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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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

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 $ 106,690,365

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	918
6	Total number of volunteers (estimate if necessary)	**6**	228
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,207
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-17,065

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,028,684	1,448,844
9	Program service revenue (Part VIII, line 2g)	92,865,229	102,139,523
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,781,049	1,417,431
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,101,901	1,311,730
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,214,765	106,317,528
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,366,748
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)	43,689,730	50,662,578
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶436,159		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,351,889	48,704,545
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	90,041,619	100,733,871
19	Revenue less expenses Subtract line 18 from line 12	2,173,146	5,583,657

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	135,467,707	139,512,417
21	Total liabilities (Part X, line 26)	68,870,109	67,779,896
22	Net assets or fund balances Subtract line 21 from line 20	66,597,598	71,732,521

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-08-14

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	2017-08-10		P00743140

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	39,837,466	including grants of $	)	(Revenue $	53,916,738)
4b	(Code See Additional Data)	(Expenses $	39,777,916	including grants of $	1,366,748)	(Revenue $	33,782,936)
4c	(Code See Additional Data)	(Expenses $	11,677,036	including grants of $	)	(Revenue $	14,588,104)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	)	(Revenue $	)
4e	**Total program service expenses ▶**		91,292,418				

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**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	124		
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	918		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
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	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*				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 , CT , RI

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 199 REEDSDALE ROAD 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								3,330,189	4,066,416	705,667

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 ▶ 49

			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**	Yes	

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
HARVARD MEDICAL FACULTY PHYSICIANS 330 BROOKLINE AVENUE BOSTON, MA 02215	PHYSICIAN SERVICES	1,926,562
QUEST DIAGNOSTIC CENTER DRIVE CHICAGO, IL 606932436	LAB TESTING SERVICE	1,165,650
BID PHYSICIANS ORGANIZATIONS LLC 330 BROOKLINE AVENUE BOSTON, MA 02215	PHYSICIAN SERVICES	1,043,344
BIDMC 330 BROOKLINE AVENUE BOSTON, MA 02215	MANAGEMENT & SUPPORT SERVICE	987,380
SOUTH SHORE ANESTHESIA ASSOCIATES 163 LIBERTY PARKWAY SUITE 301 WEYMOUTH, MA 02189	ANESTHESIA SERVICES	641,250

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 ▶ 22

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 228,639				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 890,360				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 329,845				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,448,844			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERV REV 621110	100,982,686	100,982,686		
	b	OUT PATIENT PROG REV 621400	936,124	936,124		
	c	RELATED RENT 900099	200,265	200,265		
	d	LAB WORK 621500	15,445		15,445	
	e	OTHER ANCILLARY REV 621110	5,003	5,003		
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	102,139,523			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	633,020		-6,892	639,912
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 813,511				
	b	Less rental expenses 279,839				
	c	Rental income or (loss) 533,672				
	d	Net rental income or (loss) . . . . . ▶	533,672			533,672
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 784,411				
	b	Less cost or other basis and sales expenses 0				
	c	Gain or (loss) 784,411				
	d	Net gain or (loss) . . . . . ▶	784,411		7,654	776,757
	8a	Gross income from fundraising events (not including $ 228,639 of contributions reported on line 1c) See Part IV, line 18 . . a 136,719				
	b	Less direct expenses . . . b 92,998				
	c	Net income or (loss) from fundraising events . . ▶	43,721			43,721
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA/ VENDING MAC 722210	570,637			570,637
	b	WORKERS COMP SETTL 900099	58,061	58,061		
	c	REBATES AND REFUNDS 900099	38,230	38,230		
	d	All other revenue	67,409	67,409		
	e	**Total.** Add lines 11a–11d . . . . . ▶	734,337			
	12	**Total revenue.** See Instructions . . . . . ▶	106,317,528	102,287,778	16,207	2,564,699

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	1,366,748	1,366,748		
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	1,877,556	929,534	948,022	
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	40,606,515	38,777,165	1,483,966	345,384
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,783,828	1,585,109	193,724	4,995
9 Other employee benefits	3,525,126	3,330,333	183,138	11,655
10 Payroll taxes	2,869,553	2,643,844	217,078	8,631
11 Fees for services (non-employees)				
a Management	120,243	120,243		
b Legal	262,162		262,162	
c Accounting	149,385		149,385	
d Lobbying	43,962	43,962		
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)	30,059,730	26,999,312	3,060,418	
12 Advertising and promotion	907,024		907,024	
13 Office expenses	1,042,932	954,698	45,257	42,977
14 Information technology	2,203,828	1,958,321	239,336	6,171
15 Royalties				
16 Occupancy	6,011,600	5,276,020	734,913	667
17 Travel	38,529	32,313	4,889	1,327
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,588	14,558	26,836	194
20 Interest	1,286,863	1,286,863		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,056,590	4,493,286	549,146	14,158
23 Insurance	692,674	692,674		
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	787,435	787,435		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	100,733,871	91,292,418	9,005,294	436,159
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		7,867,190	1	7,021,201
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,598,269	4	11,388,638
	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		455,759	7	679,401
	8	Inventories for sale or use		1,504,774	8	1,497,645
	9	Prepaid expenses and deferred charges		816,884	9	680,658
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 109,448,088			
	b	Less accumulated depreciation	10b 22,732,458	86,443,867	10c	86,715,630
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		27,188,368	12	29,812,891
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,592,596	15	1,716,353
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		135,467,707	16	139,512,417
Liabilities	17	Accounts payable and accrued expenses		9,862,243	17	8,643,847
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		30,655,310	20	28,873,195
	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		1,641,515	23	2,735,526
	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		26,711,041	25	27,527,328
	26	**Total liabilities.** Add lines 17 through 25		68,870,109	26	67,779,896
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		53,475,344	27	56,931,285
	28	Temporarily restricted net assets		10,304,920	28	11,973,902
	29	Permanently restricted net assets		2,817,334	29	2,827,334
		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		66,597,598	33	71,732,521
	34	Total liabilities and net assets/fund balances		135,467,707	34	139,512,417

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	106,317,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,733,871
3	Revenue less expenses Subtract line 2 from line 1	3	5,583,657
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,597,598
5	Net unrealized gains (losses) on investments	5	1,372,838
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	-1,821,572
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,732,521

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

Form 990, Part III, Line 4a

4a	(Code SEE SCHEDULE O	) (Expenses $	39,837,466	including grants of $	) (Revenue $	53,916,738)	

Form 990, Part III, Line 4b

4b	(Code SEE SCHEDULE O	) (Expenses $	39,777,916	including grants of $	1,366,748) (Revenue $	33,782,936)	

Form 990, Part III, Line 4c

4c	(Code SEE SCHEDULE O	) (Expenses $	11,677,036	including grants of $	) (Revenue $	14,588,104)	

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			
BARRETT MD GEORGE DIRECTOR	10 00 2 00	X						0	0	0
BRADY MICHAEL J DIRECTOR, CHAIR	8 00 3 00	X		X				0	0	0
CICHELLO ANTHONY DIRECTOR & CLERK	2 00 6 00	X		X				0	0	0
CRONIN MD JON DIRECTOR/ICU DIR/CLIN DOC DIR	11 00 1 00	X						45,000	0	0
DAVIS III FRANK L DIRECTOR	1 00 1 00	X						0	0	0
FALLON CAROL DIRECTOR	1 00 1 00	X						0	0	0
GREENE DONALD DIRECTOR	1 00 1 00	X						0	0	0
GROGAN JOSEPH DIRECTOR	1 00 1 00	X						0	0	0
HEALY PETER DIRECTOR(EX-OFF)/PRESIDENT/CEO	55 00 10 00	X		X				484,402	14,981	39,478
HEAVEY CHRISTOPHER DIRECTOR	1 00 1 00	X						0	0	0

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			
HODGMAN JANE DIRECTOR & VICE CHAIR	2 00 1 00	X						0	0	0
KERWIN MARK DIRECTOR	1 00 1 00	X						0	0	0
LAURENCE ANDREW DIRECTOR	1 00 1 00	X						0	0	0
LEWIS MD STANLEY M DIRECTOR	5 00 55 00	X						0	609,810	62,471
LONGMAID MD H ESTERBROOK DIR (EX-OFF)/MED STAFF PRES	9 00 1 00	X						47,921	0	0
NEEDHAM ELLEN DIRECTOR, TREASURER	2 00 4 00	X		X				0	0	0
RABKIN MD MITCHELL T DIRECTOR	1 00 1 00	X						0	0	0
ROSENBERG MD STUART A DIRECTOR	1 00 64 00	X						0	1,004,900	68,431
STAPLETON PATRICK DIRECTOR	1 00 1 00	X						0	0	0
TABB MD KEVIN DIRECTOR	1 00 64 00	X						0	1,469,783	167,856

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			
CONKLIN MICHAEL V P FINANCE & CFO	55 00 5 00			X				314,604	9,730	18,608
CRONIN RN LYNN CHIEF NURSING OFFICER	60 00 0 00				X			188,777	0	28,089
HARRINGTON KATHLEEN VP HUMAN RESOURCES	60 00 0 00				X			182,861	0	11,893
PAGE CINDY VP CLINICAL SUPPORT SERVICES	60 00 0 00				X			187,686	0	28,595
YEATS MD ASHLEY CHIEF MEDICAL OFFICER	60 00 0 00				X			353,766	0	45,244
ANDERSON MD JONATHAN CHIEF OF EMERGENCY MEDICINE	60 00 0 00					X		445,939	0	63,699
BARNETT MD SHEILA CHIEF OF ANESTHESIOLOGY	60 00 0 00					X		422,475	0	83,320
LOUIS CONCESA C REGISTERED NURSE	60 00 0 00					X		166,912	0	10,584
MERITHEW SUZZANNE PHYSICIAN ASSISTANT	60 00 0 00					X		199,868	0	13,735
POSNIK MD OKSANA CHIEF OF PATHOLOGY	60 00 0 00					X		289,978	0	40,951

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			
BERRY MD MICHAEL FORMER CHIEF, SURGERY	0 00 60 00						X	0	957,212	22,713

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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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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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.

