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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BETH ISRAEL DEACONESS HOSPITAL - MILTON

Doing business as

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

199 REEDSDALE ROAD

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

MILTON, MA 02186

F Name and address of principal officer

RICHARD FERNANDEZ

199 REEDSDALE ROAD

MILTON, MA 02186

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

04-2103604

E Telephone number

(617) 313-1000

G Gross receipts \$ 128,379,769

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BIDMILTON ORG

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

L Year of formation 1952

M State of legal domicile MA

Part I

Summary

Activities & Governance

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

SEE SCHEDULE O

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,124,118

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

2020-08-17

Date

MICHAEL CONKLIN CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-17

Check ☐ if self-employed

PTIN P00743140

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 2 JERICHO PLAZA

Phone no (516) 918-7000

JERICHO, NY 11753

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	58,779,393	including grants of \$	69,656)	(Revenue \$	68,273,473)
See Additional Data							

4b	(Code)	(Expenses \$	9,752,830	including grants of \$	)	(Revenue \$	15,379,449)
See Additional Data							

4c	(Code)	(Expenses \$	40,972,737	including grants of \$	)	(Revenue \$	39,881,498)
See Additional Data							

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

4e	Total program service expenses ▶	109,504,960
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	

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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12				10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b	
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders				11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b	
c Enter the amount of reserves on hand				13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 MICHAEL CONKLIN 199 REEDSDALE ROAD MILTON, MA 02186 (617) 696-4600

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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,966,527	4,341,334	802,807

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 ► 13

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DELLBROOK CONSTRUCTION LLC ONE ADAMS PLACE 859 WILLARD STREET QUINCY, MA 02169	CONSTRUCTION	4,840,729
HARVARD MEDICAL FACULTY PHYSICIANS 600 UNICORN PARK DRIVE 4TH FLOOR WOBURN, MA 01801	MEDICAL SERVICES	3,555,414
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	MEDICAL SERVICES	2,512,432
ASSOCIATED PHYS OF HMPF 330 BROOKLINE AVENUE BOSTON, MA 02215	MEDICAL SERVICES	1,044,923
BETH ISRAEL DEACONESS PHYS ORG LLC 247 STATION DRIVE SUITE NORTHWEST WESTWOOD, MA 02090	MEDICAL SERVICES	1,011,905

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 ► 12

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	259,581			
d Related organizations	1d				
e Government grants (contributions)	1e	771,225			
f All other contributions, gifts, grants, and similar amounts not included above	1f	794,810			
g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f		1,825,616			

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICE RE	622110	122,607,004	122,607,004		
b OPD PROGRAM REVENUE	621400	428,978	428,978		
c APG&CPA RENT	532000	337,620	337,620		
d OTHER ANCILLARY	622110	841	841		
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f		123,374,443			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		277,805		-59,764	337,569
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	897,893				
b Less rental expenses	427,289				
c Rental income or (loss)	470,604				
d Net rental income or (loss)		470,604			470,604
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	1,076,979				
b Less cost or other basis and sales expenses	0				
c Gain or (loss)	1,076,979				
d Net gain or (loss)		1,076,979			1,076,979
8a Gross income from fundraising events (not including \$ 259,581 of contributions reported on line 1c) See Part IV, line 18	a	110,521			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events		110,521			110,521
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a CAFETERIA/VENDING MACH	722310	639,295			639,295
b REBATES & REFUNDS	900099	131,341	131,341		
c LAB WORK	900099	17,240		17,240	
d All other revenue		28,636	28,636		
e Total. Add lines 11a-11d		816,512			
12 Total revenue. See Instructions		127,952,480	123,534,420	-42,524	2,634,968

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.	69,656	69,656		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,656,132	4,237,080	419,052	
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.	43,656,516	41,470,129	1,830,451	355,936
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,037,573	1,861,731	167,692	8,150
9 Other employee benefits.	5,147,911	4,923,322	205,479	19,110
10 Payroll taxes.	3,481,239	3,329,362	138,954	12,923
11 Fees for services (non-employees):				
a Management.	171,612	171,612		
b Legal.	87,500		87,500	
c Accounting.	175,919		175,919	
d Lobbying.	155,500		155,500	
e Professional fundraising services. See Part IV, line 17.	406,875			406,875
f Investment management fees.	253,474		253,474	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,998,836	11,741,214	3,162,963	94,659
12 Advertising and promotion.	994,947		994,947	
13 Office expenses.	1,305,133	1,111,883	173,304	19,946
14 Information technology.	5,068,353	4,630,955	417,125	20,273
15 Royalties.				
16 Occupancy.	6,364,646	5,149,902	1,211,642	3,102
17 Travel.	7,507	5,454	2,028	25
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	35,732	22,735	12,997	
20 Interest.	1,559,939	1,559,939		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	7,909,406	7,226,824	650,944	31,638
23 Insurance.	656,052	656,052		
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 MEDICAL SUPPLIES	17,557,614	17,450,093	107,521	
b UNCOMPENSATED CARE	1,838,726	1,838,726		
c EQUIPMENT RENTALS	1,032,516	982,806	49,710	
d FOOD & OTHER SUPPLIES	788,861	766,696	18,631	3,534
e All other expenses	762,687	298,789	315,951	147,947
25 Total functional expenses. Add lines 1 through 24e.	121,180,862	109,504,960	10,551,784	1,124,118
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,775,831	1	2,819,251	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		10,707,635	4	11,493,751	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		1,786,607	7	2,732,616	
	8	Inventories for sale or use		1,509,360	8	1,417,480	
	9	Prepaid expenses and deferred charges		699,036	9	703,419	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	143,488,272			
	b	Less: accumulated depreciation	10b	42,030,375	99,911,661	10c	101,457,897
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		34,550,458	12	35,286,538	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,243,583	15	3,621,564	
16	Total assets. Add lines 1 through 15 (must equal line 34)		161,184,171	16	159,532,516		
Liabilities	17	Accounts payable and accrued expenses		13,975,560	17	12,651,490	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		33,103,805	20	32,433,291	
	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		537,808	23	142,447	
	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		22,451,009	25	21,998,568	
	26	Total liabilities. Add lines 17 through 25		70,068,182	26	67,225,796	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		83,344,844	27	84,436,044	
	28	Temporarily restricted net assets		4,913,811	28	4,998,342	
	29	Permanently restricted net assets		2,857,334	29	2,872,334	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		91,115,989	33	92,306,720		
34	Total liabilities and net assets/fund balances		161,184,171	34	159,532,516		

Part XI Reconciliation of Net AssetsCheck 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	127,952,480
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,180,862
3	Revenue less expenses Subtract line 2 from line 1	3	6,771,618
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,115,989
5	Net unrealized gains (losses) on investments	5	116,272
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	-5,697,159
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	92,306,720

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u>
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Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXOPOULOS ALEXANDA DIRECTOR	1 00 2 00	X						0	0	0
BRADY MICHAEL J DIRECTOR, CHAIR	10 00 2 00	X		X				0	0	0
CHI CHANG DANIEL SAO DIRECTOR (EX-OFFICIO)	1 00 2 00	X						0	0	0
CICHELLO ANTHONY DIRECTOR & VICE CHAIR	5 00 15 00	X		X				0	0	0
CRONIN MD JON DIRECTOR	1 00 2 00	X						0	0	0
DOHERTY MAURA DIRECTOR	1 00 2 00	X						0	0	0
FERNANDEZ RICHARD DIR (EX-OFF)/PRESIDENT	60 00 4 00	X		X				501,086	15,498	48,361
FISCHER STEVEN P DIRECTOR, TREASURER	1 00 62 00	X		X				0	770,210	75,762
GREENE DONALD DIRECTOR	1 00 2 00	X						0	0	0
HEAVEY CHRISTOPHER DIRECTOR & TREASURER	2 00 4 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HODGMAN JANE DIRECTOR	1 00 3 00	X						0	0	0
KERWIN MARK DIRECTOR	1 00 2 00	X						0	0	0
LAURENCE ANDREW DIRECTOR & ASST CLERK	2 00 4 00	X		X				0	0	0
LEWIS MD STANLEY M DIRECTOR	1 00 68 00	X						0	732,103	72,582
LONGMAID MD H ESTERBROOK DIR (EX-OFF)/PRES OF MED STAFF	8 00 2 00	X						115,000	0	0
MARR JEFFREY DIRECTOR	1 00 2 00	X						0	0	0
NEEDHAM ELLEN DIRECTOR	1 00 2 00	X						0	0	0
O'CONNOR MD HEIDI DIRECTOR, INTENSIVIST	60 00 2 00	X						310,557	16,345	43,881
PATHAK RAJU DIRECTOR	1 00 2 00	X						0	0	0
SHIH DIN DIRECTOR	1 00 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TABB MD KEVIN DIRECTOR (EX-OFFICIO), CEO	1 00 65 00	X		X				0	1,756,953	143,704
CONKLIN MICHAEL ASST TREAS , VP FINANCE/CFO	55 00 9 00			X				336,374	10,403	43,579
KATZ JAMIE CLERK	1 00 59 00			X				0	560,463	44,008
BARNETT MD SHEILA CHIEF MEDICAL OFFICER	1 00 59 00				X			0	479,359	88,125
CRONIN RN LYNN CNO	60 00 0 00				X			197,525	0	51,220
HARRINGTON KATHLEEN VP HUMAN RESOURCES	60 00 0 00				X			200,593	0	32,280
YEATS MD ASHLEY CHIEF MEDICAL OFFICER	60 00 0 00				X			357,488	0	48,332
COUGHLIN KAY KATHLEEN VICE CHAIR, ASS PROF HMS	60 00 0 00					X		168,836	0	21,639
LOUIS RN CONCESA C NURSE RN	60 00 0 00					X		239,996	0	13,254
TRUESDELL STEPHANIE L VP DEVELOPMENT	60 00 0 00					X		187,794	0	28,453

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAMS ANDREA COMPLIANCE OFFICER	60 00 0 00					X		168,962	0	42,268
YANSON ROSIE S NURSE RN	60 00 0 00					X		182,316	0	5,359

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number

04-2103604

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **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
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization BETH ISRAEL DEACONESS HOSPITAL - MILTON	Employer identification number 04-2103604
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		155,510
j	Total. Add lines 1c through 1i			155,510
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	BETH ISRAEL DEACONESS HOSPITAL - MILTON ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER NETWORK AFFILIATES AND/OR PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS \$155,510 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes ☐ No

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	13,111,055	12,401,390	19,534,830	17,855,848	18,396,252
b Contributions	74,725	200,068	97,114	117,019	10,000
c Net investment earnings, gains, and losses	87,818	405,643	787,972	1,698,620	-550,404
d Grants or scholarships					
e Other expenditures for facilities and programs	1,882	-103,954	8,018,526	136,657	
f Administrative expenses					
g End of year balance	13,271,716	13,111,055	12,401,390	19,534,830	17,855,848

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 ▶ 36 000 %

c Temporarily restricted endowment ▶ 64 000 %

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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		9,338,758		9,338,758
b Buildings		87,274,332	24,905,447	62,368,885
c Leasehold improvements		662,734	157,492	505,242
d Equipment		44,687,514	16,967,436	27,720,078
e Other		1,524,934		1,524,934
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				101,457,897

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SHORT TERM INVESTMENTS	27,415,862	C
(B) DONOR RESTRICTED INVESTMENTS	7,870,676	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	35,286,538	

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. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(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	
PENSION LIABILITY	12,770,445
DUE TO THIRD PARTY	1,867,305
PROFESSIONAL LIABILITY	4,124,284
DUE TO AFFILIATES	3,236,534
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	21,998,568

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,267,670,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	75,987
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,191,988,297
e	Add lines 2a through 2d	2e	3,192,064,284
3	Subtract line 2e from line 1	3	75,605,716
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	52,346,764
c	Add lines 4a and 4b	4c	52,346,764
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	127,952,480

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	70,576,992
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	20,414
e	Add lines 2a through 2d	2e	20,414
3	Subtract line 2e from line 1	3	70,556,578
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	50,624,283
c	Add lines 4a and 4b	4c	50,624,283
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	121,180,861

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	BETH ISRAEL DEACONESS HOSPITAL - MILTON'S ENDOWMENT FUNDS ARE INTENDED TO ENSURE THAT THE BETH ISRAEL DEACONESS HOSPITAL - MILTON ACCOMPLISHES ITS CHARITABLE MISSION OF IMPROVING PATIENT HEALTH BY PROVIDING HIGH QUALITY, PERSONALIZED HEALTH CARE WITH COMPASSION, DIGNITY AND RESPECT IN A COST EFFECTIVE AND SAFE MANNER IN CLOSE COLLABORATION WITH ITS AFFILIATE , BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), REGARDLESS OF THE PATIENT'S ABILITY TO PAY , RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, AGE, OR DISABILITY THE SPECIFIC USES OF THE ENDOWMENT VARY DEPENDING ON THE NATURE OF RESTRICTIONS, IF ANY, IMPOSED BY DONORS THE BETH ISRAEL DEACONESS HOSPITAL - MILTON ENDOWMENT CONSISTS OF THREE POOLS 1 BOARD DESIGNATED FUNDS ARE UNRESTRICTED AND ARE USED AS DEEMED BY THE GOVERNING BOARD 2 TEMPORARY SPECIFIC PURPOSE FUNDS ARE THOSE GIFTS THAT ARE TO BE USED AS STIPULATED IN THE DONORS' GIFTS TO THE HOSPITAL (I E FOR EQUIPMENT, SPECIFIC PROGRAMS, FREE CARE ETC) 3 ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED FUNDS THE INCOME FROM WHICH IS USED AS THE DONOR SPECIFIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	EACH ENTITY WITHIN THE BETH ISRAEL LAHEY HEALTH, INC (BILH) SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS THE SYSTEM DID NOT RECOGNIZED THE EFFECT OF ANY INCOME TAX POSITIONS IN 2019

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATION 1,882 CHANGES IN EQUITY INTERESTS IN LIMITED PARTNERSHIP -422,166 CONSOLIDATED AFFILIATES NET ELIMINIATIONS 3,192,408,581

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	5 MONTH REVENUE NOT IN AFS 52,306,050 RESTRICTED CONTRIBUTIONS 74,725 RESTRICTED REVENUE -13,596 RENTAL/ FUNDRAISING/ INVESTMENT EXPENSE RECLASS -20,414 ROUNDING -1

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL/ FUNDRAISING/ INVESTMENT EXPENSE RECLASS 20,414

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	5 MONTH EXPENSES NOT IN AFS 50,624,285 ROUNDING -2

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

04-2103604

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

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

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

3 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 region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			7,799,552
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			7,799,552

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, QUESTION 3	ALTHOUGH BETH ISRAEL DEACONESS HOSPITAL - MILTON HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION, 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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, QUESTION 4	ALTHOUGH BETH ISRAEL DEACONESS HOSPITAL - MILTON WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND DURING THE PERIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS HOSPITAL - MILTON WAS NOT REQUIRED TO FILE FORM 8621, INFORMATION RETURNS BY A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART IV QUESTION 5	ALTHOUGH BETH ISRAEL DEACONESS HOSPITAL - MILTON 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

Additional Data

Software ID:

Software Version:

EIN: 04-2103604

Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,825,333
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		974,219

Supplemental Information Regarding Fundraising or Gaming Activities

2018

Open to Public Inspection

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

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

Employer identification number

04-2103604

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BIDMC 330 BROOKLINE AVENUE BOSTON, MA 02215	FUNDRAISING SERVICES	Yes		957,654	406,875	550,779
Total				957,654	406,875	550,779

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

CT, MA, RI

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	262,313	107,789		370,102
2	Less: Contributions	163,807	95,774		259,581
3	Gross income (line 1 minus line 2)	98,506	12,015		110,521
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				
11	Net income summary Subtract line 10 from line 3, column (d) ▶				110,521

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference	Explanation
PART I, LINE 2B, COLUMN (III)	AS PREVIOUSLY NOTED, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) BECAME THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON, AND BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) BECAME A SISTER ENTITY PRIOR TO THIS DATE BIDMC SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON AS PART OF THIS CLOSE RELATIONSHIP, BIDMC PROCESSED CONTRIBUTIONS FOR BETH ISRAEL DEACONESS HOSPITAL - MILTON UPON RECEIPT, THE CONTRIBUTIONS WERE DEPOSITED INTO A BIDMC ACCOUNT AT THE END OF EACH MONTH THE TOTAL OF THE DEPOSITS WERE TRANSFERRED FROM BIDMC TO BETH ISRAEL DEACONESS HOSPITAL - MILTON PAYMENTS TO BIDMC REPORTED HERE REPRESENT A REIMBURSEMENT TO BIDMC FOR THESE SERVICES

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 40000 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

No

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,088,903		1,088,903	0 900 %
b Medicaid (from Worksheet 3, column a)			9,079,031	6,991,862	2,087,169	1 720 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			10,167,934	6,991,862	3,176,072	2 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			281,957	4,400	277,557	0 230 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			33,010,509	18,387,031	14,623,478	12 070 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			86,950		86,950	0 070 %
j Total. Other Benefits			33,379,416	18,391,431	14,987,985	12 370 %
k Total. Add lines 7d and 7j			43,547,350	25,383,293	18,164,057	14 990 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2018

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	5,982,861	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	47,057,726	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	44,768,976	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,288,750	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 BETH ISRAEL DEACONESS HOSPITAL -- MILTON

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE PART VI</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART VI</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BETH ISRAEL DEACONESS HOSPITAL -- MILTON

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) SEE PART VI			
b ☒ The FAP application form was widely available on a website (list url) SEE PART VI			
c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART VI			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

BETH ISRAEL DEACONESS HOSPITAL -- MILTON

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BETH ISRAEL DEACONESS HOSPITAL -- MILTON

