLE BENEFITS 13,388
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	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 161,321 INCENTIVE COMPENSATION 20,077 OTHER REPORTABLE COMPENSATION 216 DEFERRED COMPENSATION 2,422 NON-TAXABLE BENEFITS 37,327 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 84,955 INCENTIVE COMPENSATION 39,807 OTHER REPORTABLE COMPENSATION 17,554 DEFERRED COMPENSATION 1,487 NON-TAXABLE BENEFITS 12,573 PAYMENTS REPORTED BY APHMFP BASE COMPENSATION 230,640 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 2,641 DEFERRED COMPENSATION 18,671 NON-TAXABLE BENEFITS 12,814 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 163,588 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 490 DEFERRED COMPENSATION 1,863 NON-TAXABLE BENEFITS 24,892 CARNATHAN, REGINA NURSING SUPERVISOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS CARNATHAN DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 136,008 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 3,917 DEFERRED COMPENSATION 1,797 NON-TAXABLE BENEFITS 24,242 FERNANDEZ, JEAN M CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS FERNANDEZ SERVED AS THE CHIEF INFORMATION OFFICER UNTIL APRIL 9, 2015 SHE DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 140,059 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 490 DEFERRED COMPENSATION 1,803 NON-TAXABLE BENEFITS 21,663 DICKERSON, TRACY LEAD SURGICAL PHYSICIAN ASSISTANT - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS DICKERSON DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 143,817 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 678 DEFERRED COMPENSATION 1,002 NON-TAXABLE BENEFITS 8,516 DROTTAR, BARBARA NURSE PRACTITIONER, SPINE CLINIC - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS DROTTAR DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 130,038 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 435 DEFERRED COMPENSATION 1,642 NON-TAXABLE BENEFITS 21,438 BERRY, M D , MICHAEL V FORMER CHIEF, SURGERY - BETH ISRAEL DEACONESS HOSPITAL - MILTON ORTHOPEDIC SURGEON - COMMUNITY PHYSICIANS ASSOCIATES DR BERRY SERVED AS THE CHIEF OF SURGERY UNTIL JANUARY 1, 2012 AND THE PAYMENTS REPORTED BELOW RELATE TO THE POSITION HE HELD AS AN ORTHOPEDIC SURGEON DURING THE PERIOD COVERED BY THIS FILING PAYMENTS REPORTED BY CPA BASE COMPENSATION 954,025 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 3,755 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 22,017 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 PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 0 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 225,012 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 26,311 AS REQUIRED IN THIS FORM 990, OTHER REPORTABLE COMPENSATION REPORTED BY BID-MILTON FOR THE 2014 CALENDAR YEAR REPRESENTS SALARY CONTINUATION PAYMENTS RADZEVICH, JASON FORMER VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS HOSPITAL - MILTON FORMER VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER - MILTON HOSPITAL FOUNDATION FORMER CHIEF FINANCIAL OFFICER - COMMUNITY PHYSICIANS ASSOCIATES VICE PRESIDENT OF FINANCE, CHIEF FINANCIAL OFFICER AND TREASURER - BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH VICE PRESIDENT OF FINANCE, CHIEF FINANCIAL OFFICER AND TREASURER - JORDAN HEALTH SYSTEMS, INC VICE PRESIDENT OF FINANCE, CHIEF FINANCIAL OFFICER AND TREASURER - JORDAN PHYSICIAN 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 VICE PRESIDENT OF FINANCE, CHIEF FINANCIAL OFFICER AND TREASURER AT BID-PLYMOUTH, JHSI AND JPA ON MAY 5, 2014 AS REQUIRED BY FORM 990, COMPENSATION REPORTED IN THIS FILING FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 INCLUDES PAYMENTS MADE BY BID-MILTON AND JHSI DURING THE CALENDAR YEAR 2014 MR RADZEVICH DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY JHSI BASE COMPENSATION 40,632 INCENTIVE COMPENSATION 4,650 OTHER REPORTABLE COMPENSATION 447 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 3,250 PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 101,066 INCENTIVE COMPENSATION 19,000 OTHER REPORTABLE COMPENSATION 20,108 DEFERRED COMPENSATION 1,220 NON-TAXABLE BENEFITS 2,018 PAYMENTS REPORTED BY BID-PLYMOUTH BASE COMPENSATION 162,527 INCENTIVE COMPENSATION 18,600 OTHER REPORTABLE COMPENSATION 1,788 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 13,000 SINKEVICH, DORIS FORMER CHIEF OPERATING OFFICER AND VICE PRESIDENT, PATIENT CARE/QUALITY - BETH ISRAEL DEACONESS HOSPITAL MILTON MS SINKEVICH SERVED IN THE POSITIONS LISTED ABOVE UNTIL JANUARY 31, 2014 SHE DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 31,564 INCENTIVE COMPENSATION 5,403 OTHER REPORTABLE COMPENSATION 298,680 DEFERRED COMPENSATION 433 NON-TAXABLE BENEFITS 0 AS REQUIRED BY THIS FORM 990, OTHER REPORTABLE COMPENSATION REPORTED BY BID-MILTON FOR THE 2014 CALENDAR YEAR INCLUDES SALARY CONTINUATION PAYMENTS OF $271,445