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2015

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

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

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

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

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

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

Name of the organization	Employer identification number
BETH ISRAEL DEACONESS HOSPITAL - MILTON	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-
2				
3				
4				
5				
6				

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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		43,962
j	Total Add lines 1c through 1i			43,962
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 $43,962 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL LOBBYING EXPENDITURES WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	17,855,848	18,396,252	17,551,429	14,742,901	13,725,678
b	Contributions	117,019	10,000	17,972	2,104,297	
c	Net investment earnings, gains, and losses	1,698,620	-550,404	1,097,316	871,552	1,017,223
d	Grants or scholarships					
e	Other expenditures for facilities and programs	136,657		238,338	167,321	
f	Administrative expenses			32,127		
g	End of year balance	19,534,830	17,855,848	18,396,252	17,551,429	14,742,901

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 19 100 %
- c Temporarily restricted endowment ▶ 80 900 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		9,108,999		9,108,999
b Buildings		77,266,437	14,661,985	62,604,452
c Leasehold improvements		117,123	103,903	13,220
d Equipment		21,622,860	7,966,570	13,656,290
e Other		1,332,669		1,332,669
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				86,715,630

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

(a) Description of security or category (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	15,011,655	C
(B) DONOR RESTRICTED INVESTMENTS	14,801,236	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	29,812,891	

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

(a) Description of investment	(b) Book value	(c) Method of valuation 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' on 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' on 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	
PENSION LIABILITY	20,832,781
DUE TO THIRD PARTY PAYERS	4,114,071
PROFESSIONAL LIABILITY	1,760,073
DUE TO AFFILIATES	820,403
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	27,527,328

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,527,574,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	2,421,316,073		
e	Add lines **2a** through **2d**			2e	2,421,316,073
3	Subtract line **2e** from line **1**			3	106,257,927
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	59,601		
c	Add lines **4a** and **4b**			4c	59,601
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	106,317,528

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,490,877,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	2,390,143,129		
e	Add lines **2a** through **2d**			2e	2,390,143,129
3	Subtract line **2e** from line **1**			3	100,733,871
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	100,733,871

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	BETH ISRAEL DEACONESS HOSPITAL - MILTON'S (BID-MILTON) ENDOWMENT FUNDS ARE INTENDED TO ENS URE 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 SPE CIFIC USES OF THE ENDOWMENT VARY DEPENDING ON THE NATURE OF RESTRICTIONS, IF ANY, IMPOSED BY DONORS THE BID-MILTON ENDOWMENT CONSISTS OF THREE POOLS 1 BOARD DESIGNATED FUNDS ARE UNRESTRICTED AND ARE USED AS DEEMED BY THE GOVERNING BOARD 2 TEMPORARY SPECIFIC PURPOSE FUNDS ARE THOSE GIFTS THAT ARE TO BE USED AS STIPULATED IN THE DONORS' GIFTS TO THE HOSPIT AL (I E FOR EQUIPMENT, SPECIFIC PROGRAMS, FREE CARE ETC) 3 ENDOWMENT FUNDS ARE PERMANEN TLY RESTRICTED FUNDS THE INCOME FROM WHICH IS USED AS THE DONOR SPECIFIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE MEDICAL CENTER, MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEA LTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM (BIDN), BETH ISRAEL DEACONESS HOSPITAL - MILTON (BIDM), BETH ISRAEL DEACONESS HOSPITAL - P LYMOUTH (BIDP) AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CEN TER (HMFP) HAVE ALL BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE ORGANIZATIONS DE SCRIBED IN INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, ARE EXEMPT F ROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE MED ICAL 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 L ARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SET TLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMEN T OCCURS THE MEDICAL CENTER DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN E ITHER 2016 OR 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATION 14,440 CHANGES IN EQUITY INTEREST S IN LIMITED PARTNERSHIP 271,884 CONSOLIDATED AFFILIATES NET ELIMINIATIONS 2,421,029,749

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RESTRICTED CONTRIBUTIONS 117,019 RESTRICTED REVENUE 315,135 RENTAL AND FUNDRAISING EXPENSE RECLASS -372,837 ROUNDING 284

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES NET ELIMINIATIONS 2,389,770,294 RENTAL AND FUNDRAISING EXPENSE RECLASS 372,837 ROUNDING -2

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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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

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
	CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS		4,339,219
	EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		17,701
	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		515,666
	NORTH AMERICA	0	0	INVESTMENTS		146,161
	SOUTH AMERICA	0	0	INVESTMENTS		39,033
3a	Sub-total	0	0			5,057,780
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			5,057,780

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)

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)

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 HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE PERIOD COVERED BY THIS FILING, SUCH OWNERSHIP DID NOT RESULT IN AN OBLIGATION TO FILE FORM 5471, INFORMAT ION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS ALTHOUGH BID-MILT ON WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTI NG FUND DURING THE PERIOD COVERED BY THIS FILING, BID-MILTON WAS NOT REQUIRED TO FILE FORM 8621, INFORMATION RETURNS BY A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUA LIFIED ELECTING FUND ALTHOUGH BID-MILTON HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE PERIOD COVERED BY THIS FILING, SUCH OWNERSHIP DID NOT RESULT IN AN OBLIGATION TO FILE FORM 8865, RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTN ERSHIPS

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

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

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

a ☐ Mail solicitations
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
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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	257,473	107,885		365,358
	2 Less Contributions	160,400	68,239		228,639
	3 Gross income (line 1 minus line 2)	97,073	39,646		136,719
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		8,463		8,463
	6 Rent/facility costs				
	7 Food and beverages	39,110	15,335		54,445
	8 Entertainment	3,500	340		3,840
	9 Other direct expenses	21,660	4,590		26,250
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				92,998
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				43,721

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

		(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 Noncash 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 activity conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226027517

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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)			1,297,349		1,297,349	1 290 %
b Medicaid (from Worksheet 3, column a)			11,935,225	9,734,002	2,201,223	2 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			13,232,574	9,734,002	3,498,572	3 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,025,839	854,156	171,683	0 170 %
f Health professions education (from Worksheet 5)			4,950		4,950	0 %
g Subsidized health services (from Worksheet 6)			4,647,258	11,740	4,635,518	4 600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			33,362		33,362	0 030 %
j **Total.** Other Benefits			5,711,409	865,896	4,845,513	4 800 %
k **Total.** Add lines 7d and 7j			18,943,983	10,599,898	8,344,085	8 280 %

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	**Total**						

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	3,386,312		
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	3,386,312		
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	36,456,093
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,161,955
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	4,294,138
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)

	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 15			
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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**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 PART VI			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART VI			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance 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 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 19 (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

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION BCOMMUNITY BENEFITS MISSION STATEMENT BETH ISRAEL DEACONESS HOSPITAL-MILTON'S (BID-MILTON OR HOSPITAL) COMMUNITY BENEFITS MISSION IS "TO PROVIDE FREE OR LOW-COST PROGRAMS THAT ADDRESS UNMET HEALTH AND WELLNESS NEEDS OF RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE COMMUNITIES OF MILTON, RANDOLPH, QUINCY, DORCHESTER, HYDE PARK, BRAINTREE AND CANTON, IN A MANNER SHAPED BY COMMUNITY INPUT, ALIGNED WITH HOSPITAL RESOURCES, AND GUIDED BY OUR OBJECTIVE TO DELIVER HIGH-QUALITY CARE WITH COMPASSION, DIGNITY AND RESPECT " 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'S MISSION IS TO SERVE PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES THAT MISSION IS SUPPORTED BY THE MEDICAL CENTER'S COMMITMENT TO PERSONALIZED, EXCELLENT CARE FOR OUR PATIENTS, A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION, AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH THE MEDICAL CENTER IS COMMITTED TO BEING ACTIVE IN THE COMMUNITY AS WELL SERVICE TO COMMUNITY IS AT THE CORE AND AN IMPORTANT PART OF THE MEDICAL CENTER'S MISSION BIDMC HAS A COVENANT TO CARE FOR THE UNDERSERVED AND TO WORK TO CHANGE DISPARITIES IN ACCESS TO CARE THE MEDICAL CENTER KNOWS THAT TO BE SUCCESSFUL WE NEED TO LEARN FROM THOSE WE SERVE 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 ALL PATIENTS RECEIVE EQUITABLE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE AND THAT THE MEDICAL CENTER IS WELCOMING AND INCLUSIVE, 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 1,059,201 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 $854,156 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 13,930,047 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, ALL OF WHOM ARE MEMBERS OF THE HOSPITAL'S COMMUNITY BENEFITS ADVISORY COMMITTEE 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 DEPARTMENT 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 2016 THAT CHNA WAS APPROVED BY THE BID-MILTON BOARD OF DIRE CTORS ON SEPTEMBER 30, 2016 THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS APPROVED BY THE BOARD ON SEPTEMBER 30, 2016 WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER 501(R) THE PREVIOUS NEEDS ASSESSMENT AND ACCOMPANYING IMPLEMENTATION PLAN WERE APPROVED BY THE BID-MILTON BOARD OF DIRECTORS ON OR BEFORE SEPTEM BER 30, 2013 AS REQUIRED AND THE ACCOMPLISHMENTS AND ACTIVITIES INCLUDED IN THIS FILING RE LATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2013 THE COMMUNITY HEALTH NEEDS ASSESS MENT (CHNA) AND THE ASSOCIATED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION S TRATEGY) ARE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WAS BORNE LARGELY OUT OF BID-MI LTON'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVIN G IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTA GED THE PROJECT ALSO FULFILLS COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BID-MILTON ASSESS COMMUNITY HEALTH NE EDS, 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 ASSESSMENTTARGETED GEOGRAPHYTHE 2013 COMMUNITY HEALTH ASSESSMENT (C HNA) ENCOMPASSED BRAINTREE, MILTON, AND RANDOLPH (REFERRED TO AS THE MILTON REGION) FOCUS ING BID-MILTON'S CHNA ON THIS GEOGRAPHIC AREA FACILITATED THE ALIGNMENT OF THE HOSPITAL'S EFFORTS WITH COMMUNITY AND GOVERNMENTAL PARTNERS, AND SEVERAL COMMUNITY-BASED ORGANIZATION S THIS FOCUS ALSO FACILITATES COLLABORATION WITH THE ADVISORY COMMITTEE, WHICH AS DESCRIB ED ABOVE, IS INVOLVED IN IMPLEMENTING KEY STRATEGIES OF THE CHNA SO THAT FUTURE INITIATIVE S CAN BE DEVELOPED IN A MORE COORDINATED APPROACH BID-MILTON COMPLETED ITS LAST ASSESSMEN T IN SEPTEMBER 2016 WITH THE CLOSING OF QUINCY MEDICAL CENTER, THE GEOGRAPHICAL FOCUS OF BID-MILTON'S MOST RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT ENCOMPASSES MILTON, QUINCY AND RANDOLPH COMMUNITY HEALTH NEEDS ASSESSMENTTARGET POPULATIONSTARGET POPULATIONS FOR BID-MILTON'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS, AND A CHNA WHICH IS CONDUCTED EVERY THREE YEA RS, IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R) BID-MILTON'S TARGET POPUL ATIONS FOCUS ON MEDICALLY-UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES IN THE MILTON REGI ON, AS FOLLOWS - CHILDREN AND YOUTH AT RISK- SENIORS/SOCIALLY ISOLATED ELDERS/ELDERS LIVIN G IN PUBLIC HOUSING INDIVIDUALS WHO ARE OBESE/OVERWEIGHT- LOW INCOME NEIGHBORHOODS/ETHNIC & LINGUISTIC MINORITIES- UNDERINSURED/UNINSURED - INDIVIDUALS WITH CHRONIC DISEASE- INDIVI DUALS WITH BEHAVIORAL HEALTH PROBLEMSBID-MILTON'S PROGRAMS MIRROR THE FIVE CORE PRINCIPLES OUTLINED BY THE PUBLIC HEALTH INSTITUTE IN TERMS OF THE "EMPHASIS ON COMMUNITIES WITH DIS PROPORTIONATE UNMET HEALTH-RELATED NEEDS, EMPHASIS ON PRIMARY PREVENTION, BUILDING A SEAML ESS CONTINUUM OF CARE, BUILDING COMMUNITY CAPACITY, AND COLLABORATIVE GOVERNANCE " COMMUNI TY HEALTH NEEDS ASSESSMENTAPPROACH AND METHODSTHE CHNA UTILIZED A PARTICIPATORY, COLLABORA TIVE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT THE ASSESSMENT PROCESS INCLUDED S YNTHESIZING EXISTING DATA ON SOCIAL, ECONOMIC, AND HEALTH INDICATORS IN THE REGION AS WELL AS INFORMATION FROM TWO COMMUNITY DIALOGUES CONDUCTED WITH COMMUNITY RESIDENTS, AND TEN I NTERVIEWS WITH COMMUNITY STAKEHOLDERS COMMUNITY DIALOGUES AND KEY INFORMANT INTERVIEWS WE RE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE THREE MUNICIPALITIES THAT COMPRISE THE MILTO N REGION, AND WITH A RANGE OF PEOPLE REPRESENTING DIFFERENT AUDIENCES, INCLUDING LEADERS I N EMERGENCY RESPONSE, EDUCATION, HEALTH CARE, AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS (E G , SENIORS) (SCHEDULE H, PART V, SECTION B, QUESTIONS 3 AND 5) ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED APPROXIMATELY 30 PEOPLE BID-MILTON CONDUCT ED THIS CHNA PROCESS INDEPENDENTLY 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 HOS PITAL LEADERSHIP, PATIENT ADVOCACY, MEDICAL STAFF,

