** PUBLIC DISCLOSURE COPY ** 29493271093039

Form 990 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/ terminated
☐ Amended return
☐ Application pending

C Name of organization
BIH RADIOLOGIC FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 BROOKLINE AVE., W. CAMPUS RB302

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02215

D Employer identification number
04-2571853

E Telephone number
(617) 754-2692

G Gross receipts $ 250,396.

F Name and address of principal officer.
SAME AS C ABOVE

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: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT MEDICAL RESEARCH, PROVIDE INSTRUCTION, AND IMPROVE PUBLIC HEALTH.	
	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)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	5,412.
	b	Net unrelated business taxable income from Form 990-T, line 34	-13,407.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	30,319.	11,089.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	259,258.	239,307.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,577.	250,396.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	425,917.	110,618.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	425,917.	110,618.
	19	Revenue less expenses. Subtract line 18 from line 12	-136,340.	139,778.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,200,873.	10,563,472.
	21	Total liabilities (Part X, line 26)	341,695.	340,563.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,859,178.	10,222,909.

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 8/13/19

▶ Type or print name and title: Jonathan Krukal, MD President

Paid Preparer Use Only					
Print/Type preparer's name: CHRISTINE KAWECKI	Preparer's signature: Christine Kawecki	Date: 08/08/19	Check ☐ if self-employed	PTIN: P00743140	
Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶ 86-1065772	
Firm's address ▶ TWO 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

GG4

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 110,007. including grants of $) (Revenue $ 11,089.)
THE FOUNDATION PROVIDES SUPPORT FOR RESEARCH AND EDUCATION IN THE AREA OF RADIOLOGY IN CONJUNCTION WITH AND TO SUPPORT THE CHARITABLE MISSIONS OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC (HMFP) AND HARVARD MEDICAL SCHOOL.

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 110,007.

ADFSOR

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
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		X
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	X	
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
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		X
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		X
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*	17		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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		X
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		X
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	

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	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
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		X	
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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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			X
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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
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			X
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 line 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 [X]

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 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.	1a	6		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] 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 ▶

ALLEN REEDY - (617) 754-2692

330 BROOKLINE AVENUE, BOSTON, MA 02215

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AHMED, M.D., MUNEEB	1.00									
DIRECTOR; RADIOLOGIST, HMFP	59.00	X						0.	422,991.	72,231.
(2) HACKNEY, M.D., DAVID	1.00									
DIRECTOR; NEURORAD HMFP	59.00	X						0.	395,812.	66,399.
(3) JESURUM, M.D., DEBORAH	1.00									
DIRECTOR; DIAG RAD, HMFP	59.00	X						0.	390,437.	66,924.
(4) KRUSKAL, M.D., PHD, JONATHAN B.	2.00									
DIRECTOR & PRESIDENT	63.00	X		X				0.	755,544.	66,602.
(5) MEHTA, M.D., M.P.H., TEJAS S.	1.00									
DIR & CHF OF BR IMG, BIDMC	59.00	X						0.	374,766.	70,331.
(6) WU, M.D., JIM S.	1.00									
DIRECTOR; RADIOLOGIST, HMFP	59.00	X						0.	380,386.	64,001.
(7) HALLETT, BSC., DONNA	5.00									
CLERK; CAO RADIOLOGY HMFP	45.00			X				0.	66,156.	16,555.
(8) NICKERSON, CARL F.	2.00									
TREAS/CLERK; RAD BUS MGR, HMFP	48.00			X				0.	169,391.	40,683.
(9) REEDY, ALLEN	1.00									
TREAS; RAD FIN HMFP/BIDMC	59.00			X				0.	158,079.	35,347.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	3,113,562.	499,073.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	3,113,562.	499,073.

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 ▶ 0

		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		X
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	X	
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		X

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 NONE	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶				
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	900099	11,089.	11,089.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	11,089.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	79,102.		-3,710.	82,812.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	160,205.				
	b Less cost or other basis and sales expenses	0.				
	c Gain or (loss)	160,205.				
	d Net gain or (loss)	▶	160,205.		9,122.	151,083.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	250,396.	11,089.	5,412.	233,895.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,681.	54,681.		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,239.	1,239.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,917.	2,917.		
23 Insurance				
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 RESEARCH EXPENSE	20,152.	20,152.		
b PURCHASED SERVICES	16,573.	16,573.		
c DUES AND LICENSES	10,500.	10,500.		
d BANK CHARGES	611.		611.	
e All other expenses	3,945.	3,945.		
25 **Total functional expenses.** Add lines 1 through 24e	110,618.	110,007.	611.	0.
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	222,013.	1	178,888.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,348.	4	25,402.
	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 instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 0.			
	b	Less accumulated depreciation 10b	52,799.	10c	
	11	Investments - publicly traded securities	256,852.	11	259,521.
	12	Investments - other securities See Part IV, line 11	9,506,017.	12	9,961,807.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	141,844.	15	137,854.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	10,200,873.	16	10,563,472.
Liabilities	17	Accounts payable and accrued expenses	341,695.	17	340,563.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	341,695.	26	340,563.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,859,178.	27	10,222,909.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		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	9,859,178.	33	10,222,909.
	34	Total liabilities and net assets/fund balances	10,200,873.	34	10,563,472.