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HEALY PETER, PRES, CEO & DIR (EX-OFF)	(I)	336,715	37,500	10,189	1,563	35,238	421,205	0
	(II)	0	0	0	0	0	0	0
LEWIS MD STANLEY M, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	490,050	153,141	12,953	28,600	18,694	703,438	0
ROSENBERG MD STUART A, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	668,059	213,612	19,592	48,750	18,694	968,707	0
TABB MD KEVIN, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	967,341	417,000	68,853	13,000	40,346	1,506,540	0
CRONIN RN LYNN, CHIEF NURSING OFFICER	(I)	158,192	18,652	6,746	2,378	24,613	210,581	0
	(II)	0	0	0	0	0	0	0
HARRINGTON KATHLEEN, VP HUMAN RESOURCES	(I)	157,192	20,939	568	2,314	13,388	194,401	0
	(II)	0	0	0	0	0	0	0
PAGE CYNTHIA, VP CLINICAL SUPPORT	(I)	161,321	20,077	216	2,422	37,327	221,363	0
	(II)	0	0	0	0	0	0	0
YEATS MD ASHLEY, CHIEF MEDICAL OFFICER	(I)	84,955	39,807	17,554	1,487	12,573	156,376	0
	(II)	230,640	0	2,641	18,671	12,814	264,766	0
GRONBERG MARK, CONTROLLER	(I)	163,588	0	490	1,863	24,892	190,833	0
	(II)	0	0	0	0	0	0	0
CARNATHAN REGINA, NURSING SUPERVISOR	(I)	136,008	0	3,917	1,797	24,242	165,964	0
	(II)	0	0	0	0	0	0	0
FERNANDEZ JEAN M, CHIEF INFORMATION OFFICER	(I)	140,059	0	490	1,803	21,663	164,015	0
	(II)	0	0	0	0	0	0	0
DICKERSON TRACY, LEAD SURGICAL PA	(I)	143,817	0	678	1,002	8,516	154,013	0
	(II)	0	0	0	0	0	0	0
DROTTAR BARBARA, SPINE CLINIC NP	(I)	130,038	0	435	1,642	21,438	153,553	0
	(II)	0	0	0	0	0	0	0
BERRY MD MICHAEL V, ORTHO SURG, FRM CHF, SUR	(I)	0	0	0	0	0	0	0
	(II)	954,025	0	3,755	0	22,017	979,797	0
MORRISSEY JOSEPH V, FRMR DIR, PRES & CEO	(I)	0	0	225,012	0	26,311	251,323	0
	(II)	0	0	0	0	0	0	0
RADZEVICH JASON, FRMR V P FINANCE & CFO	(I)	101,066	19,000	20,108	1,220	2,018	143,412	0
	(II)	203,159	23,250	2,235	0	16,250	244,894	0
SINKEVICH DORIS, FRMR V P & COO PATIENT CARE/QUALITY	(I)	31,564	5,403	298,680	433	0	336,080	0
	(II)	0	0	0	0	0	0	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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		07-11-2012	49,910,000	REFUND ISSUES DATED 2/11/1998		X		X		X
C	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		09-15-2011	120,280,000	REFUND ISSUES DATED 2/11/1998		X		X		X
D	MASS HEALTH & ED FACILITIES AUTHORITY	04-2456011	57586C3S2	06-09-2008	377,527,010	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			40,485,000	89,715,000
2	Amount of bonds legally defeased				100,675,000
3	Total proceeds of issue	203,702,204	49,910,000	120,280,000	378,911,689
4	Gross proceeds in reserve funds				27,356,617
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	201,353,725			
7	Issuance costs from proceeds	2,348,479	368,094	290,672	3,929,290
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				134,556,855
11	Other spent proceeds		49,541,906	119,989,328	213,068,927
12	Other unspent proceeds				
13	Year of substantial completion				2011