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8	PUBLIC RELATIONS, AND COMMUNITY REPRESENTATION THE GROUP REVIEWED PROGRESS TOWARDS GOALS AND OBJECTIVES OF THE PRIOR THREE YEAR PERIOD, AS WELL AS THE CURRENT DATA COLLECTED THRO UGH THE CHNA, TO HELP ENVISION AND DEFINE PRIORITY AREAS FOR THE FUTURE PRIORITY AREAS WE RE IDENTIFIED AND GOALS WERE DEFINED, ALONG WITH OBJECTIVES FOR EACH GOAL AND DRAFTED STRA TEGIES TO OPERATIONALIZE THESE OBJECTIVES COMMUNITY HEALTH NEEDS ASSESSMENTKEY FINDINGSBI D-MILTON'S CHNA RESULTED IN KEY FINDINGS RELATED TO DEMOGRAPHICS, SOCIAL AND PHYSICAL ENVI RONMENT, RISK AND PROTECTIVE LIFESTYLE BEHAVIORS, HEALTH OUTCOMES, ACCESS TO CARE, COMMUNI TY ASSETS AND PROGRAMS AND COMMUNITY SUGGESTIONS FOR FUTURE PROGRAMS AND SERVICES SEVERAL OVERARCHING THEMES EMERGED FROM THIS SYNTHESIS OF DATA, INCLUDING LACK OF TRANSPORTATION SERVICES IN THE REGION PREVENTS RESIDENTS FROM ACCESSING SERVICES, HEALTHY EATING, PHYSIC AL ACTIVITY AND OBESITY ARE ISSUES AFFECTING RESIDENTS IN THE MILTON REGION AS THEY ARE SE EN NATIONALLY, SUBSTANCE ABUSE AND MENTAL HEALTH ARE PRESSING HEALTH CONCERNS IN THE COMMU NITY, FOR WHICH THE CURRENT SYSTEM WAS PERCEIVED AS INSUFFICIENT, AND, DESPITE STRONG HEAL TH CARE SERVICES IN THE REGION, VULNERABLE POPULATIONS ENCOUNTER CONTINUED DIFFICULTIES IN ACCESSING RESOURCES IN RESPONSE, THERE ARE SEVERAL EFFORTS CURRENTLY UNDERWAY IN THE MIL TON REGION WORKING TO MEET THE HEALTH AND SOCIAL SERVICE NEEDS OF RESIDENTS

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8 (CONTINUED)	COMMUNITY HEALTH NEEDS ASSESSMENTADDRESSING COMMUNITY HEALTH NEEDSBID-MILTON STRIVES TO AD DRESS THE PRIORITY AREAS AND IN ITS CHNA AND IMPLEMENTATION STRATEGY WHICH ARE AVAILABLE U PON REQUEST AND ON THE BID-MILTON WEBSITE AS NOTED THROUGHOUT THIS FORM 990 SCHEDULE H, B ID-MILTON'S MOST RECENTLY COMPLETED CHNA WAS COMPLETED DURING THE FISCAL YEAR ENDED 2016 A ND THE FIRST YEAR OF ACCOMPLISHMENTS UNDER THAT CHNA AND IMPLEMENTATION STRATEGY (CHIP) WI LL BE REPORTED IN THE FORM 990 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 THAT CHNA AN D CHIP ARE AVAILABLE ON THE HOSPITAL'S WEBSITE AT HTTP //WWW MILTONHOSPITAL ORG/ASSETS/UPL OADS/COMMUNITY-BENEFITS/MILTON-CHNA-FINAL-SEPTEMBER-2016 PDF IN ADDITION, THE CHNA WHICH W AS PREVIOUSLY COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2013 AND UNDER WHICH CO MMUNITY BENEFITS ACTIVITIES WERE GUIDED FOR THE PERIOD COVERED BY THIS FILING IS AVAILABLE ON THE HOSPITAL'S WEBSITE AT HTTP //WWW MILTONHOSPITAL ORG/ASSETS/UPLOADS/COMMUNITY-BENE FITS/BID-MILTON-CHNAIS-FINAL-12-20-13 PDF BOTH DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A)A SUMMARY OF BID-MILTON'S COMMUNITY BENEFIT ACTIV ITIES WHICH ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDE D SEPTEMBER 30, 2013 AND PRIORITIZED IN THE RELATED CHIP ARE PROVIDED HERE ALONG WITH THE ENTITIES WITH WHICH THE HOSPITAL PARTNERS RELATED TO THESE EFFORTS IMPROVING ACCESS TO AF FORDABLE PREVENTIVE HEALTH CARE SCREENINGSEACH YEAR, BID-MILTON OFFERS COMMUNITY MEMBERS A CCESS TO FREE OR LOW COST PREVENTIVE SCREENINGS TO ADDRESS HEART HEALTH AND CANCER CONCERN S BEFORE THEY ARISE IN PARTNERSHIP WITH COMMUNITY PHYSICIANS, FREE SKIN CANCER SCREENINGS WERE PROVIDED TO 53 COMMUNITY MEMBERS AT NO COST IN MAY 2016 BY PROVIDING ACCESS TO THES E FREE SCREENINGS, THE HOSPITAL EMPOWERED PATIENTS TO DETECT POTENTIALLY HARMFUL MELANOMAS IN THE EARLY STAGES WHEN THE CURE RATE IS NEARLY 100 PERCENT IN ADDITION, BID-MILTON HOST ED TWO, LOW-COST BLOOD SCREENING FAIRS PARTICIPANTS' BLOOD WAS TESTED FOR GLUCOSE, CALCIU M, 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" CHOLESTEROL), AND THESE TESTS CAN BE DIRECT INDICATORS OF HEART DISEASE THESE BI-ANNUAL BLOOD SCREENING EVENTS PROVIDE D ACCESS TO VALUABLE HEALTH CARE SCREENINGS TO 75 COMMUNITY MEMBERS AT A LOW COST THE SCR EENINGS ATTRACTED MANY REGULAR ATTENDEES WHO TAKE ADVANTAGE OF THE OPPORTUNITY TO REGULARL Y TRACK TEST RESULTS OVER TIME FOCUS ON CHRONIC DISEASE PREVENTION AND EDUCATIONIN APRIL, 2016, BID-MILTON HELD ITS SEVENTH ANNUAL DIABETES FAIR DUE TO THE POPULARITY OF THIS EVEN T, THE HOSPITAL OUTGREW ITS SPACE AND FOR THE FIRST TIME HAD TO MOVE THIS EVENT OFF THE HO SPITAL CAMPUS MORE THAN 90 INDIVIDUALS SUFFERING FROM DIABETES ATTENDED THIS FREE EVENT H ELD AT THE LANTANA IN RANDOLPH AND RECEIVED VALUABLE INFORMATION FOR MANAGING DIABETES FRO M A TEAM OF CLINICAL EXPERTS TOPICS INCLUDED NEW DIABETES MEDICATIONS, MAINTAINING A HEAL THY HEART, EYE HEALTH AND IMPORTANT DIETARY RECOMMENDATIONS ATTENDEES WERE ALSO ABLE TO W ITNESS A HEALTHY COOKING DEMONSTRATION LED BY THE HOSPITAL'S CERTIFIED DIABETES EDUCATOR A ND WERE SERVED A DIABETIC-FRIENDLY LUNCH THE FAIR ALSO INCLUDED EXHIBITOR DISPLAYS AS WEL L AS FREE BLOOD PRESSURE AND FOOT SCREENINGS HELD EACH SPRING AND FALL, BID-MILTON'S COMMU NITY EDUCATION LECTURE SERIES PROVIDED ACCESS TO FREE HEALTH EDUCATION OPPORTUNITIES FOR P EOPLE OF ALL AGES SELECTED BASED ON NEEDS ASSESSMENT DATA AND DISEASE PREVALENCE, TOPICS INCLUDED EAR DISEASE AND HEARING LOSS, STROKE, HORMONES AND MENOPAUSE, OBSTRUCTIVE SLEEP A PNEA, KIDNEY STONES AND COPING WITH GRIEF AND STRESS EDUCATING SENIORSBID-MILTON CONTINUED ITS PARTNERSHIP WITH THE MILTON COUNCIL ON AGING IN EDUCATING COMMUNITY SENIORS ON IMPORT ANT HEALTH TOPICS THROUGH THE HOSPITAL'S "LUNCH AND LEARN" LECTURES SERIES AT THE MILTON S ENIOR CENTER ON SLEEP AND PULMONARY FUNCTION, PNEUMONIA, VACCINES, MAINTAINING A HEALTHY B LOOD PRESSURE, MACULAR DEGENERATION AND SKIN CANCER IN ADDITION TO THE TOWN OF MILTON, TH E HOSPITAL HAS EXPANDED ITS LECTURE SERIES TO THE RANDOLPH SENIOR CENTER LECTURES AT THE RANDOLPH SENIOR CENTER WERE CONDUCTED IN ENGLISH AND HAITIAN CREOLE, EDUCATING SENIORS IN THEIR NATIVE LANGUAGE ON DIABETES THE HOSPITAL ALSO EXPANDED THIS PROGRAM TO INCLUDE FULL ER VILLAGE, A RETIREMENT COMMUNITY IN MILTON LECTURES AT FULLER VILLAGE FOCUSED ON PROPER NUTRITION AS YOU AGE AND STRESS AND ANXIETY ENHANCE COMMUNITY RESOURCES ON NUTRITION COUN SELING AND EDUCATIONIN ADDITION TO PROVIDING NUTRITION COUNSELING ON AN INPATIENT AND OUTP ATIENT BASIS, BID-MILTON HELD ITS SEVENTH ANNUAL COMMUNITY HEALTH WALK IN JUNE 2016 IN AD DITION TO HIGHLIGHTING THE BENEFITS OF WALKING AS A CARDIOVASCULAR EXERCISE AND SPONSORING FREE HEALTH EXHIBITORS AND SCREENINGS, THE WALK S