Part XI Reconciliation 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	250,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,618.
3	Revenue less expenses Subtract line 2 from line 1	3	139,778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,859,178.
5	Net unrealized gains (losses) on investments	5	223,953.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,222,909.

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		X
	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	X	
	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	X	
	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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
BIH RADIOLOGIC FOUNDATION, INC.	04-2571853

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 12, check only one box)

12

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

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

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

12 ☒ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 3

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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)
BETH ISRAEL DEACONESS MEDICAL CENTER	04-2103881	3	X		1,384.	
HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DE	22-2768204	10	X		1,384.	
PRESIDENT & FELLOWS OF HARVARD COLLEGE	04-2103580	2	X		1,384.	
Total 3					4,152.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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	X	
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		X
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		X
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 12a or 12b in Part I, answer (b) and (c) below*	4a		X
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		X
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		X
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 I of Schedule L (Form 990 or 990-EZ)*	8		X
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		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined in line 9a) 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		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below*	10a		X
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		

Part IV Supporting Organizations *(continued)*

			Yes	No
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		X
b	A family member of a person described in (a) above?	11b		X
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		X

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		X
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		X

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 yea* **(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 (explain in Part VI) **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)			
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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in **Part VI** See instructions			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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)

SCHEDULE A, PART IV, SECTION B, QUESTION 1

AS IT PERTAINS TO THE DEPARTMENTAL FOUNDATIONS, HMFP IS THE SOLE MEMBER OF EACH FOUNDATION AND HAS THE RIGHT TO CONTROL ACTIVITIES. AS THE SOLE MEMBER, HMFP EXERCISES A SUBSTANTIAL DEGREE OF CONTROL OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF THE FOUNDATION. THE CHIEF OF THE INDIVIDUAL DEPARTMENT AT BIDMC IS THE PRESIDENT OR LEAD OF THE RELATED DEPARTMENTAL FOUNDATION. THIS SAME CHIEF IS ALSO A MEMBER OF THE BOARD OF DIRECTORS FOR HMFP.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BIH RADIOLOGIC FOUNDATION, INC.

Employer identification number
04-2571853

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 a 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 Tax 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 7/25/06, 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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

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)		
(ii) related organizations 3a(ii)		
b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				0.

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) JEWISH COMMUNITY ENDOWMENT POOL, LLP	9,961,807.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,961,807.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

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 [X]

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	635,399,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	223,953.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	634,924,651.		
e	Add lines 2a through 2d			2e	635,148,604.
3	Subtract line 2e from line 1			3	250,396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	250,396.

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	612,637,000.
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	612,526,382.		
e	Add lines 2a through 2d			2e	612,526,382.
3	Subtract line 2e from line 1			3	110,618.
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	110,618.

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

PART X, LINE 2:

THE TEXT OF THE FOOTNOTE TO THE CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS IS AS FOLLOWS:

THE COMPANY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. HMFP DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2018 OR 2017.

ON DECEMBER 22, 2017, THE PRESIDENT OF THE UNITED STATES SIGNED INTO LAW

Part XIII Supplemental Information *(continued)*

H.R. 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACTS. THE NEW LAW (PUBLIC LAW NO. 115-97) INCLUDES SUBSTANTIAL CHANGES TO THE TAXATION OF INDIVIDUALS, BUSINESSES, MULTINATIONAL ENTERPRISES AND OTHERS. IN ADDITION TO THE MANY GENERALLY APPLICABLE PROVISIONS, THE LAW CONTAINS SEVERAL SPECIFIC PROVISIONS THAT RESULT IN CHANGES TO THE TAX TREATMENT OF TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS. THE COMPANY HAS REVIEWED ITS PROVISIONS AND THE POTENTIAL IMPACT OF THE LAW AND CONCLUDED THAT THE ENACTMENT OF H. R. 1 WILL NOT HAVE A MATERIAL EFFECT ON THE OPERATIONS OF THE ORGANIZATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATIONS	634,924,651.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED AFFILIATES EXPENSES NET OF ELIMINATIONS	612,526,382.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
BIH RADIOLOGIC FOUNDATION, INC.	04-2571853

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS		1,505,454.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		215,190.
NORTH AMERICA	0	0	INVESTMENTS		35,961.
3 a Sub-total	0	0			1,756,605.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,756,605.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2017

732071 10-06-17

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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" on 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 noncash assistance	(g) Description of noncash 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)*	[X] 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 separately 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, don't file with Form 990)*	[ ] Yes	[X] 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)*	[X] 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)*	[X] 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)*	[X] 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	[ ] Yes	[X] 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

SCHEDULE F, PART IV, QUESTION 1

ALTHOUGH RADIOLOGIC FOUNDATION WAS AN INDIRECT TRANSFEROR OF FUNDS TO A FOREIGN CORPORATION DURING THE PERIOD COVERED BY THIS FILING, SUCH TRANSFER DID NOT RESULT IN AN OBLIGATION TO FILE FORM 926, RETURN OF A U.S. TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION.

SCHEDULE F, PART IV, QUESTION 3

ALTHOUGH RADIOLOGIC FOUNDATION HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUIRED TO FILE FORM 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS.

SCHEDULE F, PART IV, QUESTION 4

ALTHOUGH RADIOLOGIC FOUNDATION HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUIRED TO FILE FORM 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS.