		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		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		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		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %		0 100 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 200 %		0 600 %				
6	Total of lines 4 and 5		0 300 %		0 700 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

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		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	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 THAT SERVES AS A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL - MILTON, BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL AND THESE ENTITIES' PHYSICIAN GROUPS AND OTHER AFFILIATED ENTITIES CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BORROW DEBT AS AN OBLIGATED GROUP THE OBLIGATED GROUP MEMBERS ARE CAREGROUP, BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS - NEEDHAM (BID-NEEDHAM), MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - MILTON AND BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH THE INFORMATION REPORTED ON SCHEDULE K FOR BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMBER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF $100,000

Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN F	DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES H BONDS " REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MILTON SERIES D BONDS, THE PLYMOUTH SERIES D BONDS, THE PLYMOUTH SERIES E BONDS, AND A PORTION OF THE CAREGROUP SERIES E BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 2,2015 PURPOSES OF CAREGROUP SERIES G BONDS " REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1,2012 PURPOSES OF CAREGROUP SERIES F BONDS " REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 1, 2011 PURPOSES OF CAREGROUP SERIES E BONDS " TO FINANCE OR REFINANCE VARIOUS RENOVATION AND CONSTRUCTION PROJECTS AND CAPITAL EQUIPMENT ACQUISITIONS FOR THE MEDICAL CENTER " TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR MAH'S NEW AND EXPANDED FACILITIES WITH APPROXIMATELY 250,000 SQUARE FEET OF NEW AND RENOVATED SPACE TO INCLUDE A NEW SIX-STORY ACUTE CARE FACILITY TO SUPPORT ADDITIONAL CRITICAL CARE AND MEDICAL /SURGICAL BEDS, EXPANDED OPERATING ROOMS AND INTERVENTIONAL RADIOLOGY ROOMS AND A NEW PARKING GARAGE " TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR NEBH'S MASTER FACILITY PLAN, INCLUDING A NEW ATRIUM OF APPROXIMATELY 2,740 SQUARE FEET, A PRE-OPERATIVE AND POST ANESTHESIA UNIT OF APPROXIMATELY 14, 310 SQUARE FEET, CONSTRUCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIMATELY 8,290 SQUARE FEET AND CONSTRUCTION OF NEW OPERATING ROOMS OF APPROXIMATELY 18,615 SQUARE FEET, " TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR BID-NEEDHAM'S NEW AND EXPANDED FACILITIES INCLUDING AN APPROXIMATELY 59,000 SQUARE FOOT PROJECT ON TWO FLOORS TO RENOVATE AND EXPAND SERVICES IN THE EMERGENCY DEPARTMENT, INPATIENT UNITS, RADIOLOGY DEPARTMENT AND ASSOCIATED SUPPORT SERVICES, " TO REFINANCE $201,975,000 OF DEBT PREVIOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, INCLUDING $138,075,000 OF THE CAREGROUP SERIES C BONDS DESCRIBED BELOW PURPOSES OF CAREGROUP SERIES D BONDS " REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES C BONDS " REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE BETH ISRAEL HOSPITAL ASSOCIATION SERIES G BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMN D, LINE 2	THE AMOUNT OF BONDS LEGALLY DEFEASED THE 2015 ISSUE ADVANCE REFUNDED $100,675,000 OF THE 2008 ISSUE THESE BONDS WILL BE CALLED BY JULY 1, 2018

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMN D, LINE 3	THE TOTAL PROCEEDS OF THE ISSUE EXCEED THE ISSUE PRICE DUE TO THE INVESTMENT EARNINGS ON THE PROJECT FUND