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8 (CONTINUED)	ERVES AS BID-MILTON'S OUTLET FOR DISTRIBUTING MINI-GRANTS TO LOCAL ORGANIZATIONS SUPPORTIN G COMMUNITY HEALTH INITIATIVES BID-MILTON AWARDED $4,500 TO FIVE LOCAL ORGANIZATIONS INCL UDING OLD COLONY HOSPICE, SOUTH SHORE YMCA, JOANNA'S PLACE, LET IT OUT AND GIRL POWER GRA NT FUNDING WILL BE USED TO SUPPORT INITIATIVES SUCH AS SAFE MEDICATION DISPOSAL, COPING SE RVICES AND PROGRAMS FOR FAMILIES GRIEVING THE LOSS OF A LOVED ONE FROM SUBSTANCE ABUSE, EX ERCISE AND EMPOWERMENT PROGRAMS FOR CHILDREN AND NUTRITION ACCESS TO DISADVANTAGED WOMEN A ND YOUNG FAMILIES FINALLY, THE HOSPITAL SPONSORS BOTH A MONTHLY BARIATRIC SURGERY INFORMAT ION SESSION ALONG WITH A BARIATRIC SURGERY SUPPORT GROUP AS AN OPTION FOR CHRONICALLY OBES E INDIVIDUALS WHO HAVE FAILED OTHER WEIGHT LOSS ATTEMPTS TO ENJOY THE HEALTH BENEFITS THAT COME FROM SUBSTANTIAL AND SUSTAINED WEIGHT LOSS INCREASE COMMUNITY AWARENESS ON BEHAVIORA L HEALTH AND SUBSTANCE ABUSEBEHAVIORAL HEALTH AND SUBSTANCE ABUSE CONTINUES TO BE A MAJOR CONCERN ACROSS THE COMMONWEALTH TO ADDRESS THESE ISSUES, BID-MILTON BECAME AN ACTIVE PART NER IN THE MILTON SUBSTANCE PREVENTION COALITION, HOSTING SEVERAL COALITION MEETINGS AND S ERVING AS A FISCAL AGENT FOR THE COALITION'S MULTI-YEAR GRANT FROM THE BLUE HILLS REGIONAL HEALTH ALLIANCE BID-MILTON OFFERED FREE MENTAL HEALTH FIRST AID TRAININGS TO THE COMMUNI TY IN THE FALL OF 2015 AND SPRING OF 2016 THE CLASS PREPARES INDIVIDUALS ON HOW TO ASSIST SOMEONE EXPERIENCING A MENTAL-HEALTH RELATED CRISIS COMMUNITY MEMBERS WERE TAUGHT HOW TO IDENTIFY RISK FACTORS AND WARNING SIGNS FOR MENTAL HEALTH AND ADDICTION CONCERNS, STRATEG IES FOR BOTH CRISIS AND NON-CRISIS SITUATIONS AND WHERE TO TURN FOR HELP A TOTAL OF 47 CO MMUNITY MEMBERS WERE TRAINED BID-MILTON ALSO ARRANGED FOR NATIONALLY NOTED SPEAKER AND AUT HOR MARIA TROZZI, M ED TO CONDUCT A PROGRAM FOR PARENTS OF YOUNG CHILDREN ON HOW TO DEVELO P RESILIENCY - THE ABILITY TO ADAPT WELL TO ADVERSITY, TRAUMA, TRAGEDY AND SIGNIFICANT SOU RCES OF STRESS- TO HELP CHILDREN BETTER MANAGE THEIR STRESS AND ANXIETY THIS POPULAR PROG RAM WAS ATTENDED NOT ONLY BY PARENTS AND CAREGIVERS, BUT ALSO TEACHERS AND GUIDANCE COUNSE LORS IN ADDITION, BID-MILTON ORGANIZED A SUBSTANCE ABUSE TREATMENT FORUM FOR COMMUNITY ME MBERS AND HEALTHCARE PROFESSIONALS THE FORUM ADDRESSED SUCH TOPICS AS INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH PROGRAMS, RESOURCES FOR FAMILY MEMBERS, OUTPATIENT AND INPATIEN T RECOVERY OPTIONS, AND HOW AND WHEN TO FILE FOR A SECTION 35 CHART 2 BEHAVIORAL HEALTH PR OGRAMMINGIN RESPONSE TO AN INCREASE IN PATIENTS PRESENTING TO THE HOSPITAL'S EMERGENCY DEP ARTMENT IN BEHAVIORAL HEALTH CRISIS, WHICH PERPETUATES AND CONTRIBUTES TO BEHAVIORAL HEALT H PATIENT BOARDING, BETH ISRAEL DEACONESS HOSPITAL-MILTON AND SOUTH SHORE MENTAL HEALTH AR E COLLABORATING ON A $2 MILLION CHART 2 (COMMUNITY HOSPITAL ACCELERATION, REHABILITATION A ND TRANSFORMATION) GRANT TO PROVIDE CO-LOCATED BEHAVIORAL HEALTH SERVICES IN THE BID-MILTO N ED WITH POST-DISCHARGE COMMUNITY FOLLOW UP THE PROGRAM MODEL IS COMPRISED OF A CARE TEA M OF MEDICAL, CLINICAL AND NON-TRADITIONAL PROFESSIONALS, INCLUDING A MASTERS-PREPARED RN DIRECTOR OF CARE INTEGRATION, A FULL TIME LICSW, 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 FROM THE ED

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION B, LINE 1 - 8 (CONTINUED)	KEY COMPONENTS OF THE MODEL INCLUDE IMPROVING CARE WHILE THE PATIENT IS PHYSICALLY 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 DISCHARGE 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 ARRAY 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 EVIDENCE 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 HEALTH TEAMS ADDRESSING THE NEEDS OF AREA COMMUNITIES BID-MILTON WORKS WITH SEVERAL AREA GROUPS INCLUDING - AARP- AL-ANON- ALATEEN- ALCOHOLICS ANONYMOUS- AMERICAN ACADEMY OF DERMATOLOGY-AMERICAN CANCER SOCIETY- AMERICAN HEART ASSOCIATION- AMERICAN RED CROSS-BAY STATE COMMUNITY SERVICES- BOSTON HIGASHI SCHOOL- CANTON BOARD OF HEALTH- CHADD (CHILDREN AND ADULTS WITH ATTENTION DEFICIT DISORDER)- CURRY COLLEGE- FULLER VILLAGE- GREATER BOSTON UROLOGY- INTERFAITH SOCIAL SERVICES-MANET COMMUNITY HEALTH CENTERS- MILTON BOARD OF HEALTH- MILTON COUNCIL ON AGING- MILTON FOUNDATION FOR EDUCATION- MILTON LOCAL EMERGENCY PLANNING COMMITTEE- MILTON SUBSTANCE ABUSE PREVENTION COALITION- MILTON PUBLIC SCHOOLS- NICOTINE ANONYMOUS- OLD COLONY HOSPICE- OVEREATERS ANONYMOUS-QUINCY BOARD OF HEALTH- QUINCY COMMUNITY ACTION PROGRAMS- QUINCY PUBLIC SCHOOLS- RANDOLPH BOARD OF HEALTH- RANDOLPH PUBLIC SCHOOLS- RANDOLPH SENIOR CENTER- SOUTH SHORE DERMATOLOGY- SOUTH SHORE ELDER SERVICES- SOUTH SHORE MENTAL HEALTH- SOUTH SHORE YMCA/GERMANTOWN NEIGHBORHOOD ASSOCIATION- WORK, INC AS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, THE BID-MILTON IS DEEPLY DEDICATED 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 ADDRESS THE NEED FOR TRANSPORTATION IDENTIFIED IN THE CHNA AND THE CHIP DUE TO LIMITED FINANCIAL RESOURCES AS NOTED IN DETAIL ABOVE, THE BID-MILTON'S PRIMARY TOOL FOR ASSESSING THE HEALTH 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, 8 28% 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 9 69% 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	AS PREVIOUSLY NOTED IN THIS FILING, HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) WERE APPROVED BY THE COMMUNITY BENEFITS COMMITTEE AND BOARD OF DIRECTORS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2013 AND RELATE TO THE COMMUNITY BENEFIT ACTIVITIES REPORTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H THE HOSPITAL'S MOST RECENT CHNA AND CHIP WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS COMMITTEE AND BOARD OF DIRECTORS DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R) ACTIVITIES RELATED TO THESE LATTER DOCUMENTS WILL BE REPORTED BEGINNING WITH THE FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7) THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND UPON REQUEST AT THE HOSPITAL 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 COMMUNITY BENEFITSEMERGENCY ROOM OPERATIONIN 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 AND CERTAIN OTHER COMMUNITY BENEFITS	CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEBID-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 $1,297,349 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A THE MEDICAL CENTER, WHICH AS PREVIOUSLY NOTED IS THE SOLE MEMBER OF BID-MILTON, PROVIDED AN ADDITIONAL $20,063,870 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 $4,015,379 SEE ADDITIONAL INFORMATION BELOW IN THIS SCHEDULE H NARRATIVE OTHER UNCOMPENSATED CHARITY CAREMEDICAID 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 MEDICAID IS A GOVERNMENT INSURANCE PROGRAM FOR INDIVIDUALS WITH LIMITED INCOME AND RESOURCES, AND BID-MILTON PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAM PAYMENTS TO HOSPITALS THROUGH THIS GOVERNMENT SPONSORED PROGRAM HAVE NOT KEPT PACE WITH INFLATION AND ALTHOUGH THE PROVISION OF HEALTH CARE TO THESE PATIENTS GENERATED $9,734,002 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BID-MILTON FOR SUCH SERVICES BY $2,201,223 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B DURING THE FISCAL PERIOD COVERED BY THIS FILING, 14 17% OR 19,892 OF BID-MILTON'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS IN ADDITION 22 28% OR 259,205 OF THE MEDICAL CENTER'S PATIENT CASES WERE WITH MEDICAID PATIENTS THIS TRANSLATED TO AN ADDITIONAL $44,357,335 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