SCHEDULE F, PART IV, QUESTION 5

ALTHOUGH RADIOLOGIC FOUNDATION HELD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE TAX YEAR, THE INTEREST DID NOT RESULT IN AN OBLIGATION TO FILE FORM 8865, RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

BIH RADIOLOGIC FOUNDATION, INC.

Employer identification number

04-2571853

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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
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	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 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	X
b	Any related organization?	5b	X
	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	X
b	Any related organization?	6b	X
	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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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 aren't 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				
(1) AHMED, M.D., MUNEEB	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR, RADIOLOGIST, HMFP	(ii)	388,396.	28,000.	6,595.	32,400.	39,831.	495,222.	0.
(2) HACKNEY, M.D., DAVID	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR; NEURORAD HMFP	(ii)	356,295.	28,000.	11,517.	32,400.	33,999.	462,211.	0.
(3) JESURUM, M.D., DEBORAH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR; DIAG RAD, HMFP	(ii)	355,192.	28,000.	7,245.	32,400.	34,524.	457,361.	0.
(4) KRUSKAL, M.D., PHD, JONATHAN B.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR & PRESIDENT	(ii)	742,350.	0.	13,194.	32,400.	34,202.	822,146.	0.
(5) MEHTA, M.D., M.P.H., TEJAS S.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR & CHF OF BR IMG, BIDMC	(ii)	343,631.	22,400.	8,735.	32,400.	37,931.	445,097.	0.
(6) WU, M.D., JIM S.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR; RADIOLOGIST, HMFP	(ii)	345,796.	28,000.	6,590.	32,400.	31,601.	444,387.	0.
(7) NICKERSON, CARL F.	(i)	0.	0.	0.	0.	0.	0.	0.
TREAS/CLERK; RAD BUS MGR, HMFP	(ii)	140,632.	22,434.	6,325.	17,947.	22,736.	210,074.	0.
(8) REEDY, ALLEN	(i)	0.	0.	0.	0.	0.	0.	0.
TREAS; RAD FIN HMFP/BIDMC	(ii)	157,679.	0.	400.	4,026.	31,321.	193,426.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

FORM 990, SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTE:

AS REQUIRED BY FORM 990, THE COMPENSATION DETAIL INCLUDED HERE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 IS CALENDAR YEAR 2017 DETAIL.

SALARY AND OTHER INCOME REPORTED ON THIS MASSACHUSETTS FORM PC INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AND ADDITIONAL DETAIL DESCRIBED BELOW AS REPORTED IN FORM 990 SCHEDULE J.

CONTRIBUTION TO EMPLOYEE BENEFIT PLANS REPORTED ON THIS MASSACHUSETTS FORM PC INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS DESCRIBED BELOW AND AS REPORTED IN FORM 990 SCHEDULE J.

BASE COMPENSATION·

AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS· REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN

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

OTHER REPORTABLE COMPENSATION·

AMOUNTS QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: TAXABLE EMPLOYER-SUBSIDIZED PARKING; TAXABLE MOVING EXPENSES; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE; AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN; DISTRIBUTIONS FROM A 457(B) PLAN; AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN; INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS; 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 AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN

NON-TAXABLE BENEFITS:

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

AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THESE 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, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE

ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS.

COMPENSATION PAID TO OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES

HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS HMFP AND BIDMC RESPECTIVELY. IN ADDITION, BIH RADIOLOGIC FOUNDATION, INC. MAY BE REFERENCED AS RADIOLOGIC FDN.

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

AHMED, M.D., MUNEEB

DIRECTOR - BIH RADIOLOGIC FOUNDATION

DIAGNOSIC RADIOLOGIST - ARVARD MEDICAL FACULTY PHYSICIANS AT BETH

ISRAEL DEACONESS MEDICAL CENTER

ASSOCIATE PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL

DR. AHMED DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING

ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE.

PAYMENTS REPORTED BY HMFP·

BASE COMPENSATION: 388,396

INCENTIVE COMPENSATION: 28,000

OTHER REPORTABLE COMPENSATION: 6,595

DEFERRED COMPENSATION: 32,400

NON-TAXABLE BENEFITS: 39,831

HACKNEY, M.D., DAVID

DIRECTOR - BIH RADIOLOGIC FOUNDATION

NEURORADIOLOGIST -- ARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL

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

DEACONESS MEDICAL CENTER

DR. HACKNEY DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE.

PAYMENTS REPORTED BY HMFP:

BASE COMPENSATION: 356,295

INCENTIVE COMPENSATION: 28,000

OTHER REPORTABLE COMPENSATION: 11,517

DEFERRED COMPENSATION: 32,400

NON-TAXABLE BENEFITS: 33,999

JESURUM (LEVINE), M.D., DEBORAH

DIRECTOR - BIH RADIOLOGIC FOUNDATION

DIRECTOR OF OBSTETRIC AND GYNECOLOGIC ULTRASOUND, DEPARTMENT OF RADIOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

DR. JESURUM DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE

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

REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS

LISTED HERE.

PAYMENTS REPORTED BY HMFP:

BASE COMPENSATION: 355,192

INCENTIVE COMPENSATION: 28,000 .