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMNS B, C AND D, LINE 11	THE OTHER SPENT PROCEEDS ARE THE PROCEEDS USED TO REFUND PRIOR ISSUE(S) THE AMOUNTS ARE NOT LISTED ON LINE 6 BECAUSE THEY ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 11	THE OTHER SPENT PROCEEDS ARE THE PROCEEDS USED TO REFUND PRIOR ISSUE(S) THE AMOUNTS ARE NOT LISTED ON LINE 6 BECAUSE THEY ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMN C, LINE 11	OF THE PROCEEDS LISTED, $8,993,760 WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER USED FOR REFUNDING PURPOSES OF THE ISSUE

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART III, COLUMNS B AND C	BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART III AS BOTH ISSUES WERE REFUNDINGS OF BONDS ISSUED PRIOR TO DECEMBER 31, 2002

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART III, COLUMNS A	THE 2004 ISSUE IS EXEMPT FROM COMPLETING PART III BECAUSE IT REFUNDED BONDS ISSUED PRIOR TO DECEMBER 31, 2002

Return Reference	Explanation
SCHEDULE K PART III QUESTIONS 2 AND 3	FACILITIES FINANCED WITH TAX-EXEMPT BONDS ARE PRIMARILY OCCUPIED BY CAREGROUP AND ITS AFFILIATED TAX-EXEMPT ENTITIES, INCLUDING BUT NOT LIMITED TO THE MEDICAL CENTER, BID-NEEDHAM, BID-PLYMOUTH, BID-MILTON, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, NEBH, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, MAH, MAPS AND APG SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (I E CLEANING, PATIENT TRANSPORT, AND FOOD SERVICES) OR ENGAGE IN RESEARCH PURSUANT TO RESEARCH AGREEMENTS WITHIN TAX EXEMPT DEBT FINANCED SPACE ANY SUCH AGREEMENTS IN PLACE AS OF SEPTEMBER 30, 2015 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 D, LINE 2C	AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2015

Return Reference	Explanation
SCHEDULE K PART IV, COLUMN D, LINE 4C	AT THE TIME OF ISSUE, THE CAREGROUP OBLIGATED GROUP ENTERED INTO THREE FLOATING-TO-FIXED INTEREST RATE SWAPS, TWO OF WHICH HAD 21 YEAR MATURITY DATES AND THE THIRD HAD A 20 YEAR MATURITY THESE HEDGES WERE TERMINATED IN 2008

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

OMB No 1545-0047

2014

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	57586CDK8	08-12-2004	187,125,000	REFUND ISSUES DATED 9/23/92 & 11/9/94		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	157,025,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	187,125,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,796,643			
8	Credit enhancement from proceeds	7,991,727			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	177,336,630			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
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?								
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?								
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?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	CITI BANK							
c	Term of hedge	21 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

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).

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

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? 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	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) M HODGMAN MD	FAMILY OF J HODGMAN	90,000	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 PERSONSJANE 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 $90,000 IN COMPENSATION IN CALENDAR YEAR 2014 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 FILLING 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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC

Employer identification number
04-2103604

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	1,000	REPLACEMENT COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	21,047	STOCK MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	425	COST/SELLING PRICE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(HIT FURNISHINGS)	X	7	1,198	COST/SELLING PRICE
26 Other ►(WINE)	X	6	1,068	COST/SELLING PRICE
27 Other ►(FASHION ACCESSORIES)	X	8	972	COST/SELLING PRICE
28 Other ►(SPORTING GOODS)	X	2	193	COST/SELLING PRICE

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation
PART I, COLUMN (B)	BID-MILTON REPORTS THE NUMBER OF EACH SEPRATE GIFT AS AN ITEM FOR PURPOSES OF REPORTING THE NUMBER OF CONTRIBUTIONS RECEVIED