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 $3,386,312 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 $21,621,241 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 THE AMOUNT 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, 2016 INCLUDE THE ACCOUNTS OF THE MEDICAL CENTER AND ITS SUBSIDIARIES, (MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG)), BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BID-NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC,, JORDAN HEALTH SYSTEMS, INC 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 $16,257,000 AND $14,059,000 IN 2016 AND 2015, 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 2016 AND 2015 THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 11 3% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2016 AND 12 6% IN 2015

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

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	BID-MILTON ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTH ER SOURCES WHENEVER APPROPRIATE TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, BID-MILTON M UST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVIC ES PROVIDED TO PATIENTS THE BID-MILTON CREDIT AND COLLECTION POLICY WHICH APPLIES TO THE HOSPITAL IS DESIGNED TO COMPLY WITH BOTH THE MASSACHUSETTS HEALTH SAFETY NET REGULATIONS O N CREDIT AND COLLECTION POLICIES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE BAD DEBT REQUIREMENTS, THE MEDICARE PROVIDER REIMBURSEMENT MANUAL AND THE FEDERAL HEALTHCA RE REFORM LAW'S "FINANCIAL ASSISTANCE POLICY" FOR WHICH THE IRS HAD PROVIDED PRELIMINARY G UIDANCE AT THE TIME THE BID-MILTON FINALIZED THIS POLICY BID-MILTON CONTINUES TO MONITOR GUIDANCE FROM THE IRS AS IT IS ISSUED BID-MILTON DOES NOT DISCRIMINATE ON THE BASIS OF RA CE, COLOR, NATIONAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATIO N, DISABILITY, OR AGE IN ITS POLICIES OR IN ITS APPLICATION OF POLICIES CONCERNING THE ACQ UISITION AND VERIFICATION OF FINANCIAL INFORMATION, PRE-ADMISSION OR PRE-TREATMENT DEPOSIT S, PAYMENT PLANS, DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, DETERMINATION THAT A PATIENT IS LOW-INCOME, OR IN ITS BILLING AND COLLECTION PRACTICES CREDIT AND COLLECTION P OLICYNOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONSFINANCIAL AS SISTANCE IS INTENDED TO ASSIST LOW-INCOME PATIENTS WHO DO NOT OTHERWISE HAVE THE ABILITY T O PAY FOR THEIR HEALTH CARE SERVICES SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED, BID-MILTON WILL ASSIST THEM IN APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE P ROGRAMS THAT MAY COVER ALL OR SOME 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 OR DER FOR BID-MILTON TO ASSIST UNINSURED AND UNDERINSURED PATIENTS FIND THE MOST APPROPRIATE COVERAGE OPTIONS, PATIENTS MUST ACTIVELY WORK WITH THE HOSPITAL'S FINANCIAL COUNSELORS TO VERIFY THEIR FINANCIAL AND OTHER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILIT Y BID-MILTON ADVISES PATIENTS OF THEIR RIGHT TO (I) APPLY FOR MASSHEALTH AND LOW INCOME P ATIENT DETERMINATION AND (II) A PAYMENT PLAN BID-MILTON'S FINANCIAL CLEARANCE UNIT (FCU) WILL ASSIST PATIENTS IN FULFILLING THEIR RIGHT TO APPLY FOR COVERAGE WITHIN A FINANCIAL AS SISTANCE PROGRAM INCLUDING MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN , HEALTHY START, MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET, HEALTH SAFETY NET AND/OR OTHER FINANCIAL PROGRAMS AS AVAILABLE AND APPROPRIATE THE HOSPITAL ALSO WILL ASSIST UNINSU RED OR UNDERINSURED PATIENTS, WHEN REQUESTED OR AS IDENTIFIED THROUGH INTERNAL SCREENING P ROCEDURES, IN APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS F IND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, BID-MILTON WILL PROVIDE ALL P ATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THA T IS SENT TO PATIENTS WHO HAVE A FINANCIAL LIABILITY AS WELL AS IN GENERAL NOTICES THAT AR E POSTED THROUGHOUT THE HOSPITAL BID-MILTON WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTION S FOR PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM W HEN THE PATIENT IS SCHEDULING SERVICES, WHILE THE PATIENT IS AT THE HOSPITAL, UPON DISCHAR GE, AND/OR FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL BID-MILTON WILL DI RECT ALL PATIENTS SEEKING INFORMATION ON AVAILABLE COVERAGE OPTIONS, OR THOSE THAT THE HOS PITAL DETERMINES MAY BE ELIGIBLE, TO THE HOSPITAL'S FCU WHERE PATIENT FINANCIAL COUNSELORS CAN SCREEN PATIENTS FOR ELIGIBILITY IN AN APPROPRIATE COVERAGE OPTION THE HOSPITAL WILL THEN ASSIST THE PATIENT IN APPLYING FOR APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE TO THEM WHEN REQUESTED, THE HOSPITAL WILL ALSO PROVIDE INFORMATION ON HOW TO CONTACT THE APP ROPRIATE STAFF WITHIN THE HOSPITAL'S FINANCE OFFICE TO VERIFY THE ACCURACY OF THE HOSPITAL BILL OR TO DISPUTE CERTAIN CHARGES CONTACT INFORMATION IS PRINTED ON ALL PATIENT STATEME NTS FOR CASES WHERE THE HOSPITAL IS USING THE HEATH INFORMATION EXCHANGE APPLICATION, THE HOSPITAL WILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALT H CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE HEATH INFORMATION EXCHANGE PR OGRAM, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALT H AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENER

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

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

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

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY	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 IN ADDITION TO PUBLICIZING THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION B QUESTION 16A-F, THERE IS MULTI-LANGUAGE SIGNAGE IN THE FINANCIAL COUNSELING OFFICE STATING THAT A COPY OF THE POLICY IS AVAILABLE UPON REQUEST CREDIT AND COLLECTION POLICY - 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	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 CREDIT AND COLLECTION POLICY - 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 AS PREVIOUSLY NOTED IN THIS FILING, BID-MILTON IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION THE HOSPITAL'S CURRENT FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR THE HOSPITAL'S SERVICE AREA, INCLUDING THE FEDERAL TREASURY REGULATIONS IN EFFECT AS OF OCTOBER 1, 2016 PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE RECEIVED FROM QUALIFYING HOSPITAL PROVIDERS THE HOSPITAL WILL NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY APPLICATION PERIODTHE PERIOD IN WHICH APPLICATIONS WILL BE ACCEPTED AND PROCESSED FOR FINANCIAL ASSISTANCE THE APPLICATION PERIOD BEGINS ON THE DATE THAT THE FIRST POST-DISCHARGE BILLING STATEMENT IS PROVIDED AND ENDS ON THE 240TH DAY AFTER THAT DATE QUALIFICATION PERIODAPPLICANTS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE GRANTED ASSISTANCE FOR A PERIOD OF SIX MONTHS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE MAY ATTEST THAT THERE HAVE BEEN NO CHANGES TO THEIR FINANCIAL SITUATION AT THE END OF THE SIX (6) MONTH QUALIFICATION PERIOD TO EXTEND ELIGIBILITY FOR ANOTHER SIX (6) MONTHS FINANCIAL ASSISTANCEFINANCIAL ASSISTANCE IS PROVIDED TO ELIGIBLE PATIENTS, WHO WOULD OTHERWISE EXPERIENCE FINANCIAL HARDSHIP, TO RELIEVE THEM OF ALL OR PART OF THEIR FINANCIAL OBLIGATION FOR EMERGENCY OR MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FULL ASSISTANCEPATIENTS, OR THEIR GUARANTORS, WITH ANNUALIZED FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) WILL RECEIVE A 100% WAIVER OF PATIENT FINANCIAL OBLIGATION FOR ELIGIBLE MEDICAL SERVICES PROVIDED BY THE HOSPITAL PARTIAL ASSISTANCEPATIENTS, OR THEIR GUARANTORS, WITH ANNUALIZED FAMILY INCOMES BETWEEN 201% AND 400% OF THE FPL MAY RECEIVE FINANCIAL ASSISTANCE THAT PROVIDES A DISCOUNT, FOR ELIGIBLE MEDICAL SERVICES PROVIDED BY THE HOSPITAL MEDICAL HARDSHIPFINANCIAL ASSISTANCE IS AVAILABLE TO ELIGIBLE PATIENTS WHOSE MEDICAL BILLS ARE GREATER THAN OR EQUAL TO 25% OF THEIR GROSS INCOME AMOUNT GENERALLY BILLED (AGB)THE FINANCIAL ASSISTANCE POLICY ESTABLISHES A LIMIT ON THE AMOUNT CHARGED (AMOUNT GENERALLY BILLED OR AGB) FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THE AGB IS A BLENDED RATE OF MEDICARE AND COMMERCIAL PAYER REIMBURSEMENT THAT AMOUNTS TO APPROXIMATELY 38% OF CHARGES CREDIT AND COLLECTION POLICYDISCOUNT 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, QUESTIONS 18, 19 OR 20

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS

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 - MILTON (BID-MILTON) ALTHOUGH BID-MILTON DOES NOT PARTICIPATE DIRECTLY IN RESIDENT AND FELLOW TRAINING PROGRAMS WHICH ARE OPERATED AT BIDMC, THE PROVISION OF GRADUATE MEDICAL EDUCATION IS AN IMPORTANT COMMUNITY BENEFIT PROVIDED BY BID-MILTON'S NETWORK OF AFFILIATED ENTITIES THE MEDICAL CENTER'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS, 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- NEUROSURGERY- OBSTETRICS AND GYNECOLOGY- PATHOLOGY- PSYCHIATRY- RADIOLOGY- SURGERY- TRANSITIONAL YEARDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER HAD NET EXPENDITURES OF $72,842,238 REPORTED ON THIS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 4 62% OF THE MEDICAL CENTER'S TOTAL EXPENSES RESIDENCY PROGRAMSTHE MEDICAL CENTER SPONSORS ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED RESIDENCY PROGRAMS IN EACH OF THE CORE CLINICAL TRAINING PROGRAMS LISTED ABOVE FELLOWSHIP PROGRAMSIN ADDITION TO THE RESIDENT TRAINING PROGRAMS LISTED ABOVE, THE MEDICAL CENTER SPONSORS A WIDE VARIETY OF FELLOWSHIP TRAINING PROGRAMS FOR ELIGIBLE DOCTORS WHO HAVE COMPLETED THEIR RESIDENCY AND WANT TO ENGAGE IN MORE SPECIALIZED STUDY OVER HALF OF THESE PROGRAMS (55 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, DISASTER MEDICINE, ACADEMIC EMERGENCY MEDICINE AND FACULTY FELLOWSHIP- INTERNAL MEDICINE ADVANCED CARDIAC NON-INVASIVE IMAGING, ADVANCED ENDOSCOPY, CARDIAC MAGNETIC RESONANCE IMAGING 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 AUTONOMIC DISORDERS, 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, INTERVENTIONAL RADIOLOGY-INDEPENDENT, INTERVENTIONAL RADIOLOGY-INTEGRATED 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, INTERDISCIPLINARY BREAST SURGERY, MINIMALLY INVASIVE BARIATRIC SURGERY, NEUROSURGERY/ORTHO SPINE, NEUROSURGICAL ONCOLOGY & STERIOTACTIC NEUROSURGERY, ORTHOPAEDIC HAND SURGERY, ORTHOPAEDIC SPINE SURGERY, PLASTIC HAND SURGERY, PLASTIC SURGERY/AESTHETIC RECONSTRUCTION, PODIATRY, SURGICAL CRITICAL CARE, THORACIC SURGERY, UROLOGY MALE INFERTILITY/SEXUAL DYSFUNCTION, VASCULAR SURGERY, VASCULAR SURGERY-INTEGRATED