OTHER REPORTABLE COMPENSATION: 7,245

DEFERRED COMPENSATION 32,400

NON-TAXABLE BENEFITS. 34,524

KRUSKAL, M.D., PHD, JONATHAN B.

PRESIDENT AND DIRECTOR (EX-OFFICIO) - BIH RADIOLOGIC FOUNDATION

DIRECTOR (EX-OFFICIO) AND CHAIR (RADIOLOGY) - HARVARD MEDICAL FACULTY

PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

CHIEF OF RADIOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER

PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL

DR. KRUSKAL DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE

REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS

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

LISTED HERE.

DR. KRUSKAL PERFORMS SERVICES FOR BOTH HMFP AND BIDMC. AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. KRUSKAL IS PAID DIRECTLY BY HMFP, THE PORTION OF DR. KRUSKAL'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW.

PAYMENTS REPORTED BY HMFP

BASE COMPENSATION. 371,175

INCENTIVE COMPENSATION: 0

OTHER REPORTABLE COMPENSATION. 6,597

DEFERRED COMPENSATION: 16,200

NON-TAXABLE BENEFITS: 17,101

PAYMENTS REPORTED BY BIDMC

BASE COMPENSATION· 371,175

INCENTIVE COMPENSATION 0

OTHER REPORTABLE COMPENSATION: 6,597

DEFERRED COMPENSATION: 16,200

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

NON-TAXABLE BENEFITS: 17,101

MEHTA, M.D., M.P.H., TEJAS S.

DIRECTOR - BIH RADIOLOGIC FOUNDATION

DIRECTOR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

CHIEF OF BREAST IMAGING, DEPARTMENT OF RADIOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

CO-DIRECTOR OF BETH ISRAEL DEACONESS MEDICAL CENTER AND BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM BREASTCARE CENTERS

ASSISTANT PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL

DR. MEHTA DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE.

PAYMENTS REPORTED BY HMFP:

BASE COMPENSATION: 343,631

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

INCENTIVE COMPENSATION: 22,400

OTHER REPORTABLE COMPENSATION: 8,735

DEFERRED COMPENSATION: 32,400

NON-TAXABLE BENEFITS· 37,931

WU, M.D., JIM S.

DIRECTOR - BIH RADIOLOGIC FOUNDATION

RADIOLOGIST - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL

DEACONESS MEDICAL CENTER

ASSOCIATE PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL

DR. WU DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE

REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS

LISTED HERE.

PAYMENTS REPORTED BY HMFP·

BASE COMPENSATION: 345,796

INCENTIVE COMPENSATION: 28,000

OTHER REPORTABLE COMPENSATION: 6,590

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

DEFERRED COMPENSATION 32,400

NON-TAXABLE BENEFITS: 31,601

NICKERSON, CARL F.

TREASURER AND CLERK - BIH RADIOLOGIC FOUNDATION

BUSINESS MANAGER, DEPARTMENT OF RADIOLOGY - HARVARD MEDICAL FACULTY

PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER

BUSINESS MANAGER, DEPARTMENT OF RADIOLOGY - BETH ISRAEL DEACONESS

MEDICAL CENTER

MR. NICKERSON'S TERM AS TREASURER AND CLERK FOR THE BIH RADIOLOGIC

FOUNDATION BOARD ENDED FEBRUARY 13, 2018. MR. NICKERSON DEVOTED, ON

AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND

ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE.

PAYMENTS REPORTED BY HMFP:

BASE COMPENSATION: 140,632

INCENTIVE COMPENSATION: 22,434

OTHER REPORTABLE COMPENSATION: 6,325

DEFERRED COMPENSATION: 17,947

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

NON-TAXABLE BENEFITS: 22,736

REEDY, ALLEN

TREASURER - BIH RADIOLOGIC FOUNDATION

FINANCE, DEPARTMENT OF RADIOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS

AT BETH ISRAEL DEACONESS MEDICAL CENTER

FINANCE, DEPARTMENT OF RADIOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER

MR. REEDY'S ROLE AS TREASURER FOR THE BIH RADIOLOGIC FOUNDATION BEGAN

FEBRUARY 13, 2018.

BASE COMPENSATION: 157,678

INCENTIVE COMPENSATION: 0

OTHER REPORTABLE COMPENSATION: 400

DEFERRED COMPENSATION: 4,026

FORM 990, SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTE (CONTINUED):

NON-TAXABLE BENEFITS: 31,321

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
BIH RADIOLOGIC FOUNDATION, INC.

Employer identification number
04-2571853

FORM 990, PART III, LINE 1:

THE MISSION OF B.I.H. RADIOLOGIC FOUNDATION (THE FOUNDATION) IS TO SUPPORT MEDICAL RESEARCH, PROVIDE INSTRUCTION, AND PARTICIPATE IN ACTIVITIES DESIGNED TO IMPROVE THE GENERAL PUBLIC HEALTH OF PATIENTS SERVED BY BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP). THE FOUNDATION USES ITS FUNDS TO SUPPORT THE PHYSICIAN'S WORK IN THE RADIOLOGY DEPARTMENT AT BIDMC AND TO STRENGTHEN THE DEPARTMENT BY SUPPORTING IT'S EDUCATIONAL PROGRAMS. THE FOUNDATION ALSO USES ITS FUNDS TO SUPPORT EXPENSES INCURRED BY ITS SUPPORTED ORGANIZATIONS WHICH BENEFIT THE PHYSICIANS AND OTHER PERSONNEL WHO ARE ENGAGED IN ACTIVITY RELATED TO THE RADIOLOGY FIELD.