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION B FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS COMMUNITY BENEFITS MISSION STATEMENT BETH ISRAEL DEACONESS HOSPITAL-MILTON'S (BID MILTON) COMMUNITY BENEFITS MISSION IS "TO PROVIDE FREE OR LOW-COST PROGRAMS THAT ADDRESS UNMET HEALTH AND WELLNESS NEEDS OF RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE COMMUNITIES IN MILTON, RANDOLPH AND QUINCY, IN A MANNER SHAPED BY COMMUNITY INPUT, ALIGNED WITH HOSPITAL RESOURCES, AND GUIDED BY OUR OBJECTIVE TO DELIVER HIGH-QUALITY CARE WITH COMPASSION, DIGNITY AND RESPECT "THIS COMMUNITY BENEFITS MISSION IS FULFILLED BY INVOLVING BID MILTON'S STAFF, INCLUDING ITS LEADERSHIP AND DOZENS OF COMMUNITY PARTNERS, IN THE CHNA PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT OF THE IMPLEMENTATION STRATEGY, ENGAGING RESIDENTS THROUGHOUT THE HOSPITAL'S SERVICE AREAS IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, INCLUDING ASSESSMENT, PLANNING, IMPLEMENTATION AND EVALUATION SPECIAL ATTENTION IS FOCUSED ON ENGAGING DIVERSE PERSPECTIVES, FROM THOSE, PATIENTS AND NON-PATIENTS ALIKE, WHO ARE OFTEN LEFT OUT OF SIMILAR ASSESSMENT, PLANNING AND PROGRAM IMPLEMENTATION PROCESSES, ASSESSING UNMET COMMUNITY NEED BY COLLECTING PRIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) TO IDENTIFY UNMET HEALTH-RELATED NEEDS AND TO CHARACTERIZE THOSE IN THE COMMUNITY WHO ARE MOST VULNERABLE AND FACE DISPARITIES IN ACCESS AND OUTCOMES, IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES BID MILTON'S SERVICE AREA GEARED TOWARD IMPROVING CURRENT AND FUTURE HEALTH STATUS OF INDIVIDUALS, FAMILIES AND COMMUNITIES BY REMOVING BARRIERS TO CARE, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, STRENGTHENING THE HEALTHCARE SYSTEM AND WORKING TO DECREASE THE BURDEN OF THE LEADING HEALTH ISSUES, PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUITIES, RACISM AND BIGOTRY AND ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE, AND FACILITATING COLLABORATION AND PARTNERSHIP WITHIN AND ACROSS SECTORS (E.G., STATE/LOCAL PUBLIC HEALTH AGENCIES, HEALTH CARE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, BUSINESSES, ACADEMIC INSTITUTIONS, COMMUNITY HEALTH COLLABORATIVES, AND OTHER COMMUNITY HEALTH ORGANIZATIONS) TO ADVOCATE FOR, SUPPORT AND IMPLEMENT EFFECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS AND SERVICES COMMUNITY BENEFITS SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, BID MILTON PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFITS OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$ 364,507 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I COMMUNITY BENEFITS LEADERSHIP/TEAM BID MILTON'S COMMUNITY BENEFITS LEADERSHIP TEAM INCLUDES REPRESENTATION FROM THE HOSPITAL'S SENIOR ADMINISTRATION, PATIENT FAMILY AND ADVISORY COUNCIL AND COMMUNITY SERVICE PROVIDERS, ALL OF WHOM ARE MEMBERS OF THE HOSPITAL'S COMMUNITY BENEFITS ADVISORY COMMITTEE THE HOSPITAL'S PUBLIC RELATIONS DEPARTMENT MANAGES THE DAY-TO-DAY OPERATIONS OF THE COMMUNITY BENEFITS PROGRAM WITH GUIDANCE FROM HOSPITAL LEADERSHIP, THE FINANCE DEPARTMENT AND THE COMMUNITY BENEFITS ADVISORY COMMITTEE COMMUNITY HEALTH NEEDS ASSESSMENT MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT INTERNAL REVENUE CODE SECTION 501(R) INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES TO MAINTAIN ITS TAX-EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED BETH ISRAEL DEACONESS HOSPITAL-MILTON COMPLETED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER 2019 THAT CHNA WAS APPROVED BY THE BID MILTON BOARD OF TRUSTEES ON SEPTEMBER 23, 2019 THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO APPROVED BY THE BOARD ON SEPTEMBER 23, 2019, WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER 501(R) BID MILTON'S MOST RECENT CHNA AND THE ASSOCIATED IMPLEMENTATION STRATEGY ARE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WERE BORNE LARGELY OF BID MILTON'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST VULNERABLE OR DISADVANTAGED THE PROJECT WAS ALSO DESIGNED TO FULFILL COMMONWEALTH ATTORNEY GENERAL'S OFFICE (AGO) AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BID MILTON ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW BID MILTON, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA 2019 COMMUNITY HEALTH

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C	NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

Form and Line Reference	Explanation
2019 COMMUNITY HEALTH NEEDS ASSESSMENT	TARGETED GEOGRAPHY AND POPULATIONSAS NOTED ABOVE, BETH ISRAEL DEACONESS HOSPITAL-MILTON CO MPLETED ITS LAST ASSESSMENT IN SEPTEMBER 2019. THE GEOGRAPHICAL FOCUS OF BID MILTON'S MOST RECENTLY COMPLETED CHNA ENCOMPASSES THE CITY OF QUINCY AND THE TOWNS OF MILTON AND RANDOLPH. TARGET POPULATIONS FOR BID MILTON'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROU GH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS AND A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R). BETH ISRAEL DEACONESS HOSPITAL-MILTON'S TARGET POPULATIONS FOCUS ON MEDICALLY UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES IN THE TOWNS OF MILTON AND RANDOLPH AND THE CITY OF QUINCY, AS FOLLOWS: YOUTH, OLDER ADULTS, LOW- TO-MODERATE INCOME INDIVIDUALS AND FAMILIES, INDIVIDUALS WITH CHRONIC AND COMPLEX CONDITIONS, RACIAL/ETHNIC MINORITIES AND NON-ENGLISH SPEAKERS. BID MILTON'S PROGRAMS MIRROR THE FIVE CORE PRINCIPLES OUTLINED BY THE PUBLIC HEALTH INSTITUTE IN TERMS OF THE "EMPHASIS ON COMMUNITIES WITH DISPROPORTIONATE UNMET HEALTH-RELATED NEEDS, EMPHASIS ON PRIMARY PREVENTION, BUILDING A SEAMLESS CONTINUUM OF CARE, BUILDING COMMUNITY CAPACITY, AND COLLABORATIVE GOVERNANCE." PROGRAMS DEVELOPED WILL AIM TO ADDRESS AND IMPROVE UPON THE FOLLOWING PRIORITY AREAS: MENTAL HEALTH AND SUBSTANCE USE, CHRONIC/COMPLEX CONDITIONS AND THEIR RISK FACTORS, SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY OF APPROACH AND METHODS: BID MILTON CONDUCTED THIS CHNA PROCESS IN CONJUNCTION WITH BETH ISRAEL DEACONESS MEDICAL CENTER, WHICH SERVES AS THE SOLE MEMBER OF BID MILTON UNTIL MARCH 1, 2019, AS WELL AS WITH BID NEEDHAM AND BID PLYMOUTH, HOSPITALS FOR WHICH THE MEDICAL CENTER ALSO SERVES AS SOLE MEMBER. ALTHOUGH THE PROCESS WAS JOINTLY CONDUCTED, EACH HOSPITAL PRODUCED ITS OWN CHNA AND IMPLEMENTATION STRATEGY (SCHEDULE H, PART V, SECTION B, QUESTIONS 6A AND 6B). THE BID MILTON CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT. BID MILTON HIRED JOHN SNOW, INC., TO CONDUCT AND MANAGE THE CHNA PROCESS UNDERTAKEN DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AND JSI WORKED CLOSELY WITH BID MILTON COMMUNITY BENEFITS STAFF THROUGHOUT THE PROCESS. THE MOST RECENT CHNA WAS DESIGNED AS A THREE-PHASE PROCESS. PHASE ONE INVOLVED PRELIMINARY ASSESSMENT AND ENGAGEMENT ACTIVITIES, INCLUDING COLLECTION AND ANALYSIS OF QUANTITATIVE DATA TO CHARACTERIZE COMMUNITY CHARACTERISTICS AND DISEASE BURDEN. KEY INFORMANT INTERVIEWS WITH HOSPITAL LEADERSHIP, LOCAL SERVICE PROVIDERS, AND COMMUNITY STAKEHOLDERS AN EVALUATION OF BID MILTON'S CURRENT PORTFOLIO OF COMMUNITY BENEFITS ACTIVITIES. PHASE TWO INVOLVED TARGETED ENGAGEMENT ACTIVITIES, INCLUDING ADDITIONAL INTERVIEWS WITH HOSPITAL LEADERSHIP, CLINICAL PROVIDERS AND COMMUNITY STAKEHOLDERS, DISSEMINATION AND ANALYSIS OF A COMMUNITY HEALTH SURVEY TO CAPTURE RESIDENTS' PERCEPTIONS OF BARRIERS TO GOOD HEALTH, LEADING HEALTH ISSUES, VULNERABLE POPULATIONS, ACCESSIBILITY OF HEALTH SERVICES AND OPPORTUNITIES FOR THE HOSPITAL TO IMPROVE THE SERVICES THEY OFFER TO THE COMMUNITY. FOCUS GROUPS WITH IDENTIFIED UNDERSERVED POPULATIONS. PHASE THREE INVOLVED A SERIES OF STRATEGIC PLANNING AND REPORTING ACTIVITIES, INCLUDING MEETINGS WITH THE CBAC AND CBSLT (INCLUDING MEMBER OF THE BOARD OF TRUSTEES) TO PRESENT CHNA FINDINGS, PRIORITIZE COMMUNITY HEALTH ISSUES, IDENTIFY VULNERABLE POPULATIONS, AND DISCUSS POTENTIAL RESPONSES. CREATION OF A RESOURCE INVENTORY TO CATALOG LOCAL ORGANIZATIONS, SERVICE PROVIDERS, AND COMMUNITY ASSETS THAT HAVE THE POTENTIAL TO ADDRESS IDENTIFIED NEEDS. LITERATURE REVIEW OF EVIDENCE-BASED STRATEGIES TO RESPOND TO IDENTIFIED HEALTH PRIORITIES. DEVELOPMENT OF A FINAL CHNA REPORT AND IMPLEMENTATION STRATEGY. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS DETAIL OF APPROACH AND METHODS: THE ASSESSMENT PROCESS INCLUDED SYNTHESIZING EXISTING REGIONAL DATA ON SOCIAL, ECONOMIC AND HEALTH INDICATORS AS WELL AS INFORMATION FROM THE DISSEMINATION AND ANALYSIS OF A COMMUNITY HEALTH SURVEY TO CAPTURE RESIDENTS' PERCEPTIONS OF BARRIERS TO GOOD HEALTH, LEADING HEALTH ISSUES, VULNERABLE POPULATIONS, ACCESSIBILITY OF HEALTH SERVICES AND OPPORTUNITIES FOR THE HOSPITAL TO IMPROVE THE SERVICES THEY OFFER TO THE COMMUNITY. QUANTITATIVE DATA FROM A BROAD RANGE OF SOURCES WAS COLLECTED AND ANALYZED TO CHARACTERIZE COMMUNITIES IN BID MILTON'S CBSA, MEASURE HEALTH STATUS, AND INFORM A COMPREHENSIVE UNDERSTANDING OF THE HEALTH-RELATED ISSUES. SOURCES INCLUDED U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATE (2013-2017), MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, SCHOOL AND DISTRICT PROFILES (2017 AND 2018-2019), FBI UNIFORM CRIME REPORTS (2017), MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2015), MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2017), MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, ANNUAL REPORTS ON BIRTHS (2016).

Form and Line Reference	Explanation
2019 COMMUNITY HEALTH NEEDS ASSESSMENT	) MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2017) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL PROFILES (FY 2013-2017) MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2018) TO AUGMENT THE QUANTITATIVE DATA FROM MDPH, JSI WORKED WITH THE MASSACHUSETTS HEALTH DATA CONSORTIUM (MHDC) AND THE MASSACHUSETTS CENTER FOR HEALTH INFORMATION AND ANALYSIS (CHIA) TO OBTAIN 2018 INPATIENT HOSPITAL DISCHARGE DATA FOR ALL OF THE MUNICIPALITIES IN BID MILTON'S SERVICE AREA. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKE HOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5) BID MILTON, WITH THE HELP OF JOHN SNOW, INC., CONDUCTED 17 KEY INFORMANT INTERVIEWS WITH COMMUNITY STAKEHOLDERS, INCLUDING REPRESENTATIVES FROM HOSPITAL AND MUNICIPAL LEADERSHIP, THE BUSINESS COMMUNITY, PUBLIC HEALTH DEPARTMENTS, SOCIAL SERVICE PROVIDERS, SCHOOLS, FAITH-BASED COMMUNITIES, AND COMMUNITY HEALTH COALITIONS. JSI ALSO FACILITATED FOUR FOCUS GROUPS. APPENDIX A IN THE BID MILTON CHNA INCLUDES DETAILS ON SESSION DATES, PARTICIPANTS, SECTORS, AND THE QUESTIONS ASKED. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5) FOUR FOCUS GROUPS WITH IDENTIFIED UNDERSERVED POPULATIONS WERE ALSO HELD. COMMUNITY DIALOGUES AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE CITY AND TOWNS THAT COMPRISE THE MILTON REGION. PARTICIPANTS REPRESENTED DIFFERENT AUDIENCES, INCLUDING LEADERS IN EMERGENCY RESPONSE, EDUCATION, HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS (E.G., YOUTH, SENIORS, MINORITY GROUPS AND FOREIGN-LANGUAGE SPEAKERS) (SCHEDULE H, PART V, SECTION B, QUESTIONS 3 AND 5). ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED APPROXIMATELY 300 PEOPLE. APPENDIX A IN THE BID MILTON CHNA INCLUDES DETAILS ON SESSION DATES, PARTICIPANTS, SECTORS, AND THE QUESTIONS ASKED. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS REVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTS THE BID MILTON COMMUNITY HEALTH IMPLEMENTATION STRATEGY WAS DEVELOPED BY A TEAM COMPRISED OF HOSPITAL LEADERSHIP, PATIENT ADVOCACY, MEDICAL STAFF, PUBLIC RELATIONS AND COMMUNITY REPRESENTATION. THE GROUP REVIEWED PROGRESS TOWARD GOALS AND OBJECTIVES OF THE PRIOR THREE-YEAR PERIOD, AS WELL AS THE CURRENT DATA COLLECTED THROUGH THE CHNA, TO HELP ENVISION AND DEFINE PRIORITY AREAS FOR THE FUTURE. THE IMPLEMENTATION STRATEGY IDENTIFIED PRIORITY AREAS AND DEFINED GOALS, ALONG WITH OBJECTIVES FOR EACH GOAL AND DRAFTED STRATEGIES TO OPERATIONALIZE THESE OBJECTIVES.

Form and Line Reference	Explanation
2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KEY FINDINGS	THE KEY PRIORITY POPULATIONS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2019, WERE YOUTH OLDER ADULTS LOW- TO-MODERATE INCOME INDIVIDUALS AND FAMILIES INDIVIDUALS WITH CHRONIC AND COMPLEX CONDITIONS RACIAL/ETHNIC MINORITIES AND NON-ENGLISH SPEAKERS BETH ISRAEL DEACONESS HOSPITAL-MILTON'S CHNA RESULTED IN KEY FINDINGS IN THE FOLLOWING AREAS SOCIAL DETERMINANTS OF HEALTH CONTINUE TO HAVE A SUBSTANTIAL IMPACT ON MANY SEGMENTS OF THE POPULATION ONE OF THE DOMINANT THEMES FROM THE ASSESSMENT'S FINDINGS WAS THE IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THOSE LIVING IN THE CBSA THE SEGMENTS OF THE POPULATION MOST CHALLENGED BY THESE ISSUES ARE OLDER ADULTS, LOW-INCOME INDIVIDUALS/FAMILIES, RACIAL/ETHNIC MINORITIES, NON- ENGLISH SPEAKERS, AND THOSE WITH DISABILITIES OR WITH CHRONIC / COMPLEX CONDITIONS MORE SPECIFICALLY, THESE SEGMENTS STRUGGLE WITH FINANCIAL INSECURITY, SAFE/AFFORDABLE HOUSING, TRANSPORTATION, ACCESS TO HEALTHY/AFFORDABLE FOOD, LACK OF SOCIAL SUPPORT, SOCIAL ISOLATION, AND LANGUAGE ACCESS ISSUES THESE ISSUES IMPACT MANY PEOPLE'S AND FAMILIES' ABILITY TO ACCESS OR PAY FOR THE SERVICES, HOUSING, FOOD, OR OTHER ESSENTIAL ITEMS THEY NEED AND/OR TO LIVE A HAPPY, FULFILLING, PRODUCTIVE LIFE THE BURDEN OF SUBSTANCE USE AND MENTAL HEALTH ISSUES MENTAL HEALTH AND SUBSTANCE USE ISSUES CONTINUE TO BE ONE OF THE REGION'S MOST PREVALENT AND CHALLENGING ISSUES AND ARE HAVING A PROFOUND IMPACT ON INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGHOUT THE CBSA THESE ISSUES ARE ALSO A MAJOR BURDEN ON THE HEALTH AND SOCIAL SERVICE SYSTEM HEALTH AND SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH AGENCIES, FIRST-RESPONDERS, AND COMMUNITY-BASED ORGANIZATIONS ARE CONFRONTED ON A DAILY BASIS WITH PEOPLE STRUGGLING WITH ACUTE OR CHRONIC CONDITIONS AND STRUGGLE TO PROVIDE OR LINK THEM TO THE CARE THEY NEED WITH RESPECT TO MENTAL HEALTH ISSUES, DEPRESSION/ANXIETY, STRESS, SOCIAL ISOLATION, AND THE IMPACTS OF TRAUMA ARE THE LEADING ISSUES WITH RESPECT TO SUBSTANCE USE, THE OPIOID CRISIS CONTINUES TO HAVE A TREMENDOUS IMPACT ON THE REGION, ALONG WITH ALCOHOL USE, MARIJUANA USE, AND VAPING IN YOUTH THE FACT THAT PHYSICAL, MENTAL HEALTH, AND SUBSTANCE ISSUES ARE SO INTERWINED COMPOUNDS THE IMPACT OF THESE ISSUES OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID USE AND THE IMPACTS OF TRAUMA LIMITED ACCESS TO BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE) SERVICES DESPITE THE PREVALENCE OF MENTAL HEALTH AND SUBSTANCE USE ISSUES AND THE IMPACT THAT THESE ISSUES ARE HAVING ON INDIVIDUALS, FAMILIES, AND COMMUNITIES, THE BEHAVIORAL HEALTH SERVICE SYSTEM IN THE REGION IS EXTREMELY LIMITED THERE ARE MAJOR SHORTAGES OF SPECIALIZED PROVIDERS - SUCH AS PSYCHIATRISTS, THERAPISTS, ADDICTION SPECIALISTS, AND CASE MANAGERS - WHO ARE CAPABLE OF PROVIDING THE FULL BREADTH OF PREVENTIVE, SCREENING, ASSESSMENT, TREATMENT, AND RECOVERY SUPPORT SERVICES THAT THE COMMUNITY NEEDS THIS IS PARTICULARLY TRUE FOR THOSE WHO HAVE LIMITED ENGLISH SKILLS OR DIFFERENT CULTURAL PERSPECTIVES WHO REQUIRE MORE SPECIALIZED CARE, SUCH AS RECENT IMMIGRANTS, RACIAL/ETHNIC MINORITIES, AND LGBTQ INDIVIDUALS UNINSURED INDIVIDUALS, THOSE COVERED BY MEDICAID, AND THOSE IN LOW- TO MODERATE-INCOME BRACKETS ALSO STRUGGLE TO ACCESS OR PAY FOR THE SERVICES THEY NEED AND TO FIND PROVIDERS WHO ARE ABLE TO TAKE THEIR COVERAGE OR INSURANCE HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS ANOTHER MAJOR FINDING FROM THE ASSESSMENT IS THE HIGH RATES OF CHRONIC AND COMPLEX CONDITIONS THAT EXIST FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA) IN THE CBSA IN MANY COMMUNITIES, THE RATES OF ILLNESS AND DEATH ARE STATISTICALLY HIGHER THAN THE RATES FOR THE COMMONWEALTH, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM EVEN IN THE COMMUNITIES WHERE THE RATES ARE LOWER THAN THE COMMONWEALTH AVERAGE, CHRONIC PHYSICAL HEALTH CONDITIONS, SUCH AS HEART DISEASE, CANCER, STROKE, DIABETES, AND RESPIRATORY DISEASE, ARE STILL BY FAR THE LEADING CAUSES OF DEATH HIGH RATES OF THE LEADING HEALTH RISK FACTORS (E.G., LACK OF NUTRITIONAL FOOD AND PHYSICAL ACTIVITY, ALCOHOL/ILLCIT DRUG USE, AND TOBACCO USE) BASED ON INFORMATION GATHERED FROM FOCUS GROUPS, INTERVIEWS, COMMUNITY MEETINGS, THE COMMUNITY HEALTH SURVEY, AND QUANTITATIVE SOURCES, THE ASSESSMENT FOUND THAT THERE WERE SUBSTANTIAL CONCERNS RELATED TO THE LEADING HEALTH RISK FACTORS, SUCH AS HEALTHY EATING, PHYSICAL ACTIVITY, OBESITY, TOBACCO USE/VAPING, ALCOHOL USE, AND STRESS MANY OF THOSE WHO WERE INVOLVED IN THE ASSESSMENT BELIEVED THAT THERE WAS A NEED FOR MORE HEALTH EDUCATION AND A GREATER EMPHASIS ON HEALTH PROMOTION AND ILLNESS PREVENTION CHALLENGES NAVIGATING THE SYSTEM AND COORDINATING NEEDED SERVICES ANOTHER MAJOR THEME FROM THE INTERVIEWS, FOCUS GROUPS, AND COMMUNITY MEETINGS CONDUCTED FOR THE ASSESSMENT WAS THE CHALLENGES THAT MANY PEOPLE IN THE CBSA FACE NAVIGATING THE HEALTH AND