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	RESEARCHAS PREVIOUSLY NOTED IN THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS THE SOLE MEMBER OF BID-MILTON ALTHOUGH BID-MILTON DOES NOT ENGAGE IN DIRECT RESEARCH, IT IS PART OF BIDMC'S MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF OUR LOCAL AND EXTENDED COMMUNITIES THE BIDMC RESEARCH PROGRAM STRIVES TO BE, AND IS, RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS THAT IMPROVE THE QUALITY OF LIFE THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP 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 1500 ACTIVE CLINICAL TRIALS DURING THE FISCAL PERIOD COVERED BY THIS FILING THIS RESEARCH IS LED BY 568 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS, AND CARDIOLOGY/CARDIAC SURGERY AS NOTED IN THIS FILING, THE MEDICAL CENTER IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND IS COMMITTED TO MAINTAINING A COLLABORATIVE CULTURE, TO MAINTAINING MODERN, HIGH-QUALITY FACILITIES, AND TO TAKING FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG THE HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS THE MEDICAL CENTER DESIGNS AND IMPLEMENTS MANY INTERDEPARTMENTAL AND INTERDISCIPLINARY RESEARCH PROGRAMS WITHIN THE INSTITUTION THE MEDICAL CENTER ALSO COLLABORATES WITH OTHER NATIONALLY RECOGNIZED AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS IN AN EFFORT TO TRANSLATE NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE THE MEDICAL CENTER PARTICIPATES IN HARVARD CATALYST, THE HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER, WHICH BRINGS TOGETHER THE INTELLECTUAL FORCE, TECHNOLOGIES, AND CLINICAL EXPERTISE AT HARVARD UNIVERSITY AND ITS ACADEMIC, HEALTH CARE, AND COMMUNITY PARTNERS TO CREATE CONNECTIONS, ENABLE RESEARCH AT THE CUTTING EDGE OF DISCOVERY, AND NURTURE CLINICAL AND TRANSLATIONAL RESEARCHERS WITH THE GOAL OF IMPROVING HUMAN HEALTH STUDIES BY MEDICAL CENTER RESEARCHERS ARE ROUTINELY PUBLISHED IN THE WORLD'S LEADING SCIENTIFIC JOURNALS, INCLUDING NATURE, SCIENCE AND THE NEW ENGLAND JOURNAL OF MEDICINE, WHICH HELPS TO BRING THE RESEARCH FINDINGS TO CLINICIANS AND 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 $73,240,411 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 4 64% OF THE MEDICAL CENTER'S TOTAL EXPENSES ADDITIONALLY, THE MEDICAL CENTER REPORTED $200,837,860 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS WHICH, IF INCLUDED IN THE SCHEDULE H, PART I, LINE 7H CALCULATION, WOULD INCREASE THE NET COMMUNITY BENEFIT REPORTED FROM RESEARCH ACTIVITIES ON THE MEDICAL CENTER'S SCHEDULE H, PART I, LINE 7H TO 17 37%

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	BETH ISRAEL DEACONESS HOSPITAL-MILTON 199 REEDSDALE AVENUE MILTON,MA 02186 MA STATE LICENSE # 2227	X	X					X		COMMUNITY HOSPITAL	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY PHYSICIANS ASSOCIATES 199 REEDSDALE ROAD MILTON, MA 02186	04-3243146	501(C)(3)	1,366,748				ACCESS TO MEDICAL CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 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 on 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINES 4A-B	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, 2016 IS CALENDAR YEAR 2015 DETAIL DURING THE 2015 CALENDAR YEAR, THE MEDICAL CENTER WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM AND THE BETH ISRAEL DEACONESS MEDICAL CENTER 457(B) PLAN PURSUANT TO THESE PLANS, ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS AND/OR CAN DEFER PART OF THEIR COMPENSATION UNDER THE DEFINITIONS TO THIS FORM 990, THESE PLANS ARE CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS AMOUNTS DEFERRED BY PARTICIPANTS OR RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990 ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW
PART I, LINE 7	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 2015 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

Part III, Supplemental Information

Return Reference	Explanation
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 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, VESTED AMOUNTS UNDER 457(F) PLAN, TAXABLE EMPLOYER-SUBSIDIZED PARKING, TAXABLE MOVING EXPENSES, TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE, AND OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) 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 BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP AND THE MILTON HOSPITAL FOUNDATION IS THE SOLE MEMBER OF COMMUNITY PHYSICIANS ASSOCIATES WHICH MAY BE REFERRED TO IN THESE EXPLANATORY NOTES AS BID HEALTHCARE 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 11 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, TREASURER AND BOARD CHAIR - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, INC D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP MR CICHELLO DEVOTES, ON AVERAGE, A COMBINED 8 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CRONIN, M D , JON DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON MEDICAL DIRECTOR, INTENSIVE CARE AND DIRECTOR, CLINICAL DOCUMENTATION MANAGEMENT PROGRAM - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL DR CRONIN DEVOTES, ON AVERAGE, A COMBINED 12 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 45,000 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 2015 CALENDAR YEAR REPRESENTS PAYMENTS FROM SOUTH SHORE INTERNAL MEDICINE RELATED TO DR CRONIN FOR HIS 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 DEVOTED, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE FALLON, CAROL DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MS FALLON DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE GREENE, DONALD DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR GREENE DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE GROGAN, JOSEPH DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR - MILTON HOSPITAL FOUNDATION MR GROGAN'S TERM ON THE BETH ISRAEL DEACONESS HOSPITAL - MILTON BOARD BEGAN IN JANUARY 2016 MR GROGAN DEVOTES, ON AVERAGE, A COMBINED 2 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 DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2015 CALENDAR YEAR, MR HEALY PERFORMED SERVICES FOR BOTH BID-MILTON AND CPA AND WAS COMPENSATED BY BIDMC AS REQUIRED BY FORM 990, MR HEALY'S COMPENSATION ATTRIBUTABLE TO HIS SERVICES PERFORMED AT BID-MILTON AND CPA HAVE BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 339,442 INCENTIVE COMPENSATION 102,683 OTHER REPORTABLE COMPENSATION 42,277 DEFERRED COMPENSATION 4,704 NON-TAXABLE BENEFITS 33,589 PAYMENTS REPORTED BY CPA BASE COMPENSATION 10,497 INCENTIVE COMPENSATION 3,176 OTHER REPORTABLE COMPENSATION 1,308 DEFERRED COMPENSATION 146 NON-TAXABLE BENEFITS 1,039 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR HEALY INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $47,850 OF THIS AMOUNT, $4,850 IS BOTH UNFUNDED AND UNVESTED HEAVEY, CHRISTOPHER DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MR HEAVEY DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE HODGMAN, JANE DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES MS HODGMAN DEVOTES, ON AVERAGE, A COMBINED 3 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 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE LAURENCE, ANDREW DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR - MILTON HOSPITAL FOUNDATION MR LAURENCE'S TERM ON THE BETH ISRAEL DEACONESS HOSPITAL - MILTON BOARD BEGAN IN JANUARY 2016 MR LAURENCE DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE LEWIS, M D , STANLEY M DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/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 PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 417,925 INCENTIVE COMPENSATION 142,061 OTHER REPORTABLE COMPENSATION 49,824 DEFERRED COMPENSATION 29,150 NON-TAXABLE BENEFITS 33,321 LONGMAID, M D , H ESTERBROOK DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR (EX-OFFICIO) - MILTON HOSPITAL FOUNDATION DIRECTOR (EX-OFFICIO) - 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 47,921 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 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 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE

Part III, Supplemental Information

Return Reference	Explanation
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 BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP SENIOR LECTURER ON MEDICINE - HARVARD MEDICAL SCHOOL DR ROSENBERG RETIRED ON SEPTEMBER 1, 2016 DR ROSENBERG DEVOTED, 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 751,425 INCENTIVE COMPENSATION 231,282 OTHER REPORTABLE COMPENSATION 22,193 DEFERRED COMPENSATION 49,687 NON-TAXABLE BENEFITS 18,744 INCENTIVE COMPENSATION REPORTED FOR THE 2015 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 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE TABB, M D , KEVIN DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - 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 972,162 INCENTIVE COMPENSATION 452,000 OTHER REPORTABLE COMPENSATION 45,621 DEFERRED COMPENSATION 127,000 NON-TAXABLE BENEFITS 40,856 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR TABB INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF $152,775 OF THIS AMOUNT, $109,775 IS BOTH UNFUNDED AND UNVESTED 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 DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2015 CALENDAR YEAR, MR CONKLIN PERFORMED SERVICES FOR BOTH BID-MILTON AND CPA AND WAS COMPENSATED DIRECTLY BY BID-MILTON AS REQUIRED BY FORM 990, MR CONKLIN'S COMPENSATION ATTRIBUTABLE TO HIS SERVICES PERFORMED AT BID-MILTON AND CPA HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 263,623 INCENTIVE COMPENSATION 49,214 OTHER REPORTABLE COMPENSATION 1,767 DEFERRED COMPENSATION 2,586 NON-TAXABLE BENEFITS 15,464 PAYMENTS REPORTED BY CPA BASE COMPENSATION 8,153 INCENTIVE COMPENSATION 1,522 OTHER REPORTABLE COMPENSATION 55 DEFERRED COMPENSATION 80 NON-TAXABLE BENEFITS 478 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 157,062 INCENTIVE COMPENSATION 24,993 OTHER REPORTABLE COMPENSATION 6,722 DEFERRED COMPENSATION 3,828 NON-TAXABLE BENEFITS 24,261 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 156,182 INCENTIVE COMPENSATION 25,808 OTHER REPORTABLE COMPENSATION 871 DEFERRED COMPENSATION 3,716 NON-TAXABLE BENEFITS 8,177
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	PAGE, CYNTHIA VICE PRESIDENT, CLINICAL SUPPORT SERVICES - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS PAGE RESIGNED IN SEPTEMBER 2016 AND DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 160,627 INCENTIVE COMPENSATION 26,843 OTHER REPORTABLE COMPENSATION 216 DEFERRED COMPENSATION 3,937 NON-TAXABLE BENEFITS 24,658 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 DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2015 CALENDAR YEAR, DR YEATS PERFORMED SERVICES FOR BID-MILTON AND WAS COMPENSATED BY APHMFP AS REQUIRED BY FORM 990, DR YEATS' COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 295,561 INCENTIVE COMPENSATION 54,499 OTHER REPORTABLE COMPENSATION 3,706 DEFERRED COMPENSATION 26,500 NON-TAXABLE BENEFITS 18,744 ANDERSON, M D , JONATHAN CHIEF OF EMERGENCY MEDICINE - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR ANDERSON DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2015 CALENDAR YEAR, DR ANDERSON PERFORMED SERVICES FOR BID-MILTON AND WAS COMPENSATED BY APHMFP AS REQUIRED BY FORM 990, DR ANDERSON'S COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 312,690 INCENTIVE COMPENSATION 127,203 OTHER REPORTABLE COMPENSATION 6,046 DEFERRED COMPENSATION 31,800 NON-TAXABLE BENEFITS 31,899 BARNETT, M D , SHEILA CHIEF OF ANESTHESIOLOGY - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR BARNETT DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2015 CALENDAR YEAR, DR BARNETT PERFORMED SERVICES FOR BID-MILTON AND WAS COMPENSATED BY HMFP AS REQUIRED BY FORM 990, DR BARNETT'S COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 353,460 INCENTIVE COMPENSATION 58,012 OTHER REPORTABLE COMPENSATION 11,003 DEFERRED COMPENSATION 52,338 NON-TAXABLE BENEFITS 30,982 POSNIK, M D , OKSANA CHIEF OF PATHOLOGY - BETH ISRAEL DEACONESS HOSPITAL - MILTON DR POSNIK DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2015 CALENDAR YEAR, DR POSNIK PERFORMED SERVICES FOR BID-MILTON AND WAS COMPENSATED BY HMFP AS REQUIRED BY FORM 990, DR POSNIK'S COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 275,613 INCENTIVE COMPENSATION 10,000 OTHER REPORTABLE COMPENSATION 4,365 DEFERRED COMPENSATION 31,800 NON-TAXABLE BENEFITS 9,151 MERITHEW, SUZZANNE PHYSICIAN ASSISTANT - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS MERITHEW DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 199,868 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 4,024 NON-TAXABLE BENEFITS 9,711 LOUIS, R N , CONCESA C REGISTERED NURSE - BETH ISRAEL DEACONESS HOSPITAL - MILTON MS LOUIS DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 166,680 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 232 DEFERRED COMPENSATION 3,373 NON-TAXABLE BENEFITS 7,211 BERRY, M D , MICHAEL V FORMER CHIEF, SURGERY - BETH ISRAEL DEACONESS HOSPITAL - MILTON ORTHOPEDIC SURGEON - COMMUNITY PHYSICIANS ASSOCIATES DR BERRY DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES LISTED HERE 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 953,507 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 3,705 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 22,713