FORM 990, PART VI, SECTION A, LINE 2:

AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, CAREGROUP, INC. (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM.

CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER). BIDMC IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC. (BIDN), MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS

Name of the organization: BIH RADIOLOGIC FOUNDATION, INC.

Employer identification number: 04-2571853

GROUP (APG) AND BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC. (BID-MILTON).

IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES. CAREGROUP ALSO SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) AND MOUNT AUBURN HOSPITAL (MAH), WHICH IN TURN SERVE AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), RESPECTIVELY. EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES.

TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN EMPLOYMENT RELATIONSHIP ONE OR MORE ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATED ORGANIZATIONS. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.

FORM 990, PART VI, SECTION A, LINE 6:

YES, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE SOLE MEMBER OF B.I.H. RADIOLOGIC FOUNDATION (THE FOUNDATION).

FORM 990, PART VI, SECTION A, LINE 7A:

HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE SOLE MEMBER OF B.I.H. RADIOLOGIC FOUNDATION (THE FOUNDATION). HMFP HAS THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF

Name of the organization: BIH RADIOLOGIC FOUNDATION, INC.

Employer identification number: 04-2571853

THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

YES, THE MEMBER ACCORDING TO FOUNDATION BYLAWS HAS THE FOLLOWING RIGHTS:

- TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF ORGANIZATION OR BYLAWS;

- TO APPROVE THE UNDERTAKING OF ANY CLINICAL SERVICES OF THE FOUNDATION NOT BEING PROVIDED BY THE FOUNDATION AS OF OCTOBER 1, 2006;

- TO APPROVE ANY ACTION THAT WOULD CAUSE, OR COULD REASONABLY BE EXPECTED TO CAUSE THE MEMBER TO BREACH THE AFFILIATION AGREEMENT BETWEEN THE MEMBER AND BETH ISRAEL DEACONESS MEDICAL CENTER;

-TO SELECT AND REMOVE AND REPLACE THE INDEPENDENT PUBLIC ACCOUNTING FIRM;

-TO REQUIRE THE FOUNDATION TO COMPLY WITH THE POLICIES AND PROCEDURES OF THE MEMBER'S PROGRAM FOR COMPLIANCE WITH THE APPLICABLE BILLING AND PAYMENT REQUIREMENTS OF FEDERAL HEALTH CARE PROGRAMS; AND,

-POWERS AND RIGHTS AS VESTED BY LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARATION AND THE FILING OF THE FOUNDATION'S FORM 990 AND SUPPORTING SCHEDULES ARE THE RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER (CFO) OF HMFP. AS PREVIOUSLY NOTED, HMFP IS THE SOLE MEMBER OF THE FOUNDATION. FOR FISCAL YEAR 2018, THE FORM 990 WAS PREPARED BY DELOITTE TAX LLP WITH ASSISTANCE AND GUIDANCE FROM HMFP'S FINANCE STAFF. THE TAX PREPARATION PROCESS WAS ALSO OVERSEEN BY THE DIRECTOR OF TAXATION OF CAREGROUP, INC. CARE GROUP IS THE SOLE MEMBER OF BIDMC.

A DRAFT COPY OF THE FORM 990 PREPARED BY DELOITTE TAX LLP INCLUDING ALL RELATED SCHEDULES WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

Name of the organization	Employer identification number
BIH RADIOLOGIC FOUNDATION, INC.	04-2571853

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION HAS A FORMAL CONFLICT OF INTEREST POLICY UNDER WHICH, THE PRESIDENT, OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST. A FORMAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS NOW REQUIRED TO BE COMPLETED ANNUALLY BY ALL KEY FOUNDATION PERSONNEL. THE STANDARDS IN THE POLICY REQUIRE FOUNDATION OFFICERS AND BOARD MEMBERS SHALL NOT VOTE ON, INFLUENCE, OR MAKE RECOMMENDATIONS REGARDING A TRANSACTION OR DECISION WHEN THE INDIVIDUAL OR MEMBER OF HIS OR HER FAMILY HAS A MATERIAL INTEREST IN AN ENTITY OR PROPERTY INVOLVED IN THE TRANSACTION OR DECISION. A MATERIAL INTEREST INCLUDES, BUT IS NOT LIMITED TO AN INDIVIDUAL OR FAMILY MEMBER HAVING A COMBINED INTEREST OF GREATER THAN 5% OF AN ENTITY OR PROPERTY, AN INDIVIDUAL OR FAMILY MEMBER SERVING AS A DIRECTOR, TRUSTEE, OFFICER, PARTNER, EMPLOYEE, CONSULTANT, AGENT, MEMBER OF THE ACTIVE PROFESSIONAL STAFF, RESEARCHER OR ADVISOR OF OR TO AN ENTITY (INCLUDED BY NOT LIMITED TO HEALTH CARE PROVIDERS) OTHER THAN HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC, INC AND ITS AFFILIATES, AN INDIVIDUAL HOLDING AN ELECTED OR APPOINTED OFFICE OR POSITION IN A BRANCH OF GOVERNMENT OR IN A REGULATORY AGENCY HAVING AUTHORITY OR JURISDICTION OVER PROVIDERS OF HEALTH CARE (FOR MEMBERS OF THE JUDICIARY, AREAS OF CONFLICT WILL BE DEFINED IN THE CODE OF JUDICIAL CONDUCT) AND AN INDIVIDUAL (OR MEMBER OF HIS OR HER FAMILY) COMPETING WITH THE FOUNDATION IN THE PURCHASE OR SALE OF ANY PROPERTY RIGHT, INTEREST, OR SERVICE.