Form and Line Reference	Explanation
2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KEY FINDINGS	SOCIAL SERVICE SYSTEM THERE WAS A GENERAL SENSE THAT THERE WAS A BROAD RANGE OF HEALTH AND SOCIAL SERVICES AVAILABLE IN THE REGION BUT THAT MANY DID NOT KNOW WHERE TO GO FOR SERVICES OR STRUGGLED TO ACCESS THE SERVICES EVEN IF THEY KNEW WHERE TO GO ONCE AGAIN, THE POPULATION SEGMENT WHO STRUGGLE MOST TO NAVIGATE THE SYSTEM ARE OLDER ADULTS, LOW-INCOME INDIVIDUALS/FAMILIES, RACIAL/ETHNIC MINORITIES, NON-ENGLISH SPEAKERS, AND THOSE WITH CHRONIC / COMPLEX CONDITIONS MANY PEOPLE SAID THAT IF THERE WAS A RESOURCE INVENTORY THAT WOULD HELP RESIDENTS ACCESS SERVICES, ALONG WITH COUNSELORS OR CASE MANAGERS WHO COULD FURTHER ASSIST PEOPLE TO OBTAIN AND ACCESS THE SERVICES THEY NEEDED THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, WILL INFORM BID MILTON'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2020, SEPTEMBER 30, 2021, AND SEPTEMBER 30, 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND ACTIVITIES REPORTED IN THIS FILING THE 2016 CHNA AND ACCOMPANYING IMPLEMENTATION STRATEGY WERE APPROVED BY THE MILTON BOARD OF TRUSTEES BEFORE SEPTEMBER 30, 2016, AND INFORMED BID MILTON'S COMMUNITY BENEFIT PROCESS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016, SEPTEMBER 30, 2017, AND SEPTEMBER 30, 2018 AS SUCH, THE ACCOMPLISHMENTS AND ACTIVITIES INCLUDED IN THIS FILING AND REPORTED BELOW RELATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2016

Form and Line Reference	Explanation
2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY	THE BETH ISRAEL DEACONESS HOSPITAL-MILTON CHNA AND ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, WAS THE CULMINATION OF SEVERAL MONTHS OF WORK AND WERE BORNE LARGELY OF BID MILTON'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST VULNERABLE OR DISADVANTAGED. THE PROJECT WAS ALSO DESIGNED TO FULFILL COMMONWEALTH ATTORNEY GENERAL'S OFFICE (AGO) AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BID MILTON ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW BID MILTON, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA 2016 COMMUNITY HEALTH NEEDS ASSESSMENT TARGETED GEOGRAPHY AND POPULATION. THE GEOGRAPHICAL FOCUS OF BID MILTON'S 2016 CHNA ENCOMPASSES THE CITY OF QUINCY AND THE TOWNS OF MILTON AND RANDOLPH. TARGET POPULATIONS FOR BID MILTON'S COMMUNITY BID MILTON CONDUCTED THIS CHNA PROCESS IN CONJUNCTION WITH BETH ISRAEL DEACONESS MEDICAL CENTER, WHICH SERVED AS THE SOLE MEMBER OF BID MILTON UNTIL MARCH 1, 2019, AS WELL AS WITH BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM AND BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH HOSPITALS FOR WHICH THE MEDICAL CENTER ALSO SERVED AS SOLE MEMBER. ALTHOUGH THE PROCESS WAS JOINTLY CONDUCTED, EACH HOSPITAL PRODUCED ITS OWN CHNA AND IMPLEMENTATION STRATEGY (SCHEDULE H, PART V, SECTION B, QUESTIONS 6A AND 6B). BETH ISRAEL DEACONESS HOSPITAL-MILTON'S TARGET POPULATIONS FOCUS ON MEDICALLY UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES IN THE TOWNS OF MILTON AND RANDOLPH AND THE CITY OF QUINCY, AS FOLLOWS: YOUTH ADULTS WITH OR AT RISK OF BEHAVIORAL HEALTH AND CHRONIC HEALTH CONDITIONS, LOW-INCOME INDIVIDUALS AND FAMILIES, OLDER ADULTS. 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY OF APPROACH AND METHODS: THE BID MILTON CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT. THE 2016 CHNA WAS DESIGNED AS A THREE-PHASE PROCESS. PHASE ONE INVOLVED PRELIMINARY ASSESSMENT AND ENGAGEMENT ACTIVITIES, INCLUDING COLLECTION AND ANALYSIS OF QUANTITATIVE DATA TO CHARACTERIZE COMMUNITY CHARACTERISTICS AND DISEASE BURDEN. KEY INFORMANT INTERVIEWS WITH LOCAL SERVICE PROVIDERS AND COMMUNITY STAKEHOLDERS. PHASE TWO FOCUSED ON ENGAGING KEY STAKEHOLDERS AND DATA ANALYSIS, INCLUDING ADDITIONAL QUANTITATIVE DATA COLLECTION. KEY INFORMANT INTERVIEWS WITH HOSPITAL LEADERSHIP, ANALYSIS, BENCHMARKING, AND DATA MAPPING. PHASE THREE FOCUSED ON STRATEGIC PLANNING AND REPORTING ACTIVITIES, INCLUDING STRATEGIC PLANNING, RETREAT, DEVELOPMENT OF A FINAL CHNA REPORT AND IMPLEMENTATION STRATEGY. 2016 COMMUNITY HEALTH NEEDS ASSESSMENT MAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINED: THE CHNA'S APPROACH AND PROCESS PROVIDED AMPLE OPPORTUNITY FOR KEY STAKEHOLDERS TO VET THE QUANTITATIVE AND QUALITATIVE DATA COMPILED DURING THE ASSESSMENT. IN ADDITION, INTERVIEW AND COMMUNITY/PROVIDER FORUM PARTICIPANTS WERE ASKED WHAT THEY PERCEIVED TO BE THE LEADING COMMUNITY HEALTH PRIORITIES. ULTIMATELY, THERE WAS LITTLE DEBATE THAT THE MOST SIGNIFICANT HEALTH-RELATED ISSUE FACING THE COMMUNITIES FELL INTO THE FOLLOWING FOUR PRIORITY AREAS: HEALTH RISK FACTORS, BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE), PHYSICAL DISEASE MANAGEMENT AND PREVENTION, AND HEALTHY AGING. A FIFTH AREA WAS IDENTIFIED, COMMUNITY BENEFITS INFRASTRUCTURE, WITH THE GOAL OF THIS AREA TO SUPPORT IMPLEMENTATION OF EFFORTS IN THE OTHER THREE AREAS. THESE HEALTH PRIORITIES DIRECTED BID MILTON'S COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS AND HELPED IDENTIFY TARGET POPULATIONS MOST IN NEED OF PROGRAMS AND SERVICES. THE PRIORITIES WERE DESIGNED TO PROMOTE COMMUNITY-BASED WELLNESS AND DISEASE PREVENTION AND ENSURE ONGOING SELF-MANAGEMENT OF CHRONIC DISEASES AND BEHAVIORAL HEALTH DISORDERS. THE GOALS AND ACTIVITIES DRAWN FROM THESE PRIORITIES MADE EXTENSIVE USE OF EXISTING PARTNERSHIPS, RESOURCES AND PROGRAMS IN ORDER TO MAKE THE LARGEST POSSIBLE HEALTH IMPACT. 2016 COMMUNITY HEALTH NEEDS ASSESSMENT KEY FINDINGS: OPPORTUNITIES TO DECREASE ALCOHOL AND SUBSTANCE USE. DATA FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION SUGGESTS THAT APPROXIMATELY ONE IN FOUR (25%) ADULTS IN THE UNITED STATES HAS A MENTAL HEALTH DISORDER, AND AN ESTIMATED 22 MILLION AMERICANS STRUGGLE WITH DRUG OR ALCOHOL PROBLEMS. IN NORFOLK COUNTY, 16% ENGAGED IN BINGE DRINKING AND 8% REPORTED HEAVY DRINKING. FURTHERMORE, ALMOST ONE IN FIVE ADULTS (18%) IN NORFOLK COUNTY HAS BEEN DIAGNOSED WITH DEPRESSION. ALTHOUGH UTILIZATION RELATED TO MENTAL DISORDERS AND SUBSTANCE USE WAS NOT HIGH ACROSS ALL TOWNS IN THE PRIMARY SERVICE AREA, QUINCY HAD SIGNIFICANTLY HIGHER HOSPITAL UTILIZATION RATES WHERE ALCOHOL OR HEROIN WAS THE PRIMARY SUBSTANCE. FOR HOSPITAL OR EMERGENCY DEPARTMENT (ED) UTILIZATION RELATED TO MENTAL HEALTH, QUINCY HAD HIGHER RATE.

Form and Line Reference	Explanation
2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY	ES OF MENTAL DISORDER RELATED HOSPITALIZATIONS AND MENTAL DISORDER ED DISCHARGES THAN THE COMMONWEALTH OVERALL ACCESS TO BEHAVIORAL HEALTH SERVICES WAS CONSISTENTLY NOTED AS A SIGNIFICANT ISSUE DURING THE INTERVIEWS AND COMMUNITY FORUMS, ESPECIALLY FOR LOW INCOME INDIVIDUALS AS WELL AS THE LACK OF PROVIDERS THAT UNDERSTAND THE NEEDS OF OLDER ADULTS OR DIFFERENT CULTURES (INCLUDING PROVIDERS THAT SPEAK LANGUAGES OTHER THAN ENGLISH) RAPIDLY INCREASING OPIOID USE OPIOID USE WAS THE NUMBER ONE HEALTH ISSUE IDENTIFIED BY THE MAJORITY OF THE INTERVIEWEES AND COMMUNITY FORUM PARTICIPANTS THE NUMBER OF OPIOID RELATED DEATHS IN NORFOLK COUNTY INCREASED BY OVER 400% FROM 24 IN 2000 TO 124 IN 2014, A TREND SEEN THROUGHOUT THE STATE OF MASSACHUSETTS WITHIN THE PRIMARY SERVICE AREA, THE DATA INDICATE THAT THE EPIDEMIC HAS IMPACTED QUINCY SIGNIFICANTLY THE CITY HAS HIGHER RATES ACROSS THE MAJORITY OF OPIOID METRICS WHEN COMPARED TO THE STATE AS A WHOLE, MAKING IT A "HOT SPOT" THIS INCLUDES SIGNIFICANTLY HIGHER RATES OF ADMISSIONS TO DEPARTMENT OF PUBLIC HEALTH-FUNDED PROGRAMS WHERE HEROIN WAS THE PRIMARY SUBSTANCE, OPIOID-RELATED DISCHARGES, OPIOID-RELATED ED DISCHARGES, AND OPIOID RELATED FATAL OVERDOSES COMPARED TO THE STATE OVERALL HIGH PREVALENCE OF CHRONIC DISEASE THROUGHOUT THE UNITED STATES, CHRONIC DISEASES SUCH AS HEART DISEASE, STROKE, CANCER, RESPIRATORY DISEASES, AND DIABETES ARE RESPONSIBLE FOR APPROXIMATELY 7 OF 10 DEATHS EACH YEAR AND TREATING PEOPLE WITH CHRONIC DISEASES ACCOUNTS FOR 86% OF OUR NATION'S HEALTH CARE COSTS HALF OF ALL AMERICAN ADULTS HAVE AT LEAST ONE CHRONIC CONDITION, AND ONE IN FOUR AT LEAST TWO CHRONIC CONDITIONS A CHRONIC CONDITION IS DEFINED AS A HEALTH CONDITION OR DISEASE THAT LASTS A YEAR OR MORE AND REQUIRES ONGOING MEDICAL ATTENTION OR THAT LIMITS ACTIVITIES OF DAILY LIVING PREVALENCE OF CHRONIC DISEASE IN NORFOLK COUNTY AND THE COMMONWEALTH OVERALL ARE SIMILAR IN NORFOLK COUNTY, JUST UNDER A THIRD (29%) OF ADULTS HAD HYPERTENSION, 14% HAD EVER HAD ASTHMA, ONE IN 10 HAD DIABETES, 4% HAD HAD A HEART ATTACK, AND 3% HAD A STROKE WHILE THERE ARE SOME DISEASE-SPECIFIC UTILIZATION RATES IN QUINCY AND MILTON THAT ARE SIGNIFICANTLY HIGHER THAN THE STATE, THE DATA SHOW THAT THE GREATEST NEED IN RANDOLPH THERE IS SIGNIFICANT CARE AND PREVENTION NEED FOR CHRONIC DISEASES IN RANDOLPH WHERE ALL THE AGE ADJUSTED HOSPITAL UTILIZATION AND ED UTILIZATION RATES FOR ALL CHRONIC DISEASES (EXCEPT HEART DISEASE) WERE HIGHER THAN THE STATE OVERALL CANCER INCIDENCE CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES AND THE FIRST LEADING CAUSE OF DEATH IN THE COMMONWEALTH AND NORFOLK COUNTY ACCORDING TO 2013-2014 BRFSS DATA, 15% OF NORFOLK COUNTY RESIDENTS REPORTED EVER RECEIVING A DIAGNOSIS OF CANCER, SIGNIFICANTLY HIGHER THAN MASSACHUSETTS OVERALL (12%) WITH RESPECT TO INCIDENCE, QUINCY HAD SIGNIFICANTLY HIGHER RATES OF LUNG CANCER AND A HIGHER RATE OF LUNG CANCER DEATHS THAN THE STATE OVERALL EFFORTS NEED TO BE MADE TO SCREEN FOR AND IDENTIFY THOSE WITH CANCER WITH AN EMPHASIS ON THOSE FACING BARRIERS TO CARE FURTHERMORE, EFFORTS SHOULD ENSURE THAT THOSE WHO HAVE CANCER HAVE ACCESS TO THE HIGHEST QUALITY CARE AND THE SUPPORTIVE SERVICES THEY NEED TO MANAGE AND COPE WITH THEIR ILLNESS NEED FOR INCREASED SUPPORT FOR OLDER ADULTS DURING THE QUALITATIVE INTERVIEWS AND THE COMMUNITY AND PROVIDER FORUMS, PARTICIPANTS IDENTIFIED OLDER ADULTS AS A HIGH-RISK POPULATION AND CITED THE FOLLOWING CONCERNS THE NEED FOR MORE SUPPORT FOR AGING IN THE HOME, NOT ENOUGH AFFORDABLE HOUSING, NOT ENOUGH PROVIDERS WITH EXPERTISE IN GERIATRIC PRIMARY CARE OR MENTAL HEALTH, NEED BETTER COORDINATION OF CARE FOR ELDERLY, LINKAGES BETWEEN HOSPITALS, HOUSING, BETTER POST-ACUTE SYSTEM, TRANSPORTATION NEEDS, AND FALLS PREVENTION

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	MAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVAILABLEBETH ISRAEL DEACONESS HOSPITAL -MILTON STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY AS NOTED, BID MILTON COMPLETED ITS MOST RECENT CHNA DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 THE 2019 CHNA AND IMPLEMENTATION STRATEGY ARE AVAILABLE UPON REQUEST AND ON THE HOSPITAL'S WEBSITE AT HTTPS://WWW.BIDMILTON.ORG/ASSETS/UPLOADS/COMMUNITY-BENEFITS/BID MILTON- 2019-FINAL-CHNA-REPORT-WITH-APPENDICES PDFIN ADDITION, THE 2016 CHNA AND IMPLEMENTATION STRATEGY THAT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 ARE AVAILABLE ON THE HOSPITAL'S WEBSITE AT HTTPS://WWW.BIDMILTON.ORG/ASSETS/UPLOADS/COMMUNITY-BENEFITS/MILTON -CHNA-FINAL-SEPTEMBER-2016 PDFBOTH DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A) COMMUNITY HEALTH NEEDS ASSESSMENTADDRESSING COMMUNITY HEALTH NEEDS(SCHEDULE H, PART V, SECTION B, LINE 11)AS NOTED ABOVE, BID MILTON'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 THAT CHNA AND IMPLEMENTATION STRATEGY WILL INFORM THE COMMUNITY BENEFITS MISSION AND ACTIVITIES OF BID MILTON FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2019, SEPTEMBER 30, 2020, AND SEPTEMBER 30, 2021 THIS FORM 990 COVERS BID MILTON'S FISCAL YEAR ENDED SEPTEMBER 30, 2019 THE 2016 CHNA AND ACCOMPANYING IMPLEMENTATION STRATEGY WERE APPROVED BY THE BID MILTON BOARD OF TRUSTEES BEFORE SEPTEMBER 30, 2016 AND INFORMED THE HOSPITAL'S COMMUNITY BENEFITS PROCESS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016, SEPTEMBER 30, 2017, AND SEPTEMBER 30, 2018 AS SUCH, THE ACCOMPLISHMENTS AND ACTIVITIES INCLUDED IN THIS FILING AND REPORTED BELOW RELATE TO THE DOCUMENTS APPROVED AS OF SEPTEMBER 30, 2016 BID MILTON'S IMPLEMENTATION STRATEGY FOR ITS COMMUNITY BENEFITS ACTIVITIES IS PROVIDED HERE ALONG WITH THE ENTITIES THAT THE HOSPITAL PARTNERS WITH ON THESE EFFORTS FY19 SCHEDULE IMPLEMENTATION STRATEGY UPDATEPRIORITY AREA 1 HEALTH RISK FACTORS CERTAIN HEALTH RISK FACTORS, SUCH AS OBESITY, LACK OF PHYSICAL EXERCISE, POOR NUTRITION, TOBACCO USE, AND OTHERS HAVE AN IMPACT ON PHYSICAL HEALTH STATUS IN ADDITION, MENTAL/EMOTIONAL HEALTH PROBLEMS ARE A GROWING CONCERN TO IMPROVE BID MILTON'S COMMUNITY BENEFITS SERVICE AREA'S POPULATION HEALTH, EFFORTS MADE FOCUSED ON PREVENTION, INCLUDING INCREASING ACCESS TO HEALTHY FOODS AND OPPORTUNITIES FOR CONTINUED EDUCATION ON CHRONIC DISEASE AND MENTAL HEALTH BID MILTON'S OVER-ARCHING GOAL FOR COMBATTING HEALTH RISK FACTORS IS TO BUILD COMMUNITY CAPACITY TO ADDRESS CHRONIC HEALTH NEEDS BY SUPPORTING COMMUNITY INITIATIVES THAT ARE DESIGNED TO PREVENT CHRONIC DISEASE GOAL RAISE AWARENESS AND EDUCATE PUBLIC ON MENTAL HEALTH ISSUES, CANCER AND CHRONIC DISEASE PREVENTIONTARGET POPULATION YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 1.1 EDUCATE ON HEALTH RISK FACTORS AND HEALTHY BEHAVIORSCOMMUNITY ACTIVITIES/STRATEGIES PROVIDE EDUCATION AND CONTINUED LEARNING ON CHRONIC DISEASE PREVENTION AND MAINTENANCE SUPPORT COMMUNITY PROGRAMS FOCUSED ON AWARENESS OF MENTAL HEALTH ISSUES AND SUBSTANCE MISUSE SUPPORT GROUPS FOR ADULTS AND CHILDREN WITH ADHDMETRICS AND STATUS UPDATE NUMBER OF HEALTH LECTURES CONDUCTED BY BID MILTON MEDICAL STAFF (FY19 8) NUMBER OF COMMUNITY MEMBERS (187) NUMBER OF HEALTH EDUCATION LECTURES TARGETED AT SENIORS (FY19 10) NUMBER OF SENIORS (270) NUMBER OF COMMUNITY MEMBERS ATTENDING ANNUAL DIABETES FAIR (FY19 160) GRANT ISSUED TO MILTON HIGH SCHOOL IN FY19 TO SUPPORT PRESENTATION OF DRUG STORY THEATRE TO HIGH SCHOOL STUDENTS DRUG STORY THEATRE IS AN EVIDENCE-BASED SUBSTANCE MISUSE TREATMENT AND PREVENTION PRESENTATION WHOSE CAST MEMBERS ARE YOUNG ADULTS IN RECOVERY THE INTERACTIVE PERFORMANCES ARE DESIGNED TO MAGNIFY INDIVIDUAL RECOVERY STORIESTRANSFORMING THE TREATMENT OF ONE PERSON INTO THE PREVENTION OF MANY PEOPLE DRUG STORY THEATER RESOURCES ARE DEVOTED TO THE TREATMENT AND PREVENTION OF ADOLESCENT SUBSTANCE ABUSE A TOTAL OF 326 STUDENTS PARTICIPATED FUNDED SPEAKER STIPEND FOR MILTON SUBSTANCE ABUSE PREVENTION COALITION AND MILTON POLICE DEPARTMENT TO HOST DR. KEVIN SABET (FORMER WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY ADVISOR) SUPPORTED MILTON SUBSTANCE ABUSE PREVENTION COALITION BY CONTINUING TO FUND "PROMOTING AWARENESS AND RESOURCES FOR THE EMOTIONAL NURTURING OF TEENS (PARENT) SPEAKER SERIES FOR MILTON PUBLIC SCHOOLS AS PART OF ITS SOCIAL-EMOTIONAL LEARNING CURRICULUM THE OVERARCHING THEME OF THE PROGRAM IS TO PROVIDE PARENTS WITH THE SKILLS AND EDUCATION NEEDED TO BUILD EMOTIONAL RESILIENCE IN YOUTH IN FY19, FOUR PROGRAMS WERE HELD, REACHING APPROXIMATELY 400 PARENTS MONTHLY SUPPORT GROUPS HELD AT BID MILTON FOR INDIVIDUALS WITH ADHD OR PARENTS OF CHILDREN WITH ADHDCOMMUNITY PARTNERS MILTON COUNCIL ON AGING , BID MILTON MEDICAL STAFF, MILTON PUBLIC SCHOOLS, MILTON SUBSTANCE ABUSE PREVENTION COALITIONGOAL REDUCE TOBACCO USETARGET POPULATION ADU

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	LTSPROGRAMMATIC OBJECTIVES 2 1 REDUCE NUMBER OF CURRENT SMOKERSCOMMUNITY ACTIVITIES/STRATEGIES SUPPORT GROUPS FOR CURRENT SMOKERS EDUCATE ON THE DANGERS OF SMOKINGMETRICS AND STATUS UPDATE WEEKLY NICOTINE ANONYMOUS SUPPORT GROUPS HELD AT BID MILTON IN FY19, GRANT FUNDING WAS PROVIDED TO QUINCY PUBLIC SCHOOLS TO IMPLEMENT VAPING PREVENTION EDUCATION TO ALL 10TH GRADE STUDENTS PROGRAM WILL LAUNCH IN FY20 COMMUNITY PARTNERS NICOTINE ANONYMOUS, QUINCY PUBLIC SCHOOLS GOAL INCREASE PHYSICAL ACTIVITYTARGET POPULATION YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 3 1 INCREASE NUMBER OF CHILDREN AND ADULTS WITH ACCESS TO OPPORTUNITIES FOR PHYSICAL ACTIVITYCOMMUNITY ACTIVITIES/STRATEGIES PROVIDE ACCESS TO LOW-COST/FREE PHYSICAL ACTIVITY OPPORTUNITIES SUPPORT EDUCATION ON IMPORTANCE OF PHYSICAL ACTIVITY METRICS AND STATUS UPDATE NUMBER OF ADULTS ENROLLED IN BID MILTON TAI CHI CLASS (FY19 60)GOAL INCREASE ACCESS TO HEALTHY FOODTARGET POPULATION YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 4 1 INCREASE NUMBER OF CHILDREN AND ADULTS WITH ACCESS TO OPPORTUNITIES TO EAT HEALTHYCOMMUNITY ACTIVITIES/STRATEGIES PROVIDE EDUCATION ON PROPER NUTRITIONAL GUIDELINES PROMOTE HEALTHY EATING HABITSMETRICS AND STATUS UPDATE WORKING WITH RANDOLPH PUBLIC SCHOOLS AND PARTNERING WITH NATIONAL ORGANIZATION BLESSINGS IN A BACKPACK, BID MILTON CONTRIBUTED \$6,300 TO SUPPLY 50 ELEMENTARY AGED CHILDREN (WHO QUALIFY FOR THE FREE OR REDUCED LUNCH PLAN), WITH ACCESS TO HEALTHY FOOD OVER THE WEEKEND FUNDING WAS PROVIDED IN THE BEGINNING OF THE 2019-2020 SCHOOL YEAR BID MILTON REGISTERED DIETITIANS PROVIDED FREE GROCERY SHOPPING TOURS AT MILTON'S FRUIT CENTER MARKETPLACE DIETITIANS LED PARTICIPANTS THROUGH THE GROCERY STORE AND DISCUSSED HEALTHY FOOD OPTIONS, HOW TO READ NUTRITION LABELS AND PROVIDED HEALTHY RECIPE OPTIONS EACH PARTICIPANT ALSO RECEIVED \$20 GIFT CARDS FOR USE IN PURCHASING GROCERIES AT THE FRUIT CENTER SIX PARTICIPANTS SIGNED UP FOR THE FIRST TOUR HELD IN JUNE OF 2019 COMMUNITY PARTNERS RANDOLPH PUBLIC SCHOOLS, BLESSINGS IN A BACKPACK, FRUIT CENTER MARKETPLACE GOAL BUILD COMMUNITY CAPACITY TO ADDRESS CHRONIC HEALTH NEEDSTARGET POPULATION COMMUNITYPROGRAMMATIC OBJECTIVES 5 1 SUPPORT COMMUNITY INITIATIVES THAT ARE DESIGNED TO PREVENT CHRONIC DISEASE, STRENGTHEN COMMUNITY PARTNERSHIPSCOMMUNITY ACTIVITIES/STRATEGIES SUPPORT LOCAL AGENCIES WHO ADDRESS CHRONIC DISEASE AND UNDERLYING CAUSES OF DISEASE SUCH AS SOCIAL DETERMINANTS OF HEALTHMETRICS AND STATUS UPDATE BID MILTON JOINED ITS PARTNERS IN THE BLUE HILLS COMMUNITY HEALTH ALLIANCE (CHNA 20) TO BEST IDENTIFY SOLUTIONS TO THE LACK OF TRANSPORTATION OPTIONS IN THE QUINCY REGION BID MILTON PROVIDED FUNDING IN THE AMOUNT OF \$10,000 THE FUNDING ALLOWED THE CHNA 20 TO MOVE FORWARD AND ESTABLISH THE BLUE HILLS REGIONAL COORDINATING COUNCIL (BHRCC) ISSUED \$15,000 GRANT TO QUINCY COMMUNITY ACTION PROGRAM THE GRANT HELPS SUPPORT QCAP'S HOUSING PROGRAM WHICH WORKS TO SECURE AND STABILIZE HOUSING FOR RENTERS AND HOMEOWNERS, THEREBY REDUCING THE NUMBER OF HOMELESS INDIVIDUALS AND FAMILIES FUNDING WILL APPROXIMATELY SAVE 12 HOUSEHOLDS FROM EVICTION EACH YEAR COMMUNITY PARTNERS CHNA 20, BLUE HILLS REGIONAL COORDINATING COUNCIL, QUINCY COMMUNITY ACTION PROGRAM

Form and Line Reference	Explanation
PRIORITY AREA 2 PHYSICAL DISEASE MANAGEMENT AND PREVENTION	HIGH PREVALENCE OF CHRONIC DISEASE A CHRONIC CONDITION IS DEFINED AS A HEALTH CONDITION OR DISEASE THAT LASTS A YEAR OR MORE AND REQUIRES ONGOING MEDICAL ATTENTION OR THAT LIMITS ACTIVITIES OF DAILY LIVING IN BID MILTON'S COMMUNITY BENEFITS SERVICE AREA, JUST UNDER A THIRD (29%) OF ADULTS HAD HYPERTENSION, 14% HAD EVER HAD ASTHMA, 10% HAD DIABETES, 4% HAD HAD A HEART ATTACK, AND 3% HAD A STROKE WHILE THERE ARE SOME DISEASE-SPECIFIC UTILIZATION RATES IN QUINCY AND MILTON THAT ARE SIGNIFICANTLY HIGHER THAN THE STATE, THE DATA SHOW THAT THERE IS GREATEST NEED IN RANDOLPH THERE IS SIGNIFICANT CARE AND PREVENTION NEED FOR CHRONIC DISEASES IN RANDOLPH WHERE ALL THE AGE ADJUSTED HOSPITAL UTILIZATION AND ED UTILIZATION RATES FOR ALL CHRONIC DISEASES (EXCEPT HEART DISEASE) WERE HIGHER THAN THE STATE OVER ALL GOAL IMPROVE CHRONIC DISEASE MANAGEMENT TARGET POPULATION ADULTS WITH CHRONIC DISEASE PROGRAMMATIC OBJECTIVES 1.1 REDUCE IMPACT OF CHRONIC DISEASE COMMUNITY ACTIVITIES/STRATEGIES SUPPORT AND OFFER OPPORTUNITIES FOR CHRONIC DISEASE SELF-MANAGEMENT COURSE METRICS AND STATUS UPDATE RESULTS FROM GRANT ISSUED IN FY18 TO ENHANCE ASIAN SERVICES ON HEALTH (EACH) TO SUPPORT PRE-DIABETES/DIABETES WORKSHOPS TO CHINESE COMMUNITY MEMBERS PROGRAM TOOK PLACE IN FY19 FUNDING ALLOWED FOR WORKSHOP MATERIALS TO BE TRANSLATED INTO CHINESE AT A TOTAL OF 26 LESSONS WERE TRANSLATED AND EIGHT PARTICIPANTS TOOK PART IN THE COURSE BID MILTON PARTNERED WITH SOUTH SHORE YMCA TO CONDUCT EVIDENCE-BASED DIABETES SELF-MANAGEMENT COURSES FIRST 6-WEEK COURSE TOOK PLACE IN JUNE 2019 A TOTAL OF 11 COMMUNITY MEMBERS SUCCESSFULLY COMPLETED COURSE, WITH AN ADDITIONAL THREE PARTICIPANTS TAKING ADVANTAGE OF FREE YMCA MEMBERSHIP MULTI-YEAR GRANT ISSUED TO EACH IN FY19 EACH WILL EMBARK A MULTI-YEAR HEALTH GRANT PROJECT TO IMPLEMENT THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS (CDSMP) IN CHINESE PROGRAM TO TAKE PLACE IN FY20 COMMUNITY PARTNERS SOUTH SHORE YMCA, ENHANCE ASIAN COMMUNITY ON HEALTH (EACH) GOAL CONTINUE CHRONIC DISEASE SCREENING TARGET POPULATION ADULTS PROGRAMMATIC OBJECTIVES 2.1 INCREASE NUMBER OF ADULTS SCREENED FOR HIGH BLOOD PRESSURE, CHOLESTEROL AND BLOOD SUGAR COMMUNITY ACTIVITIES/STRATEGIES SUPPORT LOW-COST MEANS OF DETERMINING HEALTH RISK FACTORS METRICS AND STATUS UPDATE NUMBER OF ADULTS SCREENED FOR CHOLESTEROL/GLUCOSE (FY19 78) COMMUNITY PARTNERS MEDICAL STAFF GOAL CONTINUE CANCER SCREENING TARGET POPULATION ADULTS PROGRAMMATIC OBJECTIVES 3.1 INCREASE THE NUMBER OF ADULTS SCREENED FOR CANCER COMMUNITY ACTIVITIES/STRATEGIES SUPPORT ACCESS TO CANCER SCREENINGS LOW-DOSE LUNG CANCER SCREENING METRICS AND STATUS UPDATE NUMBER OF PATIENTS SCREENED FOR SKIN CANCER (FY19 59) NUMBER OF PATIENTS SCREENED FOR PROSTATE CANCER (FY19 11) NUMBER OF PATIENTS SCREENED FOR ORAL, HEAD AND NECK CANCERS (FY19 20) IN FY19, BETH ISRAEL DEACONESS HOSPITAL-MILTON BEGAN TO OFFER LOW-DOSE CT SCANS TO DIAGNOSE LUNG CANCER SURPASSED GOAL OF 90 PATIENTS IN FIRST YEAR OF PROGRAM WITH 162 PATIENTS BEING SCREENED COMMUNITY PARTNERS MEDICAL STAFF GOAL INCREASE PROVIDER CAPACITY TARGET POPULATION PROVIDERS PROGRAMMATIC OBJECTIVES 4.1 INCREASE NUMBER OF PROVIDERS ABLE TO SUPPORT CHRONIC DISEASE PREVENTION COMMUNITY ACTIVITIES/STRATEGIES SUPPORT EDUCATION OF FUTURE PROVIDERS RECRUIT PHYSICIANS TO SUPPORT CHRONIC DISEASE PREVENTION METRICS AND STATUS UPDATE THREE NEW PRIMARY CARE PHYSICIANS RECRUITED TO HOSPITAL STAFF TWO PHYSICIANS IN MILTON AND ONE FAMILY PRACTITIONER IN RANDOLPH MILTON PRIMARY CARE VISITS FOR THE TWO DOCTORS WERE 4,052 PHYSICIAN VISITS IN RANDOLPH WERE 1,755, WITH 20% OF THOSE VISITS AS PEDIATRIC VISITS COMMUNITY PARTNERS MEDICAL STAFF PRIORITY AREA 3 BEHAVIORAL HEALTH THE BURDEN OF MENTAL ILLNESS IS SUBSTANTIAL THESE ISSUES IMPACT ALL SEGMENTS AND AGE GROUPS IN THE POPULATION HOSPITALIZATION RATES FOR SUBSTANCE MISUSE AND MENTAL HEALTH ARE HIGHER IN MANY OF THE TOWNS THE HOSPITAL SERVICES, WHEN COMPARED TO THE COMMONWEALTH LARGE PORTIONS OF THE POPULATION ALSO STRUGGLE WITH ALCOHOL ABUSE AND BINGE DRINKING DESPITE INCREASED COMMUNITY AWARENESS AND SENSITIVITY ABOUT MENTAL ILLNESS AND ADDICTION, THERE IS STILL A GREAT DEAL OF STIGMA RELATED TO THESE CONDITIONS AND THERE IS A GENERAL LACK OF APPRECIATION FOR THE FACT THAT THESE ISSUES ARE ROOTED IN GENETICS AND PHYSIOLOGY SIMILAR TO OTHER CHRONIC DISEASES BID MILTON WORKED TO ADDRESS BEHAVIORAL HEALTH ISSUES THROUGH INCREASED AWARENESS AND EDUCATION AND SUPPORT SERVICES GOAL INCREASE AWARENESS ON BEHAVIORAL HEALTH ISSUES TARGET POPULATION YOUTH, ADULTS PROGRAMMATIC OBJECTIVES 1.1 INCREASE AWARENESS OF COMMUNITY MEMBERS ABOUT MENTAL HEALTH ISSUES AND HOW TO HELP SOMEONE IN NEED COMMUNITY ACTIVITIES/STRATEGIES SUPPORT SOCIAL-EMOTIONAL LEARNING IN SCHOOLS PROVIDE TRAINING AND EDUCATION ON BEHAVIORAL HEALTH ISSUES METRICS AND STATUS UPDATE RESULTS FROM GRANT ISSUED IN FY18 TO TUCKER ELEMENTARY SCHOOL IN MILTON TO HELP THE SCHOOL PROMOTE THE BEHAVIORAL HEALTH

Form and Line Reference	Explanation
PRIORITY AREA 2 PHYSICAL DISEASE MANAGEMENT AND PREVENTION	NEEDS OF STUDENTS THROUGH A PROGRAM CALLED "POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS " THE GRANT HELPED TO UNDERWRITE THE COST OF SENDING FOUR TEACHERS TO PROFESSIONAL DEVELOPMENT TRAINING AT THE MAY INSTITUTE IN FY19, SCHOOL WAS ABLE TO IMPLEMENT PROGRAM AS A RESULT EVIDENCE-BASED STRATEGIES AND SYSTEMS PUT INTO PLACE TO ASSIST SCHOOLS INCREASE ACADEMIC PERFORMANCE, INCREASE SAFETY AND DECREASE PROBLEM BEHAVIOR SIX STAFF MEMBERS TRAINED , WITH 460 STUDENTS PARTICIPATING IN PROGRAMMING TO SUPPORT SOCIAL-EMOTIONAL LEARNING BID MILTON PROVIDED FUNDING TO MILTON PUBLIC SCHOOLS TO IMPLEMENT BOTVIN LIFE SKILLS HEALTH CURRICULUM IN ALL FIFTH GRADE CLASSROOMS THE PROGRAM HELPS KIDS THINK ABOUT AND DEVELOP A VARIETY OF GENERAL LIFE AND DRUG RESISTANCE SKILLS PILOT PROGRAM IN FY19 SAW 100% OF STUDENTS REPORTED LEARNING NEW SKILLS (SELF-ESTEEM, DECISION-MAKING MODEL AND ASSERTIVENESS) TO COMBAT PEER PRESSURE AND REFUSE SUBSTANCE USE, 87% OF STUDENTS SAID THEY LEARNED NEW INFORMATION REGARDING VAPING HEALTH CONCERNS AND MARKETING TECHNIQUES, 72% OF STUDENTS REPORTED LEARNING A NEW COPING SKILL TO HELP MANAGE STRESS COMMUNITY PARTNERS MILTON PUBLIC SCHOOLS GOAL REDUCE BURDEN OF OPIOID USE TARGET POPULATION ADULTS AND YOUTH WITH BEHAVIORAL HEALTH CONDITION, PROVIDER PROGRAMMATIC OBJECTIVES 2 1 INCREASE CAPACITY OF PROVIDERS TO ADDRESS OPIOID USE COMMUNITY ACTIVITIES/STRATEGIES CONTINUE TO WORK WITH SOUTH SHORE MENTAL HEALTH (ASPIRE HEALTH ALLIANCE) PROVIDERS TO ADDRESS LENGTH OF STAY AND TREATMENT FOR BEHAVIORAL HEALTH PATIENTS IN HOSPITAL'S EMERGENCY DEPARTMENT SERVICES INCLUDED TIMELIER CRISIS EVALUATION, INSURANCE VERIFICATION AND CARE TRANSITION MANAGEMENT, AND THERAPEUTIC INTERVENTIONS (IE COGNITIVE BEHAVIORAL THERAPY), MEDICATION MANAGEMENT, MUSIC THERAPY, FAITH COUNSELING, PEER SERVICES AND FAMILIAL COUNSELING AND SUPPORT METRICS AND STATUS UPDATE CONTINUATION OF CHART II PROGRAM DEDICATED BEHAVIORAL HEALTH CLINICIAN EMBEDDED INTO EMERGENCY DEPARTMENT LAID GROUNDWORK (ELECTRONIC MEDICAL RECORD ACCESS, EMPLOYEE CLEARANCE, LEGAL CONTRACTS) FOR PEER RECOVERY COACH PROGRAM WITH GOSNOLD TO BEGIN IN FY20 PARTNERED WITH MILTON POLICE DEPARTMENT MILTON POLICE DEPARTMENT'S (MPD) MENTAL HEALTH SPECIALIST THIS SPECIALIST FOLLOWS UP WITH ALL BID MILTON PATIENTS DISCHARGED FROM THE HOSPITAL WITH MENTAL HEALTH AND/OR SUBSTANCE USE ISSUES THE SPECIALIST PROVIDES SUPPORT AND REFERRAL TO APPROPRIATE TREATMENT, IF WANTED COMMUNITY PARTNERS BETH ISRAEL DEACONESS HEALTHCARE, SOUTH SHORE MENTAL HEALTH (ASPIRE HEALTH ALLIANCE), GOSNOLD RECOVERY SERVICES, MILTON POLICE DEPARTMENT

Form and Line Reference	Explanation
GOAL INCREASE CULTURAL COMPETENCY	TARGET POPULATION ADULTS AND YOUTH WITH BEHAVIORAL HEALTH CONDITIONPROGRAMMATIC OBJECTIVE S 4 1 REDUCE ED/INPATIENT UTILIZATION FOR ALCOHOL AND SUBSTANCE USECOMMUNITY ACTIVITIES/ST RATEGIES EXPLORE AVAILABLE TOOLS AND RESOURCES TO FACILITATE CROSS-CULTURAL COMMUNICATION METRICS AND STATUS UPDATE GOAL NOT ADDRESSED IN FY19GOAL INCREASE CRISIS MANAGEMENT WITH IN COMMUNITY AND IMPROVE CONNECTIONS BETWEEN REGIONAL PROVIDERSTARGET POPULATION ADULTS A ND YOUTH WITH BEHAVIORAL HEALTH CONDITIONS, SERVICE PROVIDERSPROGRAMMATIC OBJECTIVES 5 1 I NCREASE SAFETY OF COMMUNITY MEMBERS AND INCREASE ACCESS TO CARECOMMUNITY ACTIVITIES/STRATE GIES SUPPORT AND COLLABORATE WITH TOWN AGENCIES TO FACILITATE ACCESS TO BEHAVIORAL CARE S UPPORT GROUPS FOR ADULTS BATTLING ALCOHOL ADDICTIONMETRICS AND STATUS UPDATE SUPPORT AND FUNDED INTERFACE, A BEHAVIORAL HEALTH TELEPHONE REFERRAL SERVICE FOR MILTON RESIDENTS SEEK ING HELP FOR THEMSELVES OR OTHERS WHO MAY BE STRUGGLING WITH MENTAL HEALTH OR SUBSTANCE MI SUSE ISSUES THE REFERRAL SERVICE IS STAFFED BY TRAINED CLINICIANS WHO CONDUCT AN ASSESSME NT OVER THE PHONE, AND IF APPLICABLE, PROVIDE A REFERRAL TO A LOCAL PROVIDER NUMBER OF CA SES FROM DECEMBER 2018 TO MAY 2019 42 PRIMARY PRESENTING CONCERNS WERE ANXIETY (18), DEPR ESSION (14) ADDITIONALLY THERE WERE 7 REFERRALS EACH FOR BEHAVIORAL ISSUES AND FAMILY REL ATED ISSUES OF NOTE, THERE WAS 4 REFERRAL REPORTING SELF-INJURIOUS BEHAVIORS CURRENTLY OR IN THE RECENT PAST BID MILTON HELD WEEKLY ALCOHOLIC ANONYMOUS, ALANON AND ALATEEN MEETIN GS IN FY19 COMMUNITY PARTNERS MILTON SUBSTANCE ABUSE PREVENTION COALITION, MILTON BOARD O F HEALTHPRIORITY AREA 4 HEALTHY AGING OLDER ADULTS ARE MUCH MORE LIKELY TO DEVELOP CHRONI C ILLNESSES AND RELATED DISABILITIES SUCH AS HEART DISEASE, HYPERTENSION, AND DIABETES AS WELL AS CONGESTIVE HEART FAILURE, DEPRESSION, ANXIETY, ALZHEIMER'S, PARKINSON'S DISEASE, A ND DEMENTIA THE OLDER YOU GET THE MORE LIKELY IT IS THAT YOU HAVE ONE OR MORE CHRONIC CON DITIONS 80% OF PEOPLE 65 AND OLDER LIVE WITH ONE OR MORE CHRONIC CONDITIONS MANY EXPERIE NCE HOSPITALIZATIONS, NURSING HOME ADMISSIONS, AND LOW-QUALITY CARE THEY ALSO MAY LOSE TH E ABILITY TO LIVE INDEPENDENTLY AT HOME BID MILTON HAS IDENTIFIED OLDER ADULTS AS A TARGE T POPULATION AND THEIR OBJECTIVES BELOW ARE AIMED AT INCREASING QUALITY OF LIFE FOR OLDER ADULTS GOAL EDUCATE ON FALLS PREVENTIONTARGET POPULATION OLDER ADULTSPROGRAMMATIC OBJECT IVES 1 1 PREVENT FALLS IN THE COMMUNITYCOMMUNITY ACTIVITIES/STRATEGIES SUPPORT HEALTH AND WELLNESS PROGRAMMING INCREASE STRENGTH AND REDUCE THE RISK OF FALLSMETRICS AND STATUS UPD ATE ADULTS ENROLLED IN TAI CHI CLASS AT BID MILTON (FY19 60)GOAL SUPPORT OLDER ADULTS A ND CAREGIVERS TO AGE IN PLACE AND REDUCE ISOLATION OF OLDER ADULTSTARGET POPULATION OLDER ADULTS PROGRAMMATIC OBJECTIVES 2 1 DECREASE ISOLATION OF OLDER ADULTS2 2 PREVENT UNNECESS ARY UTILIZATION DUE TO LACK OF ACCESS TO SERVICES 2 3 INCREASE OLDER ADULT CAPACITY TO CON TINUE AGING AT HOMECOMMUNITY ACTIVITIES/STRATEGIES SUPPORT INITIATIVES TO INCREASE INDEPE NDENCE OF OLDER ADULTS METRICS AND STATUS UPDATE NUMBER OF PARTICIPANTS ENROLLED IN AARP DRIVER SAFETY COURSES AT BID MILTON (FY19 21)COMMUNITY PARTNERS AARPBID MILTON COMMUNITY PARTNERSBETH ISRAEL DEACONESS HOSPITAL-MILTON IS COMMITTED TO IMPROVING THE HEALTH AND WELBING OF RESIDENTS WITHIN ITS SERVICE AREA BY COLLABORATING WITH A DIVERSE GROUP OF COMMU NITY PARTNERS THE HOSPITAL WORKS TOGETHER WITH THESE PARTNERS TO REDUCE BARRIERS TO HEALT H, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRONIC DISEASE AND INCREASE THE EARLY DE TECTION OF ILLNESS AARP ASIAN AMERICAN SERVICE ASSOCIATION ASPIRE HEALTH ALLIANCE (FORMER LY SOUTH SHORE MENTAL HEALTH) BAY STATE COMMUNITY SERVICES BID MILTON PATIENT FAMILY ADVIS ORY COUNCIL BLUE HILLS REGIONAL COORDINATING COUNCIL BLUE HILLS REGIONAL HEALTH NETWORK (C HNA 20) CURRY COLLEGE ENHANCE ASIAN COMMUNITIES ON HEALTH FIRST BAPTIST CHURCH, RANDOLPH F ULLER VILLAGE GREATER BOSTON UROLOGY INTERFAITH SOCIAL SERVICES MANET COMMUNITY HEALTH CEN TERS MILTON BOARD OF HEALTH MILTON COUNCIL ON AGING MILTON SUBSTANCE ABUSE PREVENTION COAL ITION MILTON POLICE DEPARTMENT MILTON PUBLIC SCHOOLS QUINCY BOARD OF HEALTH QUINCY COMMUNI TY ACTION PROGRAMS QUINCY FAMILY RESOURCE CENTER QUINCY PUBLIC SCHOOLS RANDOLPH BOARD OF H EALTH RANDOLPH INTERGENERATIONAL CENTER RANDOLPH PUBLIC SCHOOLS SOUTH SHORE DERMATOLOGY SO UTH SHORE ELDER SERVICES SOUTH SHORE YMCACOMMUNITY HEALTH NEEDS OTHER INITIATIVESAS DESCRIB ED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, BETH ISRAEL DEACONE SS HOSPITAL-MILTON IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVI NG THE HEALTH OF ITS COMMUNITY HOWEVER, AS NOTED IN SCHEDULE H, PART V, SECTION B, QUESTI ON 11, BETH ISRAEL DEACONESS HOSPITAL-MILTON IS UNABLE TO ADDRESS ALL NEEDS DURING THE PE RIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS HOSPITAL-MILTON WAS UNABLE TO ADDRESS T HE NEED FOR WORKFORCE DEVELOPMENT OPPORTUNITIES OR

Form and Line Reference	Explanation
GOAL INCREASE CULTURAL COMPETENCY	EXTENSIVE PALLIATIVE CARE RESOURCES IDENTIFIED IN THE CHNA AND THE IMPLEMENTATION STRATEGY BECAUSE OF LIMITED FINANCIAL RESOURCES AS NOTED IN DETAIL ABOVE, THE BETH ISRAEL DEACONESS HOSPITAL-MILTON'S PRIMARY TOOL FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND IMPLEMENTATION STRATEGY (SCHEDULE H PART VI QUESTION 2) FOR M 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW BETH ISRAEL DEACONESS HOSPITAL-MILTON CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AS DEMONSTRATED IN THIS SCHEDULE H, 14 99% OF BID MILTON'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST IN ADDITION, THERE ARE ADDITIONAL ACTIVITIES AND EXPENDITURES WHICH BETH ISRAEL DEACONESS HOSPITAL-MILTON CONSIDERS FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS ALTHOUGH THOSE ACTIVITIES ARE NOT QUANTIFIED ON THE BETH ISRAEL DEACONESS HOSPITAL-MILTON SCHEDULE H PER THE INSTRUCTIONS TO THE FORM 990, THOSE ACTIVITIES ARE RELEVANT IN EVALUATING THE TOTAL COMMUNITY BENEFITS PROVIDED IF BETH ISRAEL DEACONESS HOSPITAL-MILTON HAD INCLUDED THESE IN SCHEDULE H, QUESTION 7, BETH ISRAEL DEACONESS HOSPITAL-MILTON WOULD HAVE REPORTED OVER \$20,173,635 IN NET EXPENDITURES AT COST, WHICH REPRESENTED APPROXIMATELY 16.7% OF TOTAL EXPENSES INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST FOR THE FISCAL PERIOD COVERED BY THIS FILING

Form and Line Reference	Explanation
COMMUNITY BENEFITS ANNUAL COMMUNITY BENEFITS REPORT	AS PREVIOUSLY NOTED IN THIS FILING, BETH ISRAEL DEACONESS HOSPITAL-MILTON'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7) THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT HTTPS://WWW.BIDMILTON.ORG/EVENTS-AND-EDUCATION/COMMUNITY-BENEFITS/ THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS. AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT THAT BID MILTON FILED WITH THE ATTORNEY GENERAL'S OFFICE. EMERGENCY CARE ACCESS. IN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A BETH ISRAEL DEACONESS HOSPITAL-MILTON IS A GENERAL MEDICAL AND SURGICAL HOSPITAL, PROVIDING 24-HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS. CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMS. FINANCIAL ASSISTANCE. BETH ISRAEL DEACONESS HOSPITAL-MILTON NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENCY SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$1,088,903 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A. OTHER UNCOMPENSATED CHARITY CARE. MEDICAID AND MEDICARE. IN ADDITION TO THE CHARITY CARE REPORTED ABOVE, BETH ISRAEL DEACONESS HOSPITAL-MILTON ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED. MEDICAID IS A GOVERNMENT INSURANCE PROGRAM FOR INDIVIDUALS WITH LIMITED INCOME AND RESOURCES, AND BETH ISRAEL DEACONESS HOSPITAL-MILTON PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAM. PAYMENTS TO HOSPITALS THROUGH THIS GOVERNMENT SPONSORED PROGRAM HAVE NOT KEPT PACE WITH INFLATION AND ALTHOUGH THE PROVISION OF HEALTH CARE TO THESE PATIENTS GENERATED \$6,991,862 IN MEDICAID REVENUE THIS WAS LESS THAN THE COST OF CARE PROVIDED BY BETH ISRAEL DEACONESS HOSPITAL-MILTON FOR SUCH SERVICES BY \$2,087,169 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. DURING THE FISCAL PERIOD COVERED BY THIS FILING, 7.9% OR 11,171 OF BETH ISRAEL DEACONESS HOSPITAL-MILTON'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS. IN ADDITION, 40.3% OR 56,815 OF THE HOSPITAL'S PATIENT CASES WERE WITH MEDICARE PATIENTS. BAD DEBTS. IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, BETH ISRAEL DEACONESS HOSPITAL-MILTON ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF \$5,982,861 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2. BETH ISRAEL DEACONESS HOSPITAL-MILTON SIMILARLY INCURS BAD DEBT LOSSES AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE IN ITS FINANCIAL STATEMENTS. BETH ISRAEL DEACONESS HOSPITAL-MILTON CHARGES FOR THOSE SERVICES WERE \$5,982,861 DURING THE FISCAL PERIOD COVERED BY THIS FILING AS REPORTED IN THE FINANCIAL STATEMENTS AND AS REPORTED ON THE BIDMILTON FORM 990, SCHEDULE H, PART III, LINE 2. AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7. RATHER THE AMOUNT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED. THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F, WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

Form and Line Reference	Explanation
COMMUNITY BENEFITS ANNUAL COMMUNITY BENEFITS REPORT	OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR THE SEVEN MONTHS ENDED SEPTEMBER 30, 2019 INCLUDE THE ACCOUNTS OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAST), ANNA JAKES HOSPITAL (AJH) AND AFFILIATES THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMF) THE BETH ISRAEL LAHEY HEALTH INC CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOT NOTE REGARDING BAD DEBT EXPENSE EMERGENCY CARE ACCESSAS PREVIOUSLY NOTED IN THIS FILING, FOR THE PERIOD COVERED BY THIS FILING, BIDMC SERVED AS THE SOLE MEMBER OF BID MILTON UNTIL MARCH 1, 2019 THE MEDICAL CENTER IS A NATIONALLY RECOGNIZED ACADEMIC MEDICAL CENTER AND TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMF) IS AN INTEGRALLY RELATED PHYSICIAN PRACTICE OF BIDMC AND IS ALSO EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED APHMF PHYSICIANS PROVIDE AROUND THE CLOCK PHYSICIAN PATIENT CARE COVERAGE AND MEDICAL DIRECTION OF THE BID MILTON EMERGENCY DEPARTMENT THESE PHYSICIANS ARE ALL CERTIFIED OR BOARD-ELIGIBLE IN LEVEL 1 TRAUMA THE BID MILTON DEPARTMENT OF EMERGENCY MEDICINE, PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY INTERNAL REVENUE CODE SECTION 501(R)(4)	FINANCIAL ASSISTANCE POLICY PURPOSE BETH ISRAEL DEACONESS HOSPITAL-MILTON IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THIS FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE RECEIVED FROM QUALIFYING BETH ISRAEL DEACONESS HOSPITAL-MILTON PROVIDERS. BETH ISRAEL DEACONESS HOSPITAL-MILTON DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY. FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICY AS REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) WHICH APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY (SCHEDULE H PART I QUESTIONS 1A AND 1B). DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD) (SCHEDULE H PART V SECTION B QUESTION 21). THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE. THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS. THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17). THE HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2019 AND THESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 2, 2019, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R). FINANCIAL ASSISTANCE POLICY APPLYING FOR ASSISTANCE. THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP. IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE (SCHEDULE H PART V SECTION B QUESTION 15). FINANCIAL ASSISTANCE POLICY ELIGIBILITY GUIDELINES. THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13). IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3). FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM. OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION MAY BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP (SCHEDULE H PART I QUESTIONS 3C). FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C). IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE. HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS.

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY INTERNAL REVENUE CODE SECTION 501(R)(4)	ANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PRO GRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP) SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HER OR HIS CARE FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION FINANCIAL ASSISTANCE POLICY TRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP (SEE DETAIL BELOW) HAVE ALL BEEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE IN THE HOSPITAL'S COMMUNITY WHO MAY COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS USING THE HEALTH AND HUMAN SECURITY GUIDANCE SAFE HARBOR OF 5% OF THE POPULATION OR 1,000 PERSONS, WHICHEVER IS LESS BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES SPANISH, HAITIAN CREOLE, VIETNAMESE, SIMPLIFIED CHINESE AND TRADITIONAL CHINESE (SCHEDULE H PART V SECTION B QUESTION 16I) FINANCIAL ASSISTANCE POLICY WIDELY PUBLICIZING AND AVAILABILITY COPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL OR BY MAIL FREE OF CHARGE AND ON THE HOSPITAL'S WEBSITE AT (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) AT HTTPS://WWW.BIDMILTON.ORG/FOR-PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/ IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3) THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS CONSPICUOUSLY WITHIN BILLING STATEMENTS INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED (SCHEDULE H PART V SECTION B QUESTION 16G)

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY	AS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE. THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION. THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED, AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS' APPROVAL UNDER THE FAP WILL APPLY. LIMITATION ON CHARGES: INTERNAL REVENUE CODE SECTION 501(R)(5) LIMITATION ON CHARGES AS REQUIRED BY IRC SECTION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASSISTANCE ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE AMOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES AMOUNTS GENERALLY BILLED. LOOK BACK METHOD: THE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS FISCAL YEAR. CALCULATED AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE REGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SECTION 501(R)(5) (SCHEDULE H PART V SECTION B QUESTION 22). PATIENT REFUNDS FOR CHARGES IN EXCESS OF AMOUNTS GENERALLY BILLED: THE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE. WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAT EXCEED THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED \$5.00. BILLING AND COLLECTIONS: 501(R)(6) EXTRAORDINARY COLLECTION ACTIVITIES: THE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE. IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19). APPLICATION PERIOD: PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED AND FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE. BID MILTON: ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY AND AFFILIATED HEALTH CARE SYSTEM (SCHEDULE H, PART VI, QUESTIONS 5 AND 6): THE HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF AND AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. ON MARCH 1, 2019, THE BETH ISRAEL LAHEY HEALTH SYSTEM WAS FORMED THROUGH THE COMBINATION OF THE HOSPITALS AND OTHER AFFILIATES OF THREE LEGACY HEALTH CARE SYSTEMS BASED PRIMARILY IN EASTERN MASSACHUSETTS, INCLUDING THE FORMER CAREGROUP HEALTH SYSTEM, THE FORMER LAHEY HEALTH SYSTEM, AND THE SEACOAST HEALTH SYSTEM. BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS NOW THE SOLE MEMBER OF THE HOSPITAL AND NINE ADDITIONAL AFFILIATED HOSPITALS. EACH OF THESE ENTITIES MAY HAVE, IN TURN, SERVED AS THE SOLE MEMBER OF ADDITIONAL AFFILIATES. THE BILH HEALTH SYSTEM IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES. AFFILIATED HEALTH CARE SYSTEMS: NOTED IN VARIOUS NARRATIVE DISCLOSURES THAT SUPPORT THIS FORM 990 AND RELATED SCHEDULES FOR THE PERIOD COVERED BY THIS FILING, BILH IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOME CARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. BILH SERVES AS SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY	HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL) LAHEY CLINIC FOUNDATION SERVES AS THE SOLE MEMBER OF LAHEY CLINIC, INC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES

Additional Data

Software ID:

Software Version:

EIN: 04-2103604

Name: BETH ISRAEL DEACONESS HOSPITAL - MILTON

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BETH ISRAEL DEACONESS HOSPITAL -- MILTON 199 REEDSDALE AVENUE MILTON, MA 02186 WWW.BIDMILTON.ORG MA STATE LICENSE #2227	X	X					X		COMMUNITY HOSPITALS	

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
BETH ISRAEL DEACONESS HOSPITAL -- MILTON	PART V, SECTION B, LINE 5 PART V, SECTION B, LINE 5 FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION
BETH ISRAEL DEACONESS HOSPITAL -- MILTON	PART V, SECTION B, LINE 11 PART V, SECTION B, LINE 11 FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number

04-2103604

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- 3 Enter total number of other organizations listed in the line 1 table 7

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	AS PREVIOUSLY NOTED IN THE FILING BETH ISRAEL DEACONESS HOSPITAL - MILTON, MAINTAINS STRONG RELATIONSHIP WITH MANY PARTNERS AND BETH ISRAEL DEACONESS HOSPITAL - MILTON WORKS WITH THOSE PARTNERS AS PART OF ITS COMMUNITY BENEFIT MISSION AND ACTIVITIES PURSUANT TO THOSE RELATIONSHIPS, GRANTS MAY BE DISTRIBUTED TO THESE PARTNERS BETH ISRAEL DEACONESS HOSPITAL - MILTON ENSURES THAT FUNDS GRANTED ARE USED FOR THE INTENDED PURPOSES AS PART OF ITS ON-GOING AND CLOSE CONNECTIONS WITH THESE COMMUNITY PARTNERS

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILTON SUBSTANCE ABUSE PREVENTION COALITION 525 CANTON AVENUE MILTON, MA 02186			18,500				SUPPORT MENTAL HEALTH ACCESS
TOWN OF MILTON 525 CANTON AVENUE MILTON, MA 02186			14,856				SUPPORT OF EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE HILLS COMMUNITY HEALTH ALLIANCE 1120 HANCOCK STREET QUINCY, MA 02169			10,000				HEALTH CARE ACCESS
CITY OF QUINCY 1305 HANCOCK STREET QUINCY, MA 02169			5,000				SUPPORT FOR SMOKING/VAPING CESSATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSINGS IN A BACKPACK 4121 SHELBYVILLE RD LOIUSVILLE, KY 40207	26-1964620	501(C)(3)	6,300				COMMUNITY SUPPORT
QUINCY COMMUNITY ACTION PROGRAMS 1509 HANCOCK ST QUINCY, MA 02169	26-1964620	501(C)(3)	15,000				HOUSING ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENHANCE ASIAN COMMUNITY ON HEALTH (EACH) 1 FRANKLIN STREET UNIT 1207 BOSTON, MA 02110	47-2130807	501(C)(3)	5,000				SUPPORT OF HEALTH EDUCATION

Schedule J (Form 990)	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 <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization BETH ISRAEL DEACONESS HOSPITAL - MILTON Employer identification number 04-2103604	
	Department of the Treasury Internal Revenue Service	

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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?	5a		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?	6a		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or 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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

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

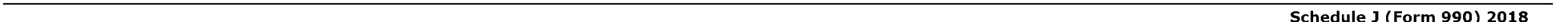
Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 DETAIL. DURING THE 2018 CALENDAR YEAR, BETH ISRAEL DEACONESS HOSPITAL MILTON MAINTAINED AN IRC SECTION 457(B) PLAN PURSUANT TO WHICH BID-MILTON MADE EMPLOYER CONTRIBUTIONS FOR ELIGIBLE EMPLOYEES. UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. CONTRIBUTIONS ARE INCLUDED IN THE FORM 990 SCHEDULE J, PART II, COLUMN C(III), OTHER REPORTABLE COMPENSATION, IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. IN ADDITION, AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A SISTER ENTITY TO BID-MILTON AND FOR THE CALENDAR YEAR 2018 SERVED AS THE SOLE MEMBER OF BID-MILTON. DURING THE 2018 CALENDAR YEAR, THE MEDICAL CENTER WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN AND PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS RECEIVED BY PARTICIPANTS AND RELATED TO THIS PLAN ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.

Return Reference	Explanation
PART I, LINE 7	NON-FIXED PAYMENTS BID-MILTON'S EXECUTIVE COMPENSATION PACKAGES MAY INCLUDE OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING THE BID-MILTON'S OBJECTIVES FOR QUALITY AND PATIENT SAFETY, THE BUDGETED CONSOLIDATED OPERATING MARGIN, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE REPORTED IN THIS RETURN WAS REVIEWED AND APPROVED BY THE BID-MILTON'S COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, WAS FULLY STAFFED BY INDEPENDENT MEMBERS

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	THE FILING ORGANIZATION HAS PROVIDED DETAILED NARRATIVE DISCLOSURE FOR EACH INDIVIDUAL LISTED IN PART VII NOTE, HOWEVER, THAT THE ORDER OF THE NARRATIVE DISCLOSURE INCLUDED BELOW MAY NOT COINCIDE WITH THE ORDER OF THE INDIVIDUALS LISTED IN PART VII REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J 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 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 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 SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES BETH ISRAEL DEACONESS HOSPITAL MILTON, BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS BID-MILTON, BIDMC, HMFP, APHMF AND MHF RESPECTIVELY IN ADDITION, BIDMC IS THE SOLE MEMBER OF MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP AND THE MILTON HOSPITAL FOUNDATION IS THE SOLE MEMBER OF COMMUNITY PHYSICIANS ASSOCIATES WHICH MAY BE REFERRED TO IN THESE EXPLANATORY NOTES AS BID-HEALTHCARE AND CPA RESPECTIVELY FINALLY, THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL MAY BE REFERRED TO AS PFHC, HMS OR PFHC/HMS ALEXOPOULOS, ALEXANDRA TRUSTEE BETH ISRAEL DEACONESS HOSPITAL MILTON TRUSTEE MILTON HOSPITAL FOUNDATION TRUSTEE COMMUNITY PHYSICIANS ASSOCIATES BRADY, MICHAEL J DIRECTOR AND BOARD CHAIR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR AND BOARD CHAIR MILTON HOSPITAL FOUNDATION DIRECTOR AND BOARD CHAIR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER CICHELO, ANTHONY DIRECTOR AND VICE CHAIR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR AND VICE CHAIR MILTON HOSPITAL FOUNDATION DIRECTOR AND VICE CHAIR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR AND BOARD CHAIR MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, INC D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP CRONIN, M D , JON DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES CLINICAL INSTRUCTOR IN MEDICINE HARVARD MEDICAL SCHOOL DOHERTY, MAURA DIRECTOR BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR MILTON HOSPITAL FOUNDATION FERNANDEZ, RICHARD TRUSTEE (EX-OFFICIO) AND PRESIDENT BETH ISRAEL DEACONESS HOSPITAL MILTON TRUSTEE (EX-OFFICIO) AND PRESIDENT BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TRUSTEE (EX-OFFICIO) AND PRESIDENT COMMUNITY PHYSICIAN ASSOCIATES AS REQUIRED BY THE FORM 990, COMPENSATION REPORTED HERE IS FOR THE 2018 CALENDAR YEAR, DURING WHICH TIME MR FERNANDEZ PERFORMED SERVICES FOR BOTH BID-MILTON AND CPA AND WAS COMPENSATED BY BIDMC MR FERNANDEZ'S COMPENSATION ATTRIBUTABLE TO HIS SERVICES PERFORMED AT BID-MILTON AND CPA HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDM BASE COMPENSATION 402,116 INCENTIVE COMPENSATION 97,966 OTHER REPORTABLE COMPENSATION 1,004 DEFERRED COMPENSATION 6,402 NON-TAXABLE BENEFITS 40,508 PAYMENTS REPORTED BY CPA BASE COMPENSATION 12,437 INCENTIVE COMPENSATION 3,030 OTHER REPORTABLE COMPENSATION 31 DEFERRED COMPENSATION 198 NON-TAXABLE BENEFITS 1,253 FISCHER, STEVEN EFFECTIVE MARCH 1, 2019 MR FISCHER HELD THE FOLLOWING POSITIONS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER BETH ISRAEL DEACONESS HOSPITAL MILTON TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH TRUSTEE (EX-OFFICIO) AND TREASURER BETH ISRAEL DEACONESS MILTON PHYSICIANS ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE AND TREASURER COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE AND TREASURER JORDAN PHYSICIAN ASSOCIATES DIRECTOR AND TREASURER JORDAN HEALTH SYSTEMS, INC TREASURER (EX-OFFICIO) ANNA JACQUES HOSPITAL TREASURER (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND TREASURER LAHEY HEALTH SHARED SERVICES, INC TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC F/K/A LAHEY PHYSICIAN COMMUNITY ORGANIZATION I, INC TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST HEALTH SYSTEM, INC TREASURER NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND TREASURER WINCHESTER HOSPITAL FOUNDATION, INC TREASURER WINCHESTER HEALTHCARE MANAGEMENT, INC TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC TREASURER (EX-OFFICIO) LAHEY CLINIC, INC TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL ASSISTANT TREASURER MEDICAL CARE OF BOSTON MANAGEMENT CORP A/K/A AFFILIATED PHYSICIANS GROUP TREASURER LEDGEWOOD HEALTH CARE CORP MR FISCHER HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 ASSISTANT TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR JORDAN PHYSICIAN ASSOCIATES DIRECTOR JORDAN HEALTH SYSTEMS, INC AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 565,046 INCENTIVE COMPENSATION 151,691 OTHER REPORTABLE COMPENSATION 53,474 DEFERRED COMPENSATION 18,750 NON-TAXABLE BENEFITS 57,012 OTHER REPORTABLE COMPENSATION FOR MR FISCHER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$47,015

Return Reference	Explanation
ADDITIONAL EXPLANATORY FOOTNOTES(CONTINUED)	KATZ, J D , JAMIE EFFECTIVE MARCH 1, 2019, MR KATZ HELD THE FOLLOWING POSITIONS GENERAL COUNSEL AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CLERK (EX-OFFICIO) MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON CLERK COMMUNITY PHYSICIANS ASSOCIATION, INC CLERK BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CLERK (EX-OFFICIO) JORDAN PHYSICIANS ASSOCIATES, INC CLERK JORDAN HEALTH SYSTEMS CLERK (EX-OFFICIO) ANNA JACQUES HOSPITAL CLERK (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND CLERK LAHEY HEALTH SHARED SERVICES, INC TRUSTEE, CHAIR, PRESIDENT AND CLERK BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC CLERK (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST HEALTH SYSTEM, INC CLERK NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC CLERK WINCHESTER HEALTHCARE MANAGEMENT, INC CLERK (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC CLERK (EX-OFFICIO) LAHEY CLINIC, INC CLERK (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CLERK (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL MR KATZ HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 SENIOR VICE PRESIDENT AND GENERAL COUNSEL BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 415,671 INCENTIVE COMPENSATION 111,276 OTHER REPORTABLE COMPENSATION 33,516 DEFERRED COMPENSATION 17,792 NON-TAXABLE BENEFITS 26,216 OTHER REPORTABLE COMPENSATION FOR MR KATZ INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$30,123 GREENE, DONALD DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES MR GREENE'S TERM ON THE BETH ISRAEL DEACONESS HOSPITAL MILTON BOARD ENDED MAY 18, 2019 HEAVEY, CHRISTOPHER DIRECTOR AND TREASURER BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR AND TREASURER MILTON HOSPITAL FOUNDATION DIRECTOR AND TREASURER COMMUNITY PHYSICIANS ASSOCIATES MR HEAVEY'S TERM AS TREASURER FOR THE BETH ISRAEL DEACONESS HOSPITAL MILTON ENDED FEBRUARY 28, 2019 HODGMAN, JANE DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES KERWIN, MARK DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES LAURENCE, ANDREW DIRECTOR AND CLERK BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR AND CLERK COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR AND CLERK MILTON HOSPITAL FOUNDATION MR LAURANCE'S TERM AS CLERK ON THE BETH ISRAEL DEACONESS HOSPITAL MILTON BOARD ENDED FEBRUARY 28, 2019 LEWIS, M D , STANLEY CHIEF OF STRATEGY BETH ISRAEL LAHEY HEALTH (EFFECTIVE MARCH 1, 2019) SENIOR VICE PRESIDENT AND CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER (THROUGH MARCH 1, 2019) TRUSTEE (EX-OFFICIO, CEO DESIGNATE) NEW ENGLAND BAPTIST HOSPITAL (EFFECTIVE MARCH 1, 2019) TRUSTEE BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH (THROUGH MARCH 1,2019) TRUSTEE JORDAN HEALTH SYSTEMS, INC (THROUGH MARCH 1, 2019) DIRECTOR (EX-OFFICIO) MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP TRUSTEE (EX-OFFICIO, CEO DESIGNATE) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM (EFFECTIVE MARCH 1, 2019) TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON (THROUGH MARCH 1, 2019) DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MILTON PHYSICIANS ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION (THROUGH MARCH 1, 2019) DIRECTOR (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES (THROUGH MARCH 1, 2019) TRUSTEE (EX-OFFICIO, CEO DESIGNATE) MOUNT AUBURN HOSPITAL (EFFECTIVE MARCH 1, 2019) ASSOCIATE PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 539,594 INCENTIVE COMPENSATION 145,095 OTHER REPORTABLE COMPENSATION 47,414 DEFERRED COMPENSATION 20,100 NON-TAXABLE BENEFITS 52,482 OTHER REPORTABLE COMPENSATION FOR DR LEWIS INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$42,720 LONGMAID, M D , H ESTERBROOK DIRECTOR (EX-OFFICIO) AND PRESIDENT OF MEDICAL STAFF BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR (EX-OFFICIO) MILTON HOSPITAL FOUNDATION DIRECTOR (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES DR LONGMAID'S TERM AS PRESIDENT OF THE BID-MILTON MEDICAL STAFF AND ON THE BETH ISRAEL DEACONESS HOSPITAL MILTON BOARD ENDED JANUARY 24, 2019 PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 115,000 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 MARR, JEFFREY DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR MILTON HOSPITAL FOUNDATION NEEDHAM, ELLEN DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES O'CONNOR, M D , HEIDI DIRECTOR AND INTENSIVIST BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR MILTON HOSPITAL FOUNDATION DURING THE PERIOD COVERED BY THIS FILING, DR O'CONNOR PERFORMED SERVICES FOR BOTH BID-MILTON WAS COMPENSATED BY APHMP AS REQUIRED BY FORM 990, DR O'CONNOR'S COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BID-MILTON BASE COMPENSATION 232,447 INCENTIVE COMPENSATION 74,678 OTHER REPORTABLE COMPENSATION 3,432 DEFERRED COMPENSATION 23,750 NON-TAXABLE BENEFITS 17,937 PAYMENTS REPORTED BY APHMP BASE COMPENSATION 12,234 INCENTIVE COMPENSATION 3,930 OTHER REPORTABLE COMPENSATION 181 DEFERRED COMPENSATION 1,250 NON-TAXABLE BENEFITS 944 PATHAK, RAJU DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES SHIH, DIN DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES MR SHIH'S TERM ON THE BETH ISRAEL DEACONESS HOSPITAL MILTON BOARD BEGAN JANUARY 1, 2019 TABB, M D , KEVIN EFFECTIVE MARCH 1, 2019 DR TABB HELD THE FOLLOWING POSITIONS PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC DIRECTOR AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC, INC TRUSTEE, PRESIDENT, AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SHARED SERVICES, INC DIRECTOR AND PRESIDENT BIDMC PHARMACY, INC TRUSTEE (EX-OFFICIO), CHAIRMAN, AND PRESIDENT NORTHEAST HEALTH SYSTEM, INC TRUSTEE (EX-OFFICIO), PRESIDENT, CHAIRMAN AND CHIEF EXECUTIVE OFFICER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO), CHAIRMAN AND PRESIDENT SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HOSPITAL FOUNDATION, INC CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER LAHEY CLINIC FOUNDATION, INC CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER MILTON HOSPITAL FOUNDATION CHIEF EXECUTIVE OFFICER COMMUNITY PHYSICIANS ASSOCIATION CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER NEW ENGLAND BAPTIST HOSPITAL

Return Reference	Explanation
ADDITIONAL EXPLANATORY FOOTNOTES(CONTINUED)	CHIEF EXECUTIVE OFFICER JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC. PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, EFFECTIVE MARCH 1, 2019 DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPPOINT A DESIGNATE TRUSTEE (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON, BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, JORDAN HEALTH SYSTEMS, INC. AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) ANNA JACQUES HOSPITAL, INC. TRUSTEE (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICES, INC. DR. TABB HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019: DIRECTOR AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR JORDAN HEALTH SYSTEMS, INC. DIRECTOR JORDAN PHYSICIAN ASSOCIATES, INC. DIRECTOR BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR AND PRESIDENT BIDMC PHARMACY, INC. TRUSTEE (EX-OFFICIO) AND CO-CHAIR CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION 1,184,748 INCENTIVE COMPENSATION 552,000 OTHER REPORTABLE COMPENSATION 20,206 DEFERRED COMPENSATION 93,674 NON-TAXABLE BENEFITS 50,030 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES \$94,326 COMBINED PAYMENTS TO NONQUALIFIED RETIREMENT PLANS PLUS THE INCREASE/DECREASE IN VALUE OF THOSE ACCOUNTS DURING THE 2018 CALENDAR YEAR. OF THIS AMOUNT, \$80,324 WAS UNVESTED AT SEPTEMBER 30, 2019. CONKLIN, MICHAEL VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON VICE PRESIDENT, FINANCE AND CHIEF FINANCIAL OFFICER MILTON HOSPITAL FOUNDATION CHIEF FINANCIAL OFFICER COMMUNITY PHYSICIANS ASSOCIATES DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2018 CALENDAR YEAR, MR. CONKLIN PERFORMED SERVICES FOR BOTH BID-MILTON AND CPA AND WAS COMPENSATED DIRECTLY BY BID-MILTON AS REQUIRED BY FORM 990. MR. CONKLIN'S COMPENSATION ATTRIBUTABLE TO HIS SERVICES PERFORMED AT BID-MILTON AND CPA HAS BEEN SEPARATELY REPORTED ON FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 284,686 INCENTIVE COMPENSATION 47,918 OTHER REPORTABLE COMPENSATION 3,770 DEFERRED COMPENSATION 23,765 NON-TAXABLE BENEFITS 18,507 PAYMENTS REPORTED BY CPA: BASE COMPENSATION 8,541 INCENTIVE COMPENSATION 1,438 OTHER REPORTABLE COMPENSATION 113 DEFERRED COMPENSATION 713 NON-TAXABLE BENEFITS 555 DEFERRED COMPENSATION FOR MR. CONKLIN INCLUDES AN \$18,500 CONTRIBUTION TO A 457(B) PLAN. CRONIN, R. N., LYNN CHIEF NURSING OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 165,144 INCENTIVE COMPENSATION 24,967 OTHER REPORTABLE COMPENSATION 7,414 DEFERRED COMPENSATION 22,000 NON-TAXABLE BENEFITS 29,220 CURRIE, JEANNETTE E. CHIEF INFORMATION OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF INFORMATION OFFICER BETH ISRAEL DEACONESS HOSPITAL NEEDHAM ENTERPRISE CLINICAL INTEGRATION ARCHITECT BETH ISRAEL DEACONESS MEDICAL CENTER MS. CURRIE PERFORMS SERVICES FOR BOTH BID-NEEDHAM AND BID-MILTON AND WAS COMPENSATED BY BIDMC AS REQUIRED BY THIS FORM 990. MS. CURRIE'S COMPENSATION ATTRIBUTABLE TO HER SERVICES PERFORMED AT BID-MILTON AND BID-NEEDHAM HAS BEEN SEPARATELY REPORTED AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 135,959 INCENTIVE COMPENSATION 2,500 OTHER REPORTABLE COMPENSATION 131 DEFERRED COMPENSATION 5,692 NON-TAXABLE BENEFITS 3,169 PAYMENTS REPORTED BY BID-NEEDHAM: BASE COMPENSATION 135,959 INCENTIVE COMPENSATION 2,500 OTHER REPORTABLE COMPENSATION 131 DEFERRED COMPENSATION 5,692 NON-TAXABLE BENEFITS 3,169 HARRINGTON, KATHLEEN VICE PRESIDENT, HUMAN RESOURCES BETH ISRAEL DEACONESS HOSPITAL MILTON VICE PRESIDENT, HUMAN RESOURCES COMMUNITY PHYSICIANS ASSOCIATES VICE PRESIDENT, HUMAN RESOURCES MILTON HOSPITAL FOUNDATION PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 172,277 INCENTIVE COMPENSATION 27,280 OTHER REPORTABLE COMPENSATION 1,036 DEFERRED COMPENSATION 22,020 NON-TAXABLE BENEFITS 10,260 OTHER REPORTABLE COMPENSATION FOR MS. HARRINGTON INCLUDES AN \$18,500 CONTRIBUTION TO A 457(B) PLAN. MARTENS, M. D., PETER CHIEF OF MEDICINE BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF OF MEDICINE COMMUNITY PHYSICIANS ASSOCIATES CHIEF OF MEDICINE MILTON HOSPITAL FOUNDATION YEATS, M. D., ASHLEY CHIEF MEDICAL OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON DR. YEATS' TERM AS CHIEF MEDICAL OFFICER FOR BETH ISRAEL DEACONESS HOSPITAL MILTON ENDED MAY 2019. DURING THE PERIOD COVERED BY THIS FILING AND FOR THE 2018 CALENDAR YEAR, DR. YEATS PERFORMED SERVICES FOR BID-MILTON AND WAS COMPENSATED BY APHMP AS REQUIRED BY FORM 990. DR. YEATS' COMPENSATION ATTRIBUTABLE TO THIS POSITION HAS BEEN REPORTED AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 232,741 INCENTIVE COMPENSATION 51,960 OTHER REPORTABLE COMPENSATION 72,787 DEFERRED COMPENSATION 24,254 NON-TAXABLE BENEFITS 24,078 LOUIS, R.N., CONCESA C. R.N. NURSE BETH ISRAEL DEACONESS HOSPITAL MILTON PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 239,504 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 492 DEFERRED COMPENSATION 4,832 NON-TAXABLE BENEFITS 8,422 WILLIAMS, ANDREA COMPLIANCE OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 167,775 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,187 DEFERRED COMPENSATION 13,230 NON-TAXABLE BENEFITS 29,038 COUGHLIN KAY, KATHLEEN VICE CHAIR BETH ISRAEL DEACONESS HOSPITAL MILTON PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 172,277 INCENTIVE COMPENSATION 27,280 OTHER REPORTABLE COMPENSATION 1,036 DEFERRED COMPENSATION 22,020 NON-TAXABLE BENEFITS 10,260 DEFERRED COMPENSATION FOR MS. HARRINGTON INCLUDES AN \$18,500 CONTRIBUTION TO A 457(B) PLAN. TRUESDELL, STEPHANIE L. VICE PRESIDENT OF DEVELOPMENT BETH ISRAEL DEACONESS HOSPITAL MILTON PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 163,787 INCENTIVE COMPENSATION 23,783 OTHER REPORTABLE COMPENSATION 224 DEFERRED COMPENSATION 21,900 NON-TAXABLE BENEFITS 6,553 YANSON, ROSIE S. R.N. NURSE BETH ISRAEL DEACONESS HOSPITAL MILTON PAYMENTS REPORTED BY BID-MILTON: BASE COMPENSATION 181,830 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 487 DEFERRED COMPENSATION 3,664 NON-TAXABLE BENEFITS 1,695 BARNETT, M. D., SHEILA CHIEF OF ANESTHESIOLOGY BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF MEDICAL OFFICER -- BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DR. BARNETT COMMENCED HER ROLE AS CHIEF MEDICAL OFFICER FOR BETH ISRAEL DEACONESS HOSPITAL MILTON ON MAY 27, 2019. PAYMENTS REPORTED BY HMFP: BASE COMPENSATION 432,022 INCENTIVE COMPENSATION 25,800 OTHER REPORTABLE COMPENSATION 21,537 DEFERRED COMPENSATION 55,000 NON-TAXABLE BENEFITS 33,125



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FERNANDEZ RICHARD DIR (EX-OFF)/PRESIDENT	(i)	402,116	97,966	1,004	6,402	40,508	547,996	0
	(ii)	12,437	3,030	31	198	1,253	16,949	0
FISCHER STEVEN P DIRECTOR, TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	565,045	151,691	53,474	18,750	57,012	845,972	0
LEWIS MD STANLEY M DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	539,594	145,095	47,414	20,100	52,482	804,685	0
O'CONNOR MD HEIDI DIRECTOR, INTENSIVIST	(i)	232,447	74,678	3,432	23,750	17,937	352,244	0
	(ii)	12,234	3,930	181	1,250	944	18,539	0
TABB MD KEVIN DIRECTOR (EX-OFFICIO), CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,184,747	552,000	20,206	93,674	50,030	1,900,657	0
CONKLIN MICHAEL ASST TREAS , VP FINANCE/CFO	(i)	284,686	47,918	3,770	23,765	18,507	378,646	0
	(ii)	8,804	1,482	117	735	572	11,710	0
KATZ JAMIE CLERK	(i)	0	0	0	0	0	0	0
	(ii)	415,671	111,276	33,516	17,792	26,216	604,471	0
BARNETT MD SHEILA CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	432,022	25,800	21,537	55,000	33,125	567,484	0
CRONIN RN LYNN CNO	(i)	165,144	24,967	7,414	22,000	29,220	248,745	0
	(ii)	0	0	0	0	0	0	0
HARRINGTON KATHLEEN VP HUMAN RESOURCES	(i)	172,277	27,280	1,036	22,020	10,260	232,873	0
	(ii)	0	0	0	0	0	0	0
YEATS MD ASHLEY CHIEF MEDICAL OFFICER	(i)	232,741	51,960	72,787	24,254	24,078	405,820	0
	(ii)	0	0	0	0	0	0	0
COUGHLIN KAY KATHLEEN VICE CHAIR, ASS PROF HMS	(i)	167,011	0	1,825	3,458	18,181	190,475	0
	(ii)	0	0	0	0	0	0	0
LOUIS RN CONCESA C NURSE RN	(i)	239,504	0	492	4,832	8,422	253,250	0
	(ii)	0	0	0	0	0	0	0
TRUESDELL STEPHANIE L VP DEVELOPMENT	(i)	163,787	23,783	224	21,900	6,553	216,247	0
	(ii)	0	0	0	0	0	0	0
WILLIAMS ANDREA COMPLIANCE OFFICER	(i)	167,775	0	1,187	13,230	29,038	211,230	0
	(ii)	0	0	0	0	0	0	0
YANSON ROSIE S NURSE RN	(i)	181,829	0	487	3,664	1,695	187,675	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA - SERIES 2019K	04-3431814	57584YTK5	07-31-2019	211,922,775	SEE PART VI		X		X		X
B MDFA - SERIES 2018J-1 J-2	04-3431814	57584YJW0	06-13-2018	479,594,374	SEE PART VI		X		X		X
C MDFA - SERIES 2016I	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
D MDFA - LAHEY SERIES F	04-2323457	NONEXXXXX	10-21-2015	262,828,878	RETIRE BONDS & CAP ACQUISITION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired					8,805,000		28,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	211,922,775		493,298,411		257,618,370		261,009,548	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							4,857,465	
6	Proceeds in refunding escrows							160,202,232	
7	Issuance costs from proceeds	2,931,137		4,594,374		2,515,889		1,310,144	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	208,991,638		114,836,435		19,006,493		64,587,388	
11	Other spent proceeds					236,095,988			
12	Other unspent proceeds			362,998,912				31,060,330	
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X	X		X	
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			X

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
BOND A, ENTITY 1	PART I, ROW A, COLUMN F, DESCRIPTION OF PURPOSE THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998

Return Reference	Explanation
BOND B, ENTITY 1	PART I, ROW B, COLUMN F THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008, 7/13/2004, 2/11/1998 PART II, COLUMN B, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$13,704,037 OF INVESTMENT EARNINGS

Return Reference	Explanation
BOND C, ENTITY 1	PART I, ROW C, COLUMN F THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES PART II, COLUMN C, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$26,884,283 OF INVESTMENT EARNINGS PART II, COLUMN C, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
BOND D, ENTITY 1	PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1.141-12 AND 1.145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19 PART V, COLUMN D AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDICATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19

Return Reference	Explanation
BOND A, ENTITY 2	PART I, ROW A, COLUMN F THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES, FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS PART IV, COLUMN A, LINE 2(C) ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019

Return Reference	Explanation
BOND B, ENTITY 2	PART I, ROW B, COLUMN F DESCRIPTION OF PURPOSE CONSTRUCTION & EQUIPPING OF A POWER PLANT AND ACQUISITION OF CAPITAL ASSETS PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19 PART V, COLUMN B AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDICATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19

Return Reference	Explanation
BOND C, ENTITY 2	PART II, COLUMN C, LINE 11 8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW PART III, COLUMN C THE 2012 ISSUE ARE EXEMPT FROM COMPLETING PART III AS THE ISSUE ARE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002

Return Reference	Explanation
BOND D, ENTITY 2	PART II, COLUMNS D, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW PART III, COLUMN C THE 2011 ISSUE ARE EXEMPT FROM COMPLETING PART III AS THE ISSUE ARE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002

Return Reference	Explanation
BOND A, ENTITY 3	PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19 PART V, COLUMN B AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDICATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA - SERIES 2015 H-1	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B MDFA - LAHEY SERIES E	04-3431814	NONEXXXXX	03-07-2013	130,000,000	POWER PLANT & CAPITAL ACQUISITION		X		X		X
C MDFA - SERIES 2012G	04-3431814	NONEXXXXX	07-11-2012	49,910,000	REFUND ISSUE DATED 02/11/1998		X		X		X
D MDFA - SERIES 2011F-1 F-2 F-3	04-3431814	NONEXXXXX	09-15-2011	120,280,000	REFUND ISSUE DATED 02/11/1998		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	42,965,000		77,815,000				88,820,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	203,702,204		130,050,301		49,910,000		120,280,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,348,479		500,000		368,094		290,672	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			129,550,301					
11	Other spent proceeds	201,353,725				49,541,906		119,989,328	
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 500 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 400 %		0 %					
6	Total of lines 4 and 5	0 900 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X			X		X

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHEFA - WINCHESTER SERIES F	04-2456011	57586CDD4	07-08-2004	30,340,000	SERIAL BOND SERIES F - ADV REFUND		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,330,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	30,340,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	412,448							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	29,927,552							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	MORGAN STANLEY							
c Term of hedge	2000 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR # 16	SUBSTANTIAL CONTRIBUTOR	187,571	RENTAL PROPERTY (RANDOLPH CROSSINGS REALTY TRUST INC		No
(2) SUBSTANTIAL CONTRIBUTOR # 29	SUBSTANTIAL CONTRIBUTOR	1,187,899	PROVIDES FOOD SERVICES FOR HOSPITAL/AND ALSO HOUSEKEEPING SERVICES		No
(3) MARK HODGMAN MD	FAMILY MEMBER OF JANE HODGMAN	119,000	SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L PART IV COLUMN (D)	DESCRIPTION OF TRANSACTIONS INVOLVING INTERESTED PERSONS JANE HODGMAN, SERVES AS A DIRECTOR ON THE BOARDS OF BID-MILTON, BID-MILTON PHYSICIAN ASSOCIATES, AND COMMUNITY PHYSICIAN ASSOCIATES, INC MS HODGMAN'S HUSBAND, MARK HODGMAN, MD, IS THE FORMER CHIEF OF MEDICINE AT BID-MILTON AND A PHYSICIAN PARTNER AT SOUTH SHORE INTERNAL MEDICINE ASSOCIATES (SSIM) DURING THE PERIOD COVERED BY THIS FILING, BID-MILTON MADE PAYMENTS TO SSIM IN THE AMOUNT OF \$119,000 RELATED TO DR HODGMAN'S SERVICES TO BID-MILTON EXPENSES PAID FOR THE PROVISION OF SERVICES REFLECT FAIR MARKET VALUE VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF BID- MILTON MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO BID-MILTON SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE BID-MILTON MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, BID-MILTON MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOALED \$10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE BID-MILTON CONFLICT OF INTEREST POLICY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	10,059	OTHER
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	600	REPLACEMENTS COST
19 Food inventory	X	10	1,760	REPLACEMENTS COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEDICAL EQUIPMENT)	X	2	12,300	OPINIONS OF EXPERTS
26 Other ► (ALT FURNISHINGS)	X	11	2,060	REPLACEMENTS COST
27 Other ► (ELECTRONICS)	X	2	900	REPLACEMENTS COST
28 Other ► (CLOTHES & ACCESSORIES)	X	8	710	REPLACEMENTS COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2018)

Part II**Supplemental Information.**

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493230031900
SCHEDULE O (Form 990 or 990-EZ)	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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization BETH ISRAEL DEACONESS HOSPITAL - MILTON		Employer identification number 04-2103604	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I & PART III, LINE 1	THE MISSION OF THE BETH ISRAEL DEACONESS HOSPITAL-MILTON, INC (BID-MILTON OR HOSPITAL) IS TO PROVIDE SAFE, HIGH-QUALITY, COMMUNITY-BASED HEALTH CARE AND ACCESS TO TERTIARY CARE IN CLOSE COLLABORATION WITH BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) BID-MILTON PROVIDES THIS CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY, RACE, COLOR, REL I GION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, AGE, OR DISABILITY BID-MILTON ASPIRES TO BE AMONG THE BEST COMMUNITY HOSPITALS IN EASTERN MASSACHUSETTS BETH ISRAEL DEA CONESS HOSPITAL - MILTON (BID-MILTON OR HOSPITAL), IS A 102-BED ACUTE CARE HOSPITAL THAT S ERVES PATIENTS OF ALL AGES AND SERVES THE COMMUNITIES OF MILTON, QUINCY, BRAINTREE, RANDOL PH, CANTON, HYDE PARK DORCHESTER AND OTHER LOCAL COMMUNITIES THE HOSPITAL PROVIDES A COMP REHENSIVE PROGRAM OF CLINICAL SERVICES AND DELIVERS CARE IN ACCORDANCE WITH BID-MILTON'S C ORE VALUES OF PATIENT COMFORT, CONFIDENTIALITY AND CONVENIENCE WITH THE ULTIMATE GOAL OF P LAYING AN INTEGRAL ROLE IN IMPROVING THE OVERALL HEALTH OF THE COMMUNITIES SERVED BETH IS RAE DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER), IS A NATIONALLY RECOGNIZED TERTIA RY CARE ACADEMIC MEDICAL CENTER, IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND AFFI LIATE OF BID-MILTON BIDMC IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERN AL REVENUE CODE OF 1986, AS AMENDED AND IS RECOGNIZED NATIONALLY FOR THE CLINICAL EXCELLEN CE OF ITS FACULTY AND THE PATIENT CARE PROVIDED, AS WELL AS FOR THE MAGNITUDE AND BREADTH OF ITS RESEARCH AND FOR ITS COMMITMENT TO MEDICAL EDUCATION MANY BID-MILTON PHYSICIANS AL SO HOLD APPOINTMENTS AT HARVARD OR OTHER MAJOR MEDICAL SCHOOLS AND ARE TIED CLOSELY WITH T HEIR COLLEAGUES AT OTHER ACADEMIC MEDICAL CENTERS ON MARCH 1, 2019, LAHEY HEALTH SYSTEM I NCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTE R, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GIL BERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAE L DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AN D BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANN A JAKUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE M EMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH) BIL H IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIE NT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE TH ROUGH GROUNDBREAKING RESEARCH AND EDUCATION THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVID ERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVIC ES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS BILH'S COMMUNITY O F CLINICIANS, CAREGIVERS AND S