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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 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC	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 6,710 INPATIENT DISCHARGES WITH 22,286 PATIENT DAYS, AND 1,310 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 137,593 OUTPATIENT ENCOUNTERS HOSPITAL CLINICS HAD 6,479 VISITS, PERFORMED 5,853 ENDOSCOPY PROCEDURES, PROVIDED 893 NUTRITION CLINIC VISITS AND PERFORMED 324 SLEEP STUDIES IN ADDITION, BID-MILTON OUTPATIENT CARDIOLOGY PHYSICIANS AND PROFESSIONALS PERFORMED 10,541 EKG EXAMS BID-MILTON GENERAL RADIOLOGY PERFORMED 35,707 OUTPATIENT EXAMS, 12,600 CAT SCAN OUTPATIENT EXAMS, 8,231 OUTPATIENT ULTRASOUND PROCEDURES, OVER 3,262 MRI EXAMS AND 1,117 NUCLEAR MEDICINE TESTS FINALLY, DURING THE PERIOD COVERED BY THIS FILING BID-MILTON PERFORMED 280,491 OUTPATIENT LAB TESTS, HAD 42,796 REHABILITATION VISITS AND PERFORMED 12,866 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 30,284 EMERGENCY DEPARTMENT VISITS AND 3,639 OUTPATIENT SURGICAL CASES

Return Reference	Explanation
FORM 990, PATY IV, 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 THE MEDICAL CENTER AND AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2015 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE MEDICAL CENTER AND ITS SUBSIDIARIES, (BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON), 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 - PLYMOUTH, INC (BID-PLYMOUTH), 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)

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, PART IV, QUESTION 24B	INVESTMENT OF TAX-EXEMPT BOND PROCEEDS BEYOND THE TEMPORARY PERIOD EXCEPTION PROCEEDS IN THE PROJECT FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, BUT WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS 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 AND A SUPPORT ORGANIZATION 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, AUDIT AND RISK 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 EXCEPT FOR THE CEO WHICH WAS APPROVED BY THE FULL BID-MILTON BOARD IN ADDITION, AS NOTED THROUGHOUT THIS NARRATIVE SUPPORT TO THE FORM 990, BIDMC IS THE SOLE MEMBER OF BID-MILTON AND THE BIDMC COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF THE BID-MILTON CEO AND THE INFORMATION IS REPORTED TO THE FULL BIDMC BOARD OF DIRECTORS

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 44,882 TOTAL EXPENSES 44,882 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 24,006,977 MANAGEMENT AND GENERAL EXPENSES 2,888,242 FUNDRAISING EXPENSES 76,677 TOTAL EXPENSES 26,971,896

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET TRANSFER FROM AFFILIATES -3,011,677 EMPLOYEE BENEFIT & PENSION FUNDS -5,491,378 CHANGE IN EQUITY IN PARTNERSHIPS -681,978

Return Reference	Explanation
FORM 990 PART XII QUESTION 2B, 2C AND 2D	FINANCIAL STATEMENTS AND COMMITTEE OVERSIGHT AS PREVIOUSLY REPORTED IN THIS FILING, BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON) IS A PUBLIC CHARITY AND A COMMUNITY HOSPITAL, EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED ALSO AS PREVIOUSLY NOTED, BETH ISRAEL DEACONESS MEDICAL CENTER, A TERTIARY CARE ACADEMIC MEDICAL CENTER, FLAGSHIP TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL, AN ENTITY EXEMPT FROM INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, IS THE SOLE MEMBER OF BID-MILTON THE FINANCIAL RECORDS OF BID-MILTON ARE AUDITED EACH YEAR AS PART OF THE BIDMC CONSOLIDATED AUDITED FINANCIAL STATEMENT PROCESS, AND FOR THE PERIOD COVERED BY THIS FILING THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THESE FINANCIAL STATEMENTS THIS PROCESS IS MONITORED AND REVIEWED INTERNALLY BY BOTH THE BIDMC AND BID-MILTON COMPLIANCE, AUDIT AND RISK COMMITTEES

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

OMB No 1545-0047

2014

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) 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	
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	No
(1) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	N/A	C					No
(2) 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

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	(g) 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 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	(g) 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) BETH ISRAEL DEACONESS HOSPITAL - MILTON INC 199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(8) 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
(9) 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
(10) 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
(11) 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
(12) 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
(13) BI DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION INC 330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(14) CAREGROUP PARMENTER HOME CARE & HOSPICE INC 330 MT AUURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		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? 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
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 PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	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	N/A									
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
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									