THE CONFLICT OF INTEREST STANDARDS ALSO REQUIRE THAT AN INDIVIDUAL OR MEMBER OF HIS OR HER FAMILY NOT ACCEPT GIFTS OR OTHER FAVORS THAT MIGHT LEAD TO THE INFERENCE THAT THE GIFT OR FAVOR WAS INTENDED TO INFLUENCE HIS OR HER DECISION-MAKING WHILE SERVING THE FOUNDATION. PER THE POLICY, AN INDIVIDUAL SHOULD NOT DISCLOSE OR USE FOUNDATION INFORMATION FOR PERSONAL

Name of the organization: BIH RADIOLOGIC FOUNDATION, INC.

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PROFIT OR ADVANTAGE OR SHOULD NOT DISCLOSE CONFIDENTIAL AND/OR STRATEGIC INFORMATION IN ADVANCE OF ITS AUTHORIZED RELEASE. AS NOTED ABOVE, THE PROCESS FOR ADDRESSING A POTENTIAL CONFLICT REQUIRES THAT THE FOUNDATION DIRECTORS AND OFFICERS COMPLETE A FORMAL CONFLICT OF INTEREST DISCLOSURE STATEMENT EACH YEAR. THE FOUNDATION BOARD WILL REVIEW SUCH SUBMITTED FORMS AND FORMAL APPROVAL OF SUCH ACTIVITIES WILL BE REQUIRED TO BE DOCUMENTED IN MINUTES OF THE BOARD MEETING. IF THE BOARD FEELS THAT ANY INDIVIDUAL HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST, IT WILL INFORM THE INDIVIDUAL OF THE BASIS FOR THE BELIEF AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD DETERMINES THAT THE INDIVIDUAL FAILED TO PROPERLY DISCLOSE A CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS. WITH THE ADOPTION OF THIS CONFLICT OF INTEREST POLICY, THE BOARD IS DETERMINED TO HELP ENSURE ALL TRANSACTIONS ARE HANDLED IN A FAIR AND ETHICAL MANNER.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART VI, SECTION A, LINE 8B:

THE FOUNDATION DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY; THEREFORE, THIS QUESTION IS MORE APPROPRIATELY ANSWERED "NOT APPLICABLE."

Name of the organization	Employer identification number
BIH RADIOLOGIC FOUNDATION, INC.	04-2571853

FORM 990, PART VI, SECTION B, LINE 13 & 14:

THE FOUNDATION IS IN THE PROCESS OF FORMALLY ADOPTING THE WHISTLEBLOWER POLICY AND THE DOCUMENT RETENTION AND DESTRUCTION POLICY OF ITS SOLE MEMBER, HMFP.

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART XII, LINE 2C:

THE FINANCIAL RECORDS OF THE FOUNDATION ARE AUDITED EACH YEAR AS PART OF THE HMFP CONSOLIDATED AUDITED FINANCIAL STATEMENT PROCESS. FOR THE PERIOD COVERED BY THIS FILING, THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON HMFP AND AFFILIATES FINANCIAL STATEMENTS. THIS PROCESS IS MONITORED AND REVIEWED INTERNALLY BY THE HMFP AUDIT

Name of the organization: BIH RADIOLOGIC FOUNDATION, INC.

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COMMITTEE. IN ADDITION, THE FINANCIAL INFORMATION OF HMFP AND AFFILIATES IS CONSOLIDATED INTO THE BETH ISRAEL DEACONESS MEDICAL CENTER AND AFFILIATES FINANCIAL STATEMENTS. FOR THE PERIOD COVERED BY THIS FILING, THE BOSTON, MA OFFICE OF KPMG SIMILARLY ISSUED AN UNQUALIFIED OPINION ON THE BIDMC AND AFFILIATES FINANCIAL STATEMENTS. THAT PROCESS IS OVERSEEN BY THE MEDICAL CENTER'S COMPLIANCE, AUDIT AND RISK COMMITTEE.

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

BIH RADIOLOGIC FOUNDATION, INC.