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I & PART III, LINE 1	TAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INPATIENT BID-MILTON PROVIDES A WIDE RANGE OF INPATIENT CARE INCLUDING SURGICAL SERVICES, INTENSIVE AND CARDIAC CARE AND COMPLETE DIAGNOSTIC FACILITIES BID-MILTON'S INPATIENT FACILITIES INCLUDE MEDICAL/SURGICAL BEDS AND AN EIGHT-BED INTENSIVE AND CARDIAC CARE UNIT THE HOSPITAL HAS A FULLY RENOVATED STATE-OF-THE ART SURGICAL SUITE WITH SEVEN FULLY EQUIPPED OPERATING ROOMS, ONE MINOR SURGERY ROOM AND A POST-OPERATIVE ANESTHESIA CARE UNIT SURGICAL SERVICES ARE AVAILABLE 24 HOURS A DAY FOR CRITICALLY ILL OR INJURED PATIENTS REQUIRING IMMEDIATE SURGICAL INTERVENTION, OR FOR OTHER PATIENTS ON A NON-EMERGENT OR ELECTIVE BASIS BID-MILTON'S HIGHLY QUALIFIED SURGEONS PERFORM ORTHOPEDIC PROCEDURES AND IMPLANTS, PLASTIC RECONSTRUCTION, GASTROINTESTINAL, BARIATRIC, GENERAL SURGICAL (INCLUDING BREAST) GYNECOLOGICAL, OPHTHALMOLOGIC, PODIATRIC, AND UROLOGICAL PROCEDURES LIMITED VASCULAR AND THORACIC SURGERY IS ALSO PERFORMED PATIENTS ARE UNDER THE CARE OF THE HOSPITAL'S MEDICAL STAFF, HOSPITALISTS AND/OR GENERAL SURGEONS ALONG WITH NURSES AND PHYSICIAN ASSISTANTS WHO ARE TRAINED IN CARING FOR PATIENTS WITH COMPLEX MEDICAL NEEDS THE NURSING CARE TEAM CONSISTS OF REGISTERED NURSES, SURGICAL TECHNICIANS AND QUALIFIED ANCILLARY PERSONNEL WORKING COLLABORATIVELY WITH SURGICAL AND ANESTHESIA PHYSICIANS THE SCOPE OF NURSING PRACTICE IN THE PERIOPERATIVE AREA INCLUDES PREOPERATIVE ASSESSMENT AND PLANNING, INTRA-OPERATIVE INTERVENTION, POSTOPERATIVE ASSESSMENT AND INTERVENTION, DISCHARGE PLANNING AND DOCUMENTATION TO ENSURE HIGH QUALITY PATIENT CARE AND SAFETY THE INPATIENT POPULATION THAT IS SERVED INCLUDES INDIVIDUALS WHO ARE 15 YEARS AND OLDER WHO REQUIRE MINOR OR MAJOR SURGICAL INTERVENTION DURING THE PERIOD OCTOBER 1, 2018 TO SEPTEMBER 30, 2019, BID-MILTON HAD 7,948 INPATIENT DISCHARGES WITH 26,092 PATIENT DAYS, AND 2,035 TOTAL INPATIENT SURGERIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	OUTPATIENT CLINICS AND SERVICES BID-MILTON PROVIDES A COMPREHENSIVE PROGRAM OF CLINICAL SERVICES ENCOMPASSING GENERAL INTERNAL MEDICINE AND ALL THE SUBSPECIALTIES OF INTERNAL MEDICINE, COVERING THE GAMUT OF SERVICES FROM PRIMARY TO TERTIARY CARE AS WELL AS PROVIDING SURGICAL SERVICES ON AN OUTPATIENT BASIS. THE HOSPITAL'S MEDICAL STAFF BLENDS EXPERIENCED PRIMARY CARE PHYSICIANS AND SPECIALISTS IN A WIDE VARIETY OF DISCIPLINES. THE PRIMARY CARE AND SPECIALISTS AT BID-MILTON PROVIDE OUTPATIENT PRIMARY CARE AS WELL AS ENDOSCOPIC, OPHTHALMOLOGIC, ORTHOPEDIC, DERMATOLOGIC AND PODIATRIC PROCEDURES, CARDIAC REHABILITATION, DIABETES MANAGEMENT SERVICES, NUTRITIONAL COUNSELING AND ELDER ASSESSMENT PROGRAMS. DIAGNOSTIC FACILITIES AT BID-MILTON INCLUDE A COMPLETE 24-HOUR HISTOPATHOLOGY LABORATORY AND BLOOD BANKING SERVICES AS WELL AS DIAGNOSTIC IMAGING INCLUDING CT SCANNING, ULTRASOUND, MRI, 3D MAMMOGRAPHY, ULTRASONIC CARDIOGRAPHY, BONE DENSITOMETRY, NUCLEAR MEDICINE, PLAIN FILM RADIOLOGY AND FLUOROSCOPY. IN ADDITION, THE HOSPITAL'S PICTURE ARCHIVAL AND COMMUNICATION SYSTEM (PACS) CAN INSTANTANEOUSLY TRANSMIT RADIOLOGIC IMAGES BETWEEN BID-MILTON AND BIDMC, MEANING THAT PATIENTS IN MILTON HAVE ACCESS TO THE SAME WORLD-CLASS SPECIALISTS AS PATIENTS AT BIDMC IN BOSTON. THE SYSTEM FACILITATES, WHEN NECESSARY, MULTI-DISCIPLINARY EVALUATION OF IMAGES, RESULTING IN IMPROVED TECHNICAL PERFORMANCE AND FEEDBACK AND DIAGNOSES WITH GREATER DIAGNOSTIC ACCURACY. DURING THE FISCAL PERIOD OCTOBER 1, 2018 TO SEPTEMBER 30, 2019, BID-MILTON HAD 155,262 OUTPATIENT ENCOUNTERS. HOSPITAL CLINICS HAD 16,794 VISITS, AND PERFORMED 6,556 ENDOSCOPY PROCEDURES. IN ADDITION, BID-MILTON OUTPATIENT CARDIOLOGY PHYSICIANS AND PROFESSIONALS PERFORMED 7,385 EKG EXAMS AND ORTHOPEDISTS PERFORMED 613 OUTPATIENT PROCEDURES. BID-MILTON GENERAL RADIOLOGY PERFORMED 39,020 OUTPATIENT EXAMS, 12,347 CAT SCAN OUTPATIENT EXAMS, 8,602 OUTPATIENT ULTRASOUND PROCEDURES, OVER 3,197 MRI EXAMS AND 993 NUCLEAR MEDICINE TESTS. FINALLY, DURING THE PERIOD COVERED BY THIS FILING BID-MILTON PERFORMED 333,971 OUTPATIENT LAB TESTS, HAD 29,148 REHABILITATION VISITS AND PERFORMED 11,614 OTHER PROCEDURES AND TESTS NOT INCLUDED IN THE DETAIL ABOVE. SEE SCHEDULE H FOR ADDITIONAL INFORMATION ON CHARITY CARE AND COMMUNITY BENEFITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	EMERGENCY DEPARTMENT BID-MILTON'S EMERGENCY DEPARTMENT (ED) IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND PROVIDES EMERGENCY CARE TO ALL PATIENTS, REGARDLESS OF ABILITY TO PAY THE ED IS STAFFED BY ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP), AN INTEGRALLY RELATED PHYSICIAN PRACTICE OF BIDMC WHICH IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED APHMFP PHYSICIANS PROVIDE AROUND THE CLOCK PHYSICIAN PATIENT CARE COVERAGE AND MEDICAL DIRECTION OF THE BID-MILTON EMERGENCY DEPARTMENT A HIGHLY TRAINED NURSING STAFF ALSO PROVIDES CARE TO PATIENTS IN THE ED CRITICALLY INJURED PATIENTS NEEDING THE SERVICES OF A LEVEL ONE TRAUMA CENTER ARE STABILIZED AND TRANSFERRED TO BETH ISRAEL DEACONESS MEDICAL CENTER IN BOSTON A RAPID CARDIAC TRANSFER PROGRAM WITH THE MEDICAL CENTER ALSO FACILITATES THE TRANSFER OF PATIENTS NEEDING EMERGENCY CARDIAC CATHETERIZATION DURING THE FISCAL PERIOD OCTOBER 1, 2018 TO SEPTEMBER 30, 2019, BID-MILTON HAD MORE THAN 32,233 EMERGENCY DEPARTMENT VISITS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, QUESTION 24B	INVESTMENT OF TAX-EXEMPT BOND PROCEEDS BEYOND THE TEMPORARY PERIOD EXCEPTION PROCEEDS IN THE PROJECT FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, BUT WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, QUESTION 12 AND 12A	STATEMENT RE AUDITED FINANCIAL STATEMENTS THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2019 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL) EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC ACCOMPLISH ITS CHARITABLE PURPOSES, AS WELL AS ALL ENTITIES FOR WHICH THESE ENTITIES SERVE AS MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BETH ISRAEL DEACONESS HOSPITAL-MILTON, INC OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS OR FAMILY RELATIONSHIPS MICHAEL BRADY AND H ESTERBROOK LONGMAID, MD HAVE A BUSINESS RELATIONSHIP MICHAEL BRADY AND JON CRONIN, MD HAVE A BUSINESS RELATIONSHIP IN ADDITION FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL CORPORATION (NBC), AND ANNA JAKES HOSPITAL THE LAHEY CLINIC FOUNDATION IN TURN SERVES AS SOLE MEMBER TO LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL DBA LAHEY HOSPITAL AND MEDICAL CENTER (LHMC) ADDITIONAL ENTITIES LISTED HERE MAY ALSO IN TURN SERVE AS MEMBER TO OTHER NETWORK AFFILIATES TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	BETH ISRAEL DEACONESS HOSPITAL - MILTON MADE CHANGES TO ITS BYLAWS DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2019 AS PART OF THE CREATION OF THE BETH ISRAEL LAHEY HEALTH (BILH), AN INTEGRATED HEALTH CARE SYSTEM PROVIDING PATIENT CARE INFORMED BY WORLD-CLASS RESEARCH AND EDUCATION BETH ISRAEL LAHEY HEALTH, INC BECAME THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON CHANGES TO THE BYLAWS AFFECT - FREQUENCY OF MEETINGS - MINIMUM & MAXIMUM NUMBER OF TRUSTEES - EX-OFFICIO TRUSTEES - APPOINTMENT, REAPPOINTMENT AND REMOVAL OF TRUSTEES - COMMITTEES - OFFICERS - TERMS AND TERM LIMITS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON PRIOR TO THAT DATE, BIDMC SERVED AS SOLE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN BETH ISRAEL DEACONESS HOSPITAL - MILTON'S BY-LAWS SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSITIVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M G L") CHAPTER 180, AS AMENDED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 IN ADDITION, EXCEPT AS ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRED BY M G L CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 NOTWITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF THE BOARD (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANTHROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENTS OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSOLIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER, (B) APPROVE OR REQUIRE ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES, OR (C) AMEND OR RESTATE THESE BYLAWS TO CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS FOR THE PERIOD ENDING ON THE THIRD ANNIVERSARY OF THE DATE THE MEMBER BECOMES THE SOLE CORPORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFILIATION OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNANIMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE MEMBER) AND THE APPROVAL OF THE MEMBER'S BOARD OF TRUSTEES (THE "MEMBER'S BOARD") THE MEMBER MAY NOT CAUSE THE CORPORATION TO CEASE OPERATING SEPARATELY LICENSED HOSPITAL FACILITY, OR CLOSE ANY ESSENTIAL SERVICE OF SUCH HOSPITAL FACILITY WITHOUT CONSULTING WITH THE BOARD PRIOR TO TAKING SUCH ACTION THE POWERS AND RESPONSIBILITIES OF THE BOARD INCLUDE THE FOLLOWING (A) PROVIDING RECOMMENDATIONS TO THE MEMBER REGARDING (I) APPOINTMENT, REAPPOINTMENT AND REMOVAL OF TRUSTEES, (II) THE ESTABLISHMENT OF THE CORPORATION'S POLICIES, (III) THE MAINTENANCE OF PATIENT CARE QUALITY, AND (IV) THE PROVISION OF CLINICAL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS, (B) ENSURING COMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING CREDENTIALING AND OTHER MEDICAL STAFF MATTERS, (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PLANNING, MAKING RECOMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL REVIEW OF THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CORPORATION'S STRATEGIC AND FINANCIAL PLAN AND GOALS, (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AND CAPITAL BUDGETS AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES, (E) MAKING RECOMMENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS, (F) PROVIDING OVERSIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY, (G) REVIEWING DISASTER PLANS THAT DEAL WITH BOTH INTERNAL (E G , FIRE) AND EXTERNAL DISASTERS, AND (H) EVALUATING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONTINUE TO MEET COMMUNITY NEEDS EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHALL ACT IN AN ADVISORY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWERS (A) POWERS EXPRESSLY GRANTED BY THE MEMBER FROM TIME TO TIME, (B) POWER TO EXERCISE ITS AUTHORITY AS A MEMBER OF OTHER CORPORATIONS, (C) POWER TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) OR UNDER THESE BYLAWS WITH RESPECT TO THE MEMBER, AND (D) POWERS TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH SYSTEM, INC , BETH ISRAEL DEACONESS MEDICAL CENTER, INC , NEW ENGLAND BAPTIST HOSPITAL, INC , MOUNT AUBURN HOSPITAL, CAREGROUP, INC , AND SEACOAST REGIONAL HEALTH SYSTEMS, INC THE POWERS OF THE BOARD IN CLAUSES (A) AND (B) OF THE PRECEDING SENTENCE SHALL BE SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE THE POWERS OF THE BOARD IN CLAUSE (C) AND (D) OF THE FIRST SENTENCE OF THIS PARAGRAPH SHALL BE INDEPENDENT OF THE MEMBER AND NOT SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE NOTWITHSTANDING CLAUSE (B) ABOVE, THE POWER OF THE CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJECT TO THE FOLLOWING LIMITATIONS (X) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE CORPORATION ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF, THE MEMBER, (Y) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CONSULTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPORATION, AND (Z) OTHER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPRESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) BECAME THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON. THIS FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF BETH ISRAEL DEACONESS HOSPITAL - MILTON, THE TAX DIRECTOR OF BILH AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE BETH ISRAEL DEACONESS HOSPITAL - MILTON BOARD PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BETH ISRAEL DEACONESS HOSPITAL MILTON (BIDM) HAS A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY PURSUANT TO THAT POLICY, ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES OF BIDM ARE ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS MAINTAINED BY OFFICERS, TRUSTEES OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A CONFLICT OF INTEREST BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A TERTIARY CARE ACADEMIC MEDICAL CENTER EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND IS A SISTER ENTITY TO BIDM THE BIDMC OFFICE OF COMPLIANCE AND BUSINESS CONDUCT ADMINISTERS A CONFLICT OF INTEREST QUESTIONNAIRE PROCESS ANNUALLY IN CONJUNCTION WITH THE BIDM OFFICE OF COMPLIANCE AND PROVIDES A SUMMARY OF POSITIVE RESPONSES TO BIDM'S COMPLIANCE OFFICER FOR REVIEW AND DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICY IS SUBJECT TO ONGOING REVIEW BY BIDM PURSUANT TO THE CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES AS PREVIOUSLY NOTED IN THIS FILING, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF BID-MILTON IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE BILH TAX DEPARTMENT ISSUED A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BIDM BOARD OF TRUSTEES AS WELL AS CURRENT AND FORMER OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE PROCESS WAS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR BIDM TO COMPLETELY AND ACCURATELY PROCESS AND COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DESCRIPTION OF PROCESS TO DETERMINE COMPENSATION OF THE ORGANIZATIONS CEO AND OTHER OFFICERS AND KEY EMPLOYEES AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS HOSPITAL MILTON (BID-MILTON) ALONG WITH ITS AFFILIATES BECAME MEMBERS OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES WITH BILH SERVING AS BID-MILTON'S SOLE MEMBER EFFECTIVE MARCH 1, 2019 PRIOR TO MARCH 1, 2019 BID-MILTON MAINTAINED A COMPENSATION COMMITTEE THAT WAS COMPOSED OF MEMBERS OF THE BOARD OF DIRECTORS ALL MEMBERS WERE INDEPENDENT AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2018 COMPENSATION AS SUCH, COMPENSATION REPORTED IN THIS FORM 990 FOR BID-MILTON OFFICERS, DIRECTORS AND KEY EMPLOYEES WAS SET BY THE BID-MILTON COMPENSATION COMMITTEE AND GUIDED BY THE COMMITTEE'S OBLIGATIONS AS OUTLINED BELOW FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS HOSPITAL - MILTON (BID-MILTON) HAD A COMPENSATION COMMITTEE COMPOSED OF MEMBERS OF THE BID-MILTON BOARD OF DIRECTORS AND APPOINTED BY THE CHAIR OF THE BOARD ALL MEMBERS WERE INDEPENDENT THE BID-MILTON COMPENSATION COMMITTEE ESTABLISHED THE POLICIES AND THE COMPENSATION STRUCTURE OF THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND VICE PRESIDENTS THE BID-MILTON COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT IT COMPLIED WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIED UPON WRITTEN COMPENSATION SURVEYS/STUDIES PRODUCED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE MET TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWED THE COMPENSATION SURVEY DATA PREPARED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM TO ENSURE INDEPENDENCE, NO BID-MILTON STAFF THAT MIGHT PROVIDE ADMINISTRATIVE SUPPORT TO THIS COMMITTEE WAS PRESENT FOR THESE DISCUSSIONS THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO WHICH WAS APPROVED BY THE FULL BID-MILTON BOARD IN ADDITION, AS NOTED THROUGHOUT THIS NARRATIVE SUPPORT TO THE FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A CLOSE AFFILIATE OF BID-MILTON AND SERVED AS THE SOLE MEMBER OF BID-MILTON AT THE TIME THAT COMPENSATION REPORTED IN THIS FILING WAS SET THE BIDMC COMPENSATION COMMITTEE REVIEWED THE COMPENSATION OF THE BID-MILTON CEO AND THE INFORMATION WAS REPORTED TO THE FULL BIDMC BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BETH ISRAEL DEACONESS HOSPITAL - MILTON'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION BETH ISRAEL LAHEY HEALTH TAX DEPARTMENT 109 BROOKLINE AVENUE, SUITE 300 BOSTON, MA 02215

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES PROGRAM SERVICE EXPENSES 7,202,915 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,202,915 CONSULTING & PURCHASE SERVICES PROGRAM SERVICE EXPENSES 4,538,299 MANAGEMENT AND GENERAL EXPENSES 3,162,963 FUNDRAISING EXPENSES 94,659 TOTAL EXPENSES 7,795,921

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN EQUITY INTERESTS IN LIMITED PARTNERSHIP -422,166 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS -2,949,002 NET ASSET TRANSFER FROM RELATED ENTITIES -2,325,990 ROUNDING -1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAQUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH) AS A NEWLY CREATED HEALTHCARE SYSTEM, BILH ENGAGED KPMG TO PERFORM A FINANCIAL AUDIT OF THE SYSTEM THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2019 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND ITS AFFILIATES

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

2018

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS HOSPITAL - MILTON

Employer identification number
04-2103604

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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.

See Additional Data Table

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

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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 Yes

b Gift, grant, or capital contribution to related organization(s)

1b Yes

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

1c Yes

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f No

g Sale of assets to related organization(s)

1g No

h Purchase of assets from related organization(s)

1h No

i Exchange of assets with related organization(s)

1i No

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

1j Yes

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

1k No

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s Yes

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART I - V	AS NOTED THROUGHOUT THIS FILING, ON MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL CORPORATION (NBC), AND ANNA JAQUES HOSPITAL THE LAHEY CLINIC FOUNDATION IN TURN SERVES AS SOLE MEMBER TO LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL DBA LAHEY HOSPITAL AND MEDICAL CENTER (LHMC) ADDITIONAL ENTITIES LISTED HERE MAY ALSO IN TURN SERVE AS MEMBER TO OTHER NETWORK AFFILIATES BY-LAW CHANGES WERE MADE TO REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS REGS 1 512(B)-1(L)(4) UNDER IRC SEC 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC AND AFFILIATES ARE INCLUDED IN BETH ISRAEL DEACONESS HOSPITAL - MILTON'S FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAKUES HOSPITAL INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
930 COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	N/A	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE STE 300 BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	Yes	
330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
482 BEDFORD STREET LEXINGTON, MA 02420 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 82-2526816	OPERATE A SPECIALTY PHARMACY	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
199 ROSEWOOD DRIVE SUITE 250 DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
109 BROOKLINE AVE STE 300 BOSTON, MA 02215 22-2629185	OVERSEE FINANCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	12C, III-FI	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	12A, I	N/A		No
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	MILTON HOSPITAL FOUNDATION	Yes	
185 PILGRIM ROAD BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	JORDAN HEALTH SYSTEMS INC	Yes	
130 KING STREET WEST TORONTO CA	FUNDRSG ORG	CA	NON-US		N/A		No
41 MALL ROAD BURLINGTON, MA 01805 04-2323457	SUPPORT	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 018050001 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC	Yes	
41 MALL ROAD BURLINGTON, MA 018050001 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 61-1665701	SUPPORT	MA	501(C)(3)	12C, III-FI	N/A		No
160 LONGWOOD AVENUE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HMFP AT BIDMC	Yes	
400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3240453	SUPPORT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
800NCUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
300 WASHINGTON ST GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 22-2814214	SUPPORT ORG	MA	501(C)(3)	12A, I	N/A		No
25 HIGHLAND AVE NEWBURYPORT, MA 01915 32-0443663	HEALTH SVCS	MA	501(C)(3)	10	N/A		No
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 018900000 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-3399570	SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA		EXCLUDED				No			No	
(1) BIDCO HOSPITAL LLC 247 STATION DRIVE NORTHWEST 1 WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA		EXCLUDED	-990,224	165,086		No			No	10 200 %
(2) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA		EXCLUDED				No			No	
(3) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA		EXCLUDED	1,167,388	24,404,510		No	-58,197		No	2 590 %
(4) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA		EXCLUDED				No			No	
(5) NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5120176	TO PROVIDE ORTHOPEDIC MEDICAL SERVICES	MA		EXCLUDED				No			No	
(6) WINCHESTER HOSPITALSHIELDS MRI LLC 700 CONGRESS ST QUINCY, MA 02169 46-2523117	MRI SERVICES	MA		EXCLUDED				No			No	
(7) SHIELDS IMAGING AT ANNA JAQUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA		EXCLUDED				No			No	
(8) HAVERHILL MOB LLC 50 CHESTNUT ST NEEDHAM, MA 02492 81-2856118	MEDICAL OFFICE BUILDING	MA		EXCLUDED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) JORDAN COMMUNITY ACO INC 275 SANDWICH ST PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID- PLYMOUTH	MA	N/A	C				Yes	
(1) GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(2) LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
(3) LEDGEWOOD HEALTHCARE CORPORATION 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 04-2855189	NURSING HOME	KY	N/A	C				Yes	
(4) NORTHEAST PROPRIETARY CORP 85 HERRICK STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C				Yes	
(5) WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(6) WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C				Yes	
(7) WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	PHYS HOSP ORG	MA	N/A	C				Yes	
(8) NORTHEAST HEALTH SYSTEMS PHYSICIAN HOSPITAL ORGANIZATION INC 500 CUMMINGS CENTER STE 6500 BEVERLY, MA 01915 04-3258053	MEDICAL SERVICES	MA	N/A	C				Yes	
(9) NORTHEAST PHYSICIAN PRACTICE 85 HERRICK STREET BEVERLY, MA 01915 04-3285837	PHYSICIAN OFFICE	MA	N/A	C				Yes	
(10) NPP SUPPORT SERVICES 85 HERRICK STREET BEVERLY, MA 01915 04-2721511	PHYSICIAN OFFICE	MA	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BETH ISRAEL LAHEY HEALTH INC	R	726,544	FMV
(1)	BETH ISRAEL DEACONESS MEDICAL CENTER	P	3,837,365	FMV
(2)	BETH ISRAEL DEACONESS MEDICAL CENTER	Q	171,889	FMV
(3)	JORDAN PHYSICIANS ASSOCIATES INC	P	360,960	FMV
(4)	JORDAN PHYSICIANS ASSOCIATES INC	S	211,970	FMV
(5)	BETH ISRAEL DEACONESS MEDICAL CENTER	S	957,654	FMV
(6)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	3,907,375	FMV
(7)	ASSOC PHYS HARVARD MED FAC PHY AT BIDMC	P	1,885,911	FMV
(8)	ASSOC PHYS HARVARD MED FAC PHY AT BIDMC	Q	607,629	FMV
(9)	MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	A	198,804	FMV
(10)	MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	Q	195,891	FMV
(11)	MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	P	50,000	FMV
(12)	MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	P	688,000	FMV
(13)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	S	212,024	FMV
(14)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	A	69,390	FMV
(15)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	Q	113,066	FMV
(16)	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	R	883,679	FMV
(17)	BIDCO HOSPITAL LLC	P	950,751	FMV