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CRONIN MD JON DIRECTOR/ICU DIR/CLIN DOC DIR	(I)	45,000	0	0	0	0	45,000	0
	(II)	0	0	0	0	- 0	- 0	0
1HEALY PETER DIRECTOR(EX-OFF)/PRESIDENT/CEO	(I)	339,442	102,683	42,277	4,704	33,589	522,695	0
	(II)	10,497	3,176	1,308	146	- 1,039	- 16,166	0
2LEWIS MD STANLEY M DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	417,925	142,061	49,824	29,150	- 33,321	- 672,281	0
3ROSENBERG MD STUART A DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	751,425	231,282	22,193	49,687	- 18,744	- 1,073,331	0
4TABB MD KEVINDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	972,162	452,000	45,621	127,000	- 40,856	- 1,637,639	0
5CONKLIN MICHAEL V P FINANCE & CFO	(I)	263,623	49,214	1,767	2,586	15,464	332,654	0
	(II)	8,153	1,522	55	80	- 478	- 10,288	0
6CRONIN RN LYNN CHIEF NURSING OFFICER	(I)	157,062	24,993	6,722	3,828	24,261	216,866	0
	(II)	0	0	0	0	- 0	- 0	0
7HARRINGTON KATHLEEN VP HUMAN RESOURCES	(I)	156,182	25,808	871	3,716	8,177	194,754	0
	(II)	0	0	0	0	- 0	- 0	0
8PAGE CINDY VP CLINICAL SUPPORT SERVICES	(I)	160,627	26,843	216	3,937	24,658	216,281	0
	(II)	0	0	0	0	- 0	- 0	0
9YEATS MD ASHLEY CHIEF MEDICAL OFFICER	(I)	295,561	54,499	3,706	26,500	18,744	399,010	0
	(II)	0	0	0	0	- 0	- 0	0
10ANDERSON MD JONATHAN CHIEF OF EMERGENCY MEDICINE	(I)	312,690	127,203	6,046	31,800	31,899	509,638	0
	(II)	0	0	0	0	- 0	- 0	0
11BARNETT MD SHEILA CHIEF OF ANESTHESIOLOGY	(I)	353,460	58,012	11,003	52,338	30,982	505,795	0
	(II)	0	0	0	0	- 0	- 0	0
12LOUIS CONCESA C REGISTERED NURSE	(I)	166,680	0	232	3,373	7,211	177,496	0
	(II)	0	0	0	0	- 0	- 0	0
13MERITHEW SUZZANNE PHYSICIAN ASSISTANT	(I)	199,868	0	0	4,024	9,711	213,603	0
	(II)	0	0	0	0	- 0	- 0	0
14POSNIK MD OKSANA CHIEF OF PATHOLOGY	(I)	275,613	10,000	4,365	31,800	9,151	330,929	0
	(II)	0	0	0	0	- 0	- 0	0
15BERRY MD MICHAEL FORMER CHIEF, SURGERY	(I)	0	0	0	0	0	0	0
	(II)	953,507	0	3,705	0	- 22,713	- 979,925	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

2015

Open to Public Inspection

Name of the organization

BETH ISRAEL DEACONESS HOSPITAL - MILTON

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	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
B	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
C	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		07-11-2012	49,910,000	REFUND ISSUE DATED 2/11/1998		X		X		X
D	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		09-15-2011	120,280,000	REFUND ISSUE DATED 2/11/1998		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		5,860,000		51,670,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	257,618,370	203,702,204	49,910,000	120,280,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	226,126,327	100,979,395		
7	Issuance costs from proceeds	2,515,889	2,348,479	368,094	290,672
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	19,006,493			
11	Other spent proceeds	9,969,661	100,374,330	49,541,906	119,989,328
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	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 %		0 500 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 400 %				
6	Total of lines 4 and 5		0 %		0 900 %				
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	PART I, ROW A, COLUMN F THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008, 7/13/2004, 2/11/1998 PART I, ROW A, COLUMN F, DESCRIPTION OF PURPOSE THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998 PART I, ROW A, COLUMN F, DESCRIPTION OF PURPOSE (2008 E1-E2) THE ISSUE REFUNDED ISSUES DATED 8/12/2004, 9/23/1992, 1/19/1989 & FINANCED VARIOIUS CAPITAL PROJECTS

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	PART II, COLUMN A, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $6,493 OF INVESTMENT EARNINGS PART II, COLUMNS A,B,&C, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW PART II, COLUMN D, LINE 11 8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW PART II, COLUMN A, LINE 2 AMOUNT OF BONDS LEAGALLY DEFEASED THE 2015 ISSUE ADVANCED REFUNDED 100,675,000 OF THE 2008 E-1 ISSUE THOSE BONDS WILL BE CALLED BY JULY 1, 2018, THE 2016 ISSUE ADVANCED REFUNDED 143,845,000 OF THE 2008 E-2 ISSUE, THOSE BONDS WILL BE CALLED BY JULY 1, 2018 PART II, COLUMN A, LINE 3 THE TOTAL PROCEEDS OF THE ISSUE EXCEED THE ISSUE PRICE DUE TO THE INVESTMENT EARNINGS ON THE PROJECT FUND PART II, COLUMN A, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	PART III, COLUMNS C&D BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART III AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	PART IV, COLUMN A, LINE 2C AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF 09/30/2012

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 BETH ISRAEL DEACONESS HEALTHCARE A/K/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 I BONDS " REFUNDING T HE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES B BONDS, A PORTION OF THE CAREGROUP SERIES D BONDS AND ALL OF THE CAREGROUP SERIES E-1 BONDS CREAT ING AN IRREVOCABLE REFUNDING TRUST DATED MAY 12, 2016 " TO FINANCE AND REFINANCE THE ACQU ISITION AND IMPLEMENTATION OF AN INTEGRATED INFORMATION TECHNOLOGY PLATFORM FOR MOUNT AUBU RN HOSPITAL " TO FINANCE AND REFINANCE THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPME NT AND THE CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO MISCELLANEOUS OBLIGATED GROUP F ACILITIES PURPOSES OF CAREGROUP SERIES H BONDS " REFUNDING THE REMAINING PORTION OF THE O UTSTANDING PRINCIPAL BALANCE OF THE MILTON SERIES D BONDS, THE PLYMOUTH SERIES D BONDS, TH E PLYMOUTH SERIES E BONDS, AND A PORTION OF THE CAREGROUP SERIES E BONDS BY CREATING AN IR REVOCABLE REFUNDING TRUST DATED SEPTEMBER 2, 2015 PURPOSES OF CAREGROUP SERIES G BONDS " REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERI ES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1, 2012 PURPOSES OF CAREG ROUP 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, 201 1 PURPOSES OF CAREGROUP SERIES E BONDS " TO FINANCE OR REFINANCE VARIOUS RENOVATION AND C ONSTRUCTION PROJECTS AND CAPITAL EQUIPMENT ACQUISITIONS FOR THE MEDICAL CENTER " TO FINANC E 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 R ENOVATED SPACE TO INCLUDE A NEW SIX-STORY ACUTE CARE FACILITY TO SUPPORT ADDITIONAL CRITI CAL CARE AND MEDICAL/SURGICAL BEDS, EXPANDED OPERATING ROOMS AND INTERVENTIONAL RADIOLOGY ROOMS AND A NEW PARKING GARAGE " TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISH ING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR NEBH'S MASTER FACILITY PLAN, INCLUDING A NE W ATRIUM OF APPROXIMATELY 2,740 SQUARE FEET, A PRE-OPERATIVE AND POST ANESTHESIA UNIT OF A PPROXIMATELY 14,310 SQUARE FEET, CONSTRUCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIM ATELY 8,290 SQUARE FEET AND CONSTRUCTION OF NEW OPERATING ROOMS OF APPROXIMATELY 18,615 SQ UARE FEET, " TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHE R CAPITAL ACQUISITIONS FOR BID-NEEDHAM'S NEW AND EXPANDED FACILITIES INCLUDING AN APPROXIM ATELY 59,000 SQUARE FOOT PROJECT ON TWO FLOORS TO RENOVATE AND EXPAND SERVICES IN THE EMER GENCY DEPARTMENT, INPATIENT UNITS, RADIOLOGY DEPARTMENT AND ASSOCIATED SUPPORT SERVICES, " TO REFINANCE $201,975,000 OF DEBT PREVIOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, IN CLUDING $138,075,000 OF THE CAREGROUP SERIES C BONDS DESCRIBED BELOW PURPOSES OF CAREGROU P SERIES D BONDS " REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BON DS BY CREATING AN IRREVOCABLE

Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN F	REFUNDING TRUST DATED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES C BONDS " REFUNDING OF T HE 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 A, LINE 3	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $6,493 OF INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMNS A, B & C, LINE 11	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMNS D, LINE 11	$8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 2	THE AMOUNT OF BONDS LEGALLY DEFEASED THE 2015 ISSUE ADVANCE REFUNDED $100,675,000 OF THE 1998 AND 2008 ISSUES THESE BONDS WILL BE CALLED BY JULY 1, 2018, THE 2016 ISSUE ADVANCED REFUNDED $143,845,000 OF THE E-1 ISSUE THOSE BONDS WILL BE CALLED BY JULY 1, 2018

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART II, COLUMN A, 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 (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 III, COLUMNS C AND D	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 IV, COLUMN A, LINE 2C	AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2012

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, 2016 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

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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

2015

Open to Public Inspection

Name of the organization

BETH ISRAEL DEACONESS HOSPITAL - MILTON

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 AND ED FACILITIES AUTH	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	104,580,000			
2	Amount of bonds legally defeased	244,520,000			
3	Total proceeds of issue	378,911,689			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	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	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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

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	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance 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
See Additional Data Table					

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 $98,600 IN COMPENSATION IN CALENDAR YEAR 2015 VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF BID- MILTON MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO BID-MILTON SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE BID-MILTON MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, BID-MILTON MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED $10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE BID-MILTON CONFLICT OF INTEREST POLICY

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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	98,600	SALARY		No
(1) DONOR #4	SUBSTANTIAL CONTRIBTR	987,380	MANAGEMENT AND SUPPORT SERVICES		No
(2) DONOR #9	SUBSTANTIAL CONTRIBTR	1,926,562	PHYSICIAN SERVICES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226027517

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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INPATIENT 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 7,212 INPATIENT DISCHARGES WITH 24,362 PATIENT DAYS, AND 1,659 TOTAL INPATIENT SURGERIES

990 Schedule O, Supplemental Information

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 148,000 OUTPATIENT ENCOUNTERS HOSPITAL CLINICS HAD 7,970 VISITS, PERFORMED 6,211 ENDOSCOPY PROCEDURES, PROVIDED 1,036 NUTRITION CLINIC VISITS AND PERFORMED 328 SLEEP STUDIES IN ADDITION, BID-MILTON OUTPATIENT CARDIOLOGY PHYSICIANS AND PROFESSIONALS PERFORMED 11,349 EKG EXAMS BID-MILTON GENERAL RADIOLOGY PERFORMED 39,734 OUTPATIENT EXAMS, 14,594 CAT SCAN OUTPATIENT EXAMS, 8,821 OUTPATIENT ULTRASOUND PROCEDURES, OVER 3,322 MRI EXAMS AND 1,142 NUCLEAR MEDICINE TESTS FINALLY, DURING THE PERIOD COVERED BY THIS FILING BID-MILTON PERFORMED 328,895 OUTPATIENT LAB TESTS, HAD 40,748 REHABILITATION VISITS AND PERFORMED 11,389 OTHER PROCEDURES AND TESTS NOT INCLUDED IN THE DETAIL ABOVE SEE SCHEDULE H FOR ADDITIONAL INFORMATION ON CHARITY CARE AND COMMUNITY BENEFITS

990 Schedule O, Supplemental Information

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 32,600 EMERGENCY DEPARTMENT VISITS AND 3,732 OUTPATIENT SURGICAL CASES

990 Schedule O, Supplemental Information

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, 2016 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 BETH ISRAEL DEACONESS HEALTHCARE A/K/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)

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS THE FOLLOWING BID-MILTON OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS OR FAMILY RELATIONSHIPS ESTERBROOK LONGMAID AND MICHAEL BRADY - BUSINESS RELATIONSHIP IN ADDITION, 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 BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC (BID-PLYMOUTH) 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 MORE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	STATEMENT RE MEMBERS OR STOCKHOLDERS PART VI SECTION A LINE 7A STATEMENT RE ELECTION OF ME MBERS OF GOVERNING BODY PART VI SECTION A LINE 7B STATEMENT RE DECISION OF GOVERNING BODY SUBJECT TO APPROVAL BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) IS A TE RTIARY CARE ACADEMIC MEDICAL CENTER BIDMC, A FLAGSHIP TEACHING HOSPITAL OF HARVARD MEDICA L SCHOOL, IS KNOWN FOR ITS EXEMPLARY PATIENT CARE, CONDUCTING "LEADING EDGE" CLINICAL AND BASIC SCIENCE RESEARCH AND SUPPORTING OUTSTANDING EDUCATIONAL PROGRAMS BIDMC IS A HOSPITA L EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 198 6 AS AMENDED, AND ACTING THROUGH ITS BOARD OF DIRECTORS, IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON OR HOSPITAL) PURSUANT TO THE AMENDED AND R ESTATED 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) VOTIN G 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 W ITH 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 FOLLO WING RESERVED POWERS WHICH IT MAY EXERCISE ON ITS OWN INITIATIVE UPON A TWO-THIRDS (2/3) V OTE OF ITS DIRECTORS ELIGIBLE TO VOTE ON ITS BOARD OF DIRECTORS, WITH OR WITHOUT THE APPRO VAL OF THE BOARD OF DIRECTORS OF THE HOSPITAL, OR UPON A MAJORITY VOTE OF ITS DIRECTORS EL IGIBLE 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 AFTE R 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 COMPENSATIO N OF, AND/OR REMOVE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE HOSPITAL UPON PRIOR C ONSULTATION WITH THE HOSPITAL'S BOARD OF DIRECTORS, C AMEND THE HOSPITAL'S BYLAWS OR ARTI CLES OF ORGANIZATION, D CAUSE THE HOSPITAL TO ENTER INTO (I) MANAGED CARE CONTRACTS, OTH ER PAYER AGREEMENTS, EXCLUSIVE CONTRACTS, AGREEMENTS-NOT-TO-COMPETE, OR SIMILAR ARRANGEMEN TS (II) CONTRACTS FOR MANAGEMENT SERVICES WITH POTENTIALLY SIGNIFICANT MULTI-YEAR BUDGETAR Y IMPACT, OR (III) OTHER MULTI-YEAR SERVICE CONTRACTS WITH POTENTIALLY SIGNIFICANT MULTI-Y EAR 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 SUBSI DIARY OR AFFILIATED CORPORATIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	N, 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 REAS ONABLY BE ANTICIPATED TO MATERIALLY AND ADVERSELY AFFECT THE HOSPITAL'S FINANCIAL STATUS O R ITS ABILITY TO CONTINUE TO CONDUCT ITS BUSINESS, I TO THE EXTENT LEGALLY PERMISSIBLE, T AKE SUCH ACTIONS TO CAUSE ASSETS OF THE HOSPITAL TO BE TRANSFERRED, OTHER THAN IN THE ORDI NARY COURSE OF CONDUCT OF HOSPITAL BUSINESS, TO THE MEMBER TO ADVANCE THE CHARITABLE PURPO SES OF THE MEMBER OR THE HOSPITAL, AND J TO DISSOLVE THE HOSPITAL TO THE EXTENT PERMITTED BY LAW 2 IN ADDITION, THE FOLLOWING ACTIONS OF THE HOSPITAL'S BOARD OF DIRECTORS REQUIR E 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 APPR OVAL OF THE HOSPITAL'S ANNUAL OPERATING AND CAPITAL BUDGETS, D CAPITAL EXPENDITURES BEYON D THE APPROVED CAPITAL BUDGET, PROVIDED, HOWEVER, THAT THE MEMBER WILL APPROVE THROUGH A S TANDING 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 FIV E 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 SH ALL HAVE BEEN APPROVED BY THE MEMBER, AND, (II) DEBT INCURRED IN THE ORDINARY COURSE OF BU SINESS WHICH IS ANTICIPATED IN AND CONSISTENT WITH THE ANNUAL OPERATING BUDGET OR A CAPITA L BUDGET WHICH SHALL HAVE BEEN APPROVED BY THE MEMBER FOR THE YEAR IN WHICH INCURRED FOR T HE 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 MUL TI-YEAR MATERIAL CONTRACTS, H ENTRY INTO ANY PARTNERSHIP/AFFILIATION ARRANGEMENTS OR JOIN T VENTURE PROPOSALS, I THE CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIARY OR AFFILIA TED CORPORATION, J THE ADDITION OR ELIMINATION OF ANY CLINICAL DEPARTMENTS OR PROGRAMS, A ND K AMENDMENTS TO THE BYLAWS OR ARTICLES OF ORGANIZATION OF THE HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE STATEMENT ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE STATEMENT ABOVE

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 26,999,312 MANAGEMENT AND GENERAL EXPENSES 3,060,418 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,059,730

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN EQUITY INTERESTS IN LIMITED PARTNERSHIP 271,884 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS -2,093,173 ROUNDING -283

990 Schedule O, Supplemental Information

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

2015

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A	RELATED				No			No	
(2) 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	RELATED				No			No	
(3) 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	RELATED				No			No	
(4) 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	RELATED	-340,936	-208,566		No			No	5 220 %
(5) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A	RELATED				No			No	
(6) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A	EXCLUDED FROM TAX UN	990,796	22,017,760		No	741		No	2 200 %
(7) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
ANESTHESIA FINANCIAL **(1)** 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 & COST EFFECTIVE PATIENT CARE	MA	N/A	C					No

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

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

		Yes	No
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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
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
BI COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
BI DEACONESS DEPARTMENT OF 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
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
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
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
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
BI DEACONESS HOSPITAL - NEEDHAM INC 148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 11A, I	N/A		No
BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
LONGWOOD MEDICAL INTL FOUNDATION 185 PILGRIM ROAD BOST BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	FINANCIAL	MA	501(C)(3)	LINE 11C, III-FI	N/A		No
CARL J SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 11A, I	N/A		No
CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN C/O HARVARD MED SCH 401 PARK DR BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
LONGWOOD MEDICAL ENERGY COLLABORATIVE 25 SHATTUCK ST BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 11A, I	N/A		No
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 9	N/A		No
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
COMMUNITY PHYSICIAN ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
MILTON HOSPITAL FOUNDATION INC 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
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
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
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
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
CAREGROUP PARMENTER HOME CARE & HOSPICE INC 330 MT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
BAIM INSTITUTE OF CLINICAL RESERCH INC FKA HCRI 930 W COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	LINE 7	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A	RELATED				No			No	
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	RELATED				No			No	
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	RELATED				No			No	
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	RELATED	-340,936	-208,566		No			No	5 220 %
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A	EXCLUDED FROM TAX UN	990,796	22,017,760		No	741		No	2 200 %
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A	RELATED				No			No	