Employer identification number

04-2571853

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) Section 512(b)(13) controlled entity? No
ASSOC PHYS HARVARD MED FAC PHY AT BIDMC - 32-0058309, 375 LONGWOOD AVE, BOSTON, MA 02215	TO PROVIDE EMERGENCY MEDICAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI ANAESTHESIA FOUNDATION, INC. - 04-2997215 330 BROOKLINE AVE BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI COMMUNITY FOUNDATION, INC. - 04-2776678 330 BROOKLINE AVE BOSTON, MA 02215	INACTIVE CORPORATION	MASSACHUSETTS	501(C)(3)	LINE 7	N/A		X
BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. - 04-3079630, 330 BROOKLINE AVE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION, INC. - 20-8253452, 330 BROOKLINE AVE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC. - 04-3030397, 330 BROOKLINE AVE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC. - 20-4974585, 330 BROOKLINE AVE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC. - 02-0671240, 110 FRANCIS STREET, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI DEACONESS HOSPITAL - NEEDHAM, INC. - 04-3229679, 148 CHESTNUT ST, NEEDHAM, MA 02492	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING	MASSACHUSETTS	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X
BETH ISRAEL DEACONESS MEDICAL CENTER - 04-2103881, 330 BROOKLINE AVE, BOSTON, MA 02215	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MASSACHUSETTS	501(C)(3)	LINE 3	CAREGROUP, INC.		X
BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP - 04-3200113, 300 LONGWOOD AVE, BOSTON, MA 02215	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MASSACHUSETTS	501(C)(3)	LINE 12A, I	N/A		X
BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. - 04-2794855, 330 BROOKLINE AVE, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BI DERMATOLOGY FOUNDATION, INC. - 04-3117601 330 BROOKLINE AVE BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BIH PATHOLOGY FOUNDATION, INC. - 22-2548374 330 BROOKLINE AVE BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
CAREGROUP, INC. - 22-2629185 109 BROOKLINE AVE BOSTON, MA 02215	OVERSEE FINCIAL HEALTH OF AFFILIATES	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
CARL J. SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH - 04-3326928, 330 BROOKLINE AVE, BOSTON, MA 02215	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MASSACHUSETTS	501(C)(3)	LINE 12A, I	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
CONTINUING EDU PROGRAM, D/B/A BID DEPT OF PSYCH FDN - 04-3242952, 330 BROOKLINE AVE, RABB 2, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
MED CARE OF BOSTON MGMT CORP D/B/A BID HEALTHCARE - 04-2810972, 400 HUNNEWELL ST, NEEDHAM, MA 02494	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MASSACHUSETTS	501(C)(3)	LINE 10	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X
MOUNT AUBURN HOSPITAL - 04-2103606 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING	MASSACHUSETTS	501(C)(3)	LINE 3	CAREGROUP, INC.		X
MOUNT AUBURN PROFESSIONAL SERVICES, INC. - 04-3026897, 330 MOUNT AUBURN ST, CAMBRIDGE, MA 02138	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MASSACHUSETTS	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL		X
NEW ENGLAND BAPTIST HOSPITAL - 04-2103612 125 PARKER HILL AVE BOSTON, MA 02120	ORTHOPEDIC SPECIALTY HOSPITAL	MASSACHUSETTS	501(C)(3)	LINE 3	CAREGROUP, INC.		X
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, INC. - 04-3235796, 125 PARKER HILL AVE, BOSTON, MA 02120	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY	MASSACHUSETTS	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL, INC.		X
LONGWOOD MEDICAL ENERGY COLLABORATIVE - 04-3476764, 164 LONGWOOD AVE, STE 110, BOSTON, MA 02115	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MASSACHUSETTS	501(C)(3)	LINE 12A, I	N/A		X
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC, INC. - 22-2768204, 375 LONGWOOD AVE, BOSTON, MA 02215	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND	MASSACHUSETTS	501(C)(3)	LINE 10	N/A		X
BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC. - 04-2103604, 199 REEDSDALE RD, MILTON, MA 02186	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING	MASSACHUSETTS	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X
COMMUNITY PHYSICIAN ASSOCIATES, INC. - 04-3243146, 199 REEDSDALE RD, MILTON, MA 02186	OUTPATIENT AND PRIMARY CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION, INC.		X
MILTON HOSPITAL FOUNDATION, INC. - 22-2566792, 199 REEDSDALE RD, MILTON, MA 02186	PROMOTE HEALTHCARE	MASSACHUSETTS	501(C)(3)	LINE 12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X
BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC. - 22-2667354, 275 SANDWICH ST, PLYMOUTH, MA 02186	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING	MASSACHUSETTS	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
JORDAN HEALTH SYSTEMS, INC. - 04-2103805 275 SANDWICH ST PLYMOUTH, MA 02360	PROMOTE HEALTHCARE	MASSACHUSETTS	501(C)(3)	LINE 7	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X
JORDAN PHYSICIANS ASSOCIATES, INC. - 04-3228556, 275 SANDWICH ST, PLYMOUTH, MA 02360	OUTPATIENT AND PRIMARY CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 10	JORDAN HEALTH SYSTEMS, INC		X
BI DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION, INC. - 36-4803234, 330 BROOKLINE AVE, W/CC-2, BOSTON, MA 02215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
CAREGROUP PARMENTER HOME CARE & HOSPICE , INC. - 47-3111453, 330 MT AUBURN ST, CAMBRIDGE, MA 02138	HOME CARE & HOSPICE	MASSACHUSETTS	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL		X
BAIM INSTITUTE OF CLINICAL RESERCH, INC. FKA HCRI - 04-3521077, 930 W COMMONWEALTH AVE, BOSTON, MA 02215	SCIENTIFIC & MEDICAL RESEARCH	MASSACHUSETTS	501(C)(3)	LINE 7	N/A		X
LONGWOOD MEDICAL INTL FOUNDATION - 04-3208878, 185 PILGRIM ROAD BOSTON, MA 02215, BOSTON, MA 02215	INACTIVE CORPORATION	MASSACHUSETTS	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		X
BIDMC PHARMACY, INC. - 82-2526816 330 BROOKLINE AVE BOSTON, MA 02215	OPERATE A SPECIALTY PHARMACY	MASSACHUSETTS	501(C)(3)	LINE 12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.		X

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
BETH ISRAEL DEACONESS PHYS ORG LLC D/B/A BIDCO - 04-3426253, ONE UNIVERSITY AVE, NORTH ENTRANCE,	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BIDCO PHYSICIAN LLC - 46-1589743, ONE UNIVERSITY AVE, NORTH ENTRANCE, WESTWOOD, MA 02090	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BIDCO HOSPITAL LLC - 46-1643790, ONE UNIVERSITY AVE, NORTH ENTRANCE, WESTWOOD, MA 02090	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CAREGROUP CLINICAL RESEARCH LLC - 30-0228711, 109 BROOKLINE AVENUE, BOSTON, MA 02215	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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 SOLUTIONS, INC. - 04-3571311, 330 BROOKLINE AVE, BOSTON, MA 02215	INACTIVE CORPORATION	MA	N/A	C CORP	N/A	N/A	N/A		X
JORDAN COMMUNITY ACO, INC. - 45-4047430 275 SANDWICH ST PLYMOUTH, MA 02360	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT	MA	N/A	C CORP	N/A	N/A	N/A		X

SEE PART VII FOR CONTINUATIONS

Part III Continuation of 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) 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
CAREGROUP INVESTMENT PARTNERSHIP LLP - 04-3278109, 109 BROOKLINE AVENUE, BOSTON, MA 02215	INVESTMENT PARTNERSHIP	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHYSICIAN PROFESSIONAL SERVICES LLP - 04-3275078, 10 CABOT ROAD, MEDFORD, MA 02215	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC - 46-5120176, 125 PARKER HILL AVE, BOSTON, MA 02120	TO PROVIDE ORTHOPEDIC MEDICAL SERVICES	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DEDHAM MEDICAL URGENT CARE CENTER AFFILIATED WITH BIDMC, LLC - 46-3745783, 275 GROVE STREET, STE 3-300, NEWTON, MA	URGENT CARE CENTER FOR NON-LIFE THREATENING	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BCD HOSPITAL ENERGY COLLABORATIVE, LLC - 82-1711826, 375 LONGWOOD AVE, BOSTON, MA 02215	LONG-TERM ENERGY SUPPLY PLANNING & ACQUISITION OF	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(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 sec 501(c)(3) orgs? Yes	(e) No	(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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

NAME OF RELATED ORGANIZATION:

BI ANAESTHESIA FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BI DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions

NAME OF RELATED ORGANIZATION:

BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BI DEACONESS HOSPITAL - NEEDHAM, INC.

PRIMARY ACTIVITY: HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.

NAME OF RELATED ORGANIZATION

BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BI DERMATOLOGY FOUNDATION, INC.

PRIMARY ACTIVITY SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

BIH PATHOLOGY FOUNDATION, INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

CONTINUING EDU PROGRAM, D/B/A BID DEPT OF PSYCH FDN

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions

BIDMC, HFMP AND HMS

NAME OF RELATED ORGANIZATION:

MOUNT AUBURN HOSPITAL

PRIMARY ACTIVITY: HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS

NAME OF RELATED ORGANIZATION:

NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, INC.

PRIMARY ACTIVITY: OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH

NAME OF RELATED ORGANIZATION:

HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC, INC.

PRIMARY ACTIVITY: GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS

NAME OF RELATED ORGANIZATION:

BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC.

PRIMARY ACTIVITY: HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.

NAME OF RELATED ORGANIZATION:

BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC.

PRIMARY ACTIVITY: HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions

BI DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION,

INC.

PRIMARY ACTIVITY: SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF

BIDMC, HFMP AND HMS

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BETH ISRAEL DEACONESS PHYS ORG LLC D/B/A BIDCO

EIN: 04-3426253

ONE UNIVERSITY AVE, NORTH ENTRANCE

WESTWOOD, MA 02090

PRIMARY ACTIVITY: COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT

BIDMC

NAME OF RELATED ORGANIZATION:

BIDCO PHYSICIAN LLC

PRIMARY ACTIVITY: COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT

BIDMC

NAME OF RELATED ORGANIZATION

BIDCO HOSPITAL LLC

PRIMARY ACTIVITY· COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT

BIDMC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

DEDHAM MEDICAL URGENT CARE CENTER AFFILIATED WITH BIDMC,

LLC

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions

EIN: 46-3745783

275 GROVE STREET, STE 3-300

NEWTON, MA 02466

PRIMARY ACTIVITY: URGENT CARE CENTER FOR NON-LIFE THREATENING ILLNESSES & INJURIES

NAME OF RELATED ORGANIZATION

BCD HOSPITAL ENERGY COLLABORATIVE, LLC

PRIMARY ACTIVITY: LONG-TERM ENERGY SUPPLY PLANNING & ACQUISITION OF RELIABLE LOW-COST ENERGY

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

JORDAN COMMUNITY ACO, INC.

PRIMARY ACTIVITY COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH