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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

C Name of organization
NEW ENGLAND BAPTIST HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
125 PARKER HILL AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02120

D Employer identification number
04-2103612

E Telephone number
(617) 754-5800

G Gross receipts $ 244,992,494

F Name and address of principal officer
PATRICIA HANNON
125 PARKER HILL AVENUE
BOSTON, MA 02120

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW NEBH ORG

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

L Year of formation 1889

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)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1,492
6	Total number of volunteers (estimate if necessary)	6	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,149,435
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,100,940	6,717,952
	9	Program service revenue (Part VIII, line 2g)	226,372,985	224,893,707
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,817,695	1,669,953
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,647,159	11,454,233
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	246,938,779	244,735,845
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	223,567	177,371
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	102,440,767	100,367,133
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	62,490	57,213
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,018,422		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	137,895,691	134,559,336
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	240,622,515	235,161,053
	19	Revenue less expenses Subtract line 18 from line 12	6,316,264	9,574,792
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	223,644,094	223,638,515
	21	Total liabilities (Part X, line 26)	99,113,217	84,527,160
	22	Net assets or fund balances Subtract line 21 from line 20	124,530,877	139,111,355

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, inclu
knowledge and belief, it is true, correct, and complete Declaration of prepa
any knowledge

Sign Here

▶ Signature of officer

▶ THOMAS GHERINGHELLI VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
CHRISTINE KAWECKI	CHRISTINE KAWECKI

Firm's name ▶ DELOITTE TAX LLP

Firm's address ▶ TWO JERICHO PLAZA
JERICHO, NY 11753

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 86,844,546 including grants of $ 58,552) (Revenue $ 68,479,716)

See Additional Data

4b (Code) (Expenses $ 92,974,371 including grants of $ 66,756) (Revenue $ 110,807,773)

See Additional Data

4c (Code) (Expenses $ 38,975,646 including grants of $ 10,000) (Revenue $ 44,857,213)

See Additional Data

(Code) (Expenses $ 1,800,466 including grants of $ 42,063) (Revenue $ 5,005,105)

4d Other program services (Describe in Schedule O)

(Expenses $ 1,800,466 including grants of $ 42,063) (Revenue $ 5,005,105)

4e **Total program service expenses** ▶ 220,595,029

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,541			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,492			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ FL , IL , KY , MD , MA , MI , MN , MS , NH , NJ , NM , NY , OR , TN , UT , WI

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶THOMAS GHERINGHELLI 125 PARKER HILL AVENUE BOSTON, MA 021202847 (617) 754-5800

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,790,063	881,338	521,059

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 ▶ 174

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WISE CONSTRUCTION CO 21 EAST ST WINCHESTER, MA 01890	CONSTRUCTION	2,374,849
C&W FACILITY SERVICES INC 4002 SOLUTIONS CTR CHICAGO, IL 60677	FACILITIES MANAGEMENT	2,240,559
SODEXO INC & AFFILIATES PO BOX 81049 WOBURN, MA 01813	SUPPORT SERVICE MANAGEMENT	1,317,974
ANAESTHESIA ASSOC OF MASSACHUSETTS 690 CANTON ST STE 200 WESTWOOD, MA 02090	SUPPORT SERVICES	816,185
FOLEY & LARDNER LLP 3000 K STREET NW SUITE 500 WASHINGTON, DC 200075143	CONSULTING & LEGAL SERVICES	682,364

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 22

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	588,147			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,129,805			
	g Noncash contributions included in lines 1a-1f $ 76,984					
	h **Total.** Add lines 1a-1f ▶		6,717,952			
Program Service Revenue		Business Code				
	2a IMPATIENT CARE	621400	110,807,773	110,807,773		
	b MEDICARE	623000	68,479,716	68,479,716		
	c WALK IN CLINIC	621990	44,857,213	44,857,213		
	d PROGRAM SERVICE REVENU	621990	618,083	618,083		
	e RESEARCH	621990	130,922	130,922		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		224,893,707			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,181,372		100,212	1,081,160
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	1,313,994				
	b Less rental expenses	50,161				
	c Rental income or (loss)	1,263,833				
	d Net rental income or (loss) ▶			1,263,833	35,649	1,228,184
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	488,581				
	b Less cost or other basis and sales expenses	0				
	c Gain or (loss)	488,581				
	d Net gain or (loss) ▶			488,581	11,738	476,843
	8a Gross income from fundraising events (not including $ 588,147 of contributions reported on line 1c) See Part IV, line 18 a		68,225			
	b Less direct expenses b		206,488			
	c Net income or (loss) from fundraising events ▶			-138,263		-138,263
	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 PHYSICIAN ADMIN	900099	2,393,560		2,393,560	
	b PARKING	900099	1,820,328			1,820,328
	c CAFETERIA	900099	1,149,907			1,149,907
	d All other revenue		4,964,868	4,256,100	608,276	100,492
	e **Total.** Add lines 11a–11d ▶		10,328,663			
	12 **Total revenue.** See Instructions ▶		244,735,845	229,149,807	3,149,435	5,718,651

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)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	177,371	177,371		
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	4,228,956	985,980	3,242,976	
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	79,654,402	78,729,851		924,551
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,851,002	2,532,257	296,351	22,394
9 Other employee benefits	7,951,734	7,091,940	798,786	61,008
10 Payroll taxes	5,681,039	5,045,892	590,523	44,624
11 Fees for services (non-employees)				
a Management				
b Legal	859,691	763,576	89,362	6,753
c Accounting	377,910	335,660	39,282	2,968
d Lobbying	43,310		43,310	
e Professional fundraising services See Part IV, line 17	57,213			57,213
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,259,119	9,940,189	1,014,225	304,705
12 Advertising and promotion	2,191,745	1,946,705	227,824	17,216
13 Office expenses	63,211,008	62,742,556	215,503	252,949
14 Information technology	4,787,798	4,256,285	494,170	37,343
15 Royalties . .				
16 Occupancy	10,483,946	8,435,688	2,013,342	34,916
17 Travel	141,291	124,041	12,490	4,760
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	338,082	318,238	18,450	1,394
20 Interest	1,760,215	1,563,421	182,968	13,826
21 Payments to affiliates	5,107,286	5,074,685	30,311	2,290
22 Depreciation, depletion, and amortization . .	12,477,274	11,082,300	1,296,966	98,008
23 Insurance . . .	1,075,945	965,698	102,500	7,747
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 MAINTENANCE & REPAIRS	11,139,651	9,468,716	1,595,289	75,646
b FREE CARE	4,148,548	4,148,548	0	0
c EQUIPMENT LEASES	2,631,770	2,556,179	70,280	5,311
d				
e All other expenses	2,524,747	2,309,253	172,694	42,800
25 **Total functional expenses.** Add lines 1 through 24e	235,161,053	220,595,029	12,547,602	2,018,422
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		23,911,617	1	21,392,958
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,528,595	3	4,051,806
	4	Accounts receivable, net		21,479,594	4	22,942,117
	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		0	7	
	8	Inventories for sale or use		2,818,528	8	2,553,383
	9	Prepaid expenses and deferred charges		2,631,479	9	1,525,297
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 278,139,691			
	b	Less accumulated depreciation	10b 190,332,008	93,801,044	10c	87,807,683
	11	Investments—publicly traded securities		52,988,039	11	57,444,182
	12	Investments—other securities See Part IV, line 11		20,721,621	12	21,603,635
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,763,577	15	4,317,454
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		223,644,094	16	223,638,515
Liabilities	17	Accounts payable and accrued expenses		25,609,203	17	21,863,009
	18	Grants payable			18	
	19	Deferred revenue		1,200,000	19	1,120,000
	20	Tax-exempt bond liabilities		61,011,062	20	57,861,135
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		11,292,952	25	3,683,016
	26	**Total liabilities.** Add lines 17 through 25		99,113,217	26	84,527,160
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		97,808,088	27	109,708,762
	28	Temporarily restricted net assets		12,743,388	28	12,716,996
	29	Permanently restricted net assets		13,979,401	29	16,685,597
		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		124,530,877	33	139,111,355
	34	Total liabilities and net assets/fund balances		223,644,094	34	223,638,515

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	244,735,845
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,161,053
3	Revenue less expenses Subtract line 2 from line 1	3	9,574,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124,530,877
5	Net unrealized gains (losses) on investments	5	3,874,093
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,131,593
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	139,111,355

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
AMELLO JASON TRUSTEE	1 00 0 00	X						0	0	0
BARNETT KEITH TRUSTEE	1 00 0 00	X						0	0	0
BASILICO MD FACC FREDERICK C TRUSTEE (EX-OFF)/CHAIR OF MED	30 00 30 00	X						149,354	149,354	24,854
BODE MD ROBERT BRD CHR/TTEE (EX-OFF)/ANES CHR	6 00 6 00	X						36,821	36,821	0
COLLINS CHRISTOPHER TRUSTEE	1 00 0 00	X						0	0	0
HANNON FACHE PATRICIA PRESIDENT/CEO/TRUSTEE (EX-OFF)	62 00 3 00	X		X				1,157,306	35,793	27,139
JENNY CHRISTOPHER TRUSTEE	1 00 0 00	X						0	0	0
KOLLIGIAN ESQ JOAN TRUSTEE & SECRETARY	2 00 0 00	X						0	0	0
LIBERT JEFFREY TRUSTEE	1 00 0 00	X						0	0	0
MATTINGLY MD DAVID TTEE(EXOFF)/SURG CHF/ORTHO CHR	15 00 15 00	X						184,885	184,885	572

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
NICHOLS PETER B TRUSTEE, CO-VICE CHAIR	5 00 2 00	X						0	0	0
POGORZELSKI DONALD E TRUSTEE & CO-VICE CHAIR	5 00 0 00	X						0	0	0
RUBENSTEIN JAMES TRUSTEE	1 00 0 00	X						0	0	0
SAMSEL ERVEN TRUSTEE, CHAIR	10 00 0 00	X						0	0	0
SARGENT GIRARD TRUSTEE	1 00 0 00	X						0	0	0
SMITH RN MS MARY SULLIVAN TEE (EX-O), SVP, COO, CNO	58 00 2 00	X		X				419,171	12,964	15,714
SMYTH PETER TRUSTEE & TREASURER	2 00 0 00	X		X				0	0	0
SPITZ MD DAMON J TEE/MED STAFF PRES/RAD CHR	6 00 6 00	X						36,126	36,126	0
TROMANHAUSER MD SCOTT TRUSTEE/CHIEF MED QUAL OFFICER	30 00 30 00	X						118,211	118,211	42
GHERINGHELLI MSF THOMAS J SVP OF FINANCE & CFO	58 00 2 00			X				364,634	11,277	48,918

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
GREENSPAN ELIZABETH SVP, CHIEF STRATEGY OFFICER	58 00 2 00				X			322,361	9,970	40,320
PASSAFARO DAVID SVP, EXTERNAL AFFAIRS	60 00 0 00				X			287,882	0	29,543
THOMPSON LINDA E SVP, HR & SERVICE EXCELLENCE	58 00 2 00				X			312,512	9,665	57,615
HAYEK MD JIHAD PATHOLOGY CHAIR, NEBH	30 00 30 00					X		154,651	154,651	79,338
SCHNEIDER GARY CHIEF OF RESEARCH	58 00 2 00					X		287,832	8,902	35,370
HERMAN K MORGAN VP OF PHILANTHROPY	60 00 0 00					X		263,021	0	43,528
CALLAHAN ANN E OR NURSE	50 00 0 00					X		201,660	0	65,564
RICHMOND MD JOHN C MED DIR, NETWORK DEVELOPMENT	12 00 12 00					X		100,561	100,561	386
MULKERRIN MS RN MAUREEN FORMER VP, TECHNOLOGY & CIO	0 00 0 00						X	393,075	12,158	52,156

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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)

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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2016

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
NEW ENGLAND BAPTIST HOSPITAL	04-2103612

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		43,310
j Total Add lines 1c through 1i			43,310
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	DESCRIPTION OF LOBBYING ACTIVITIES NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HOSPITAL) IS ENGAGED IN LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER AFFILIATED NETWORK ENTITIES ADDITIONALLY, NEBH PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS, A PIECE OF WHICH MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS NEBH ESTIMATES THE LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES TO BE $43,310 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 TOTAL LOBBYING EXPENDITURES WERE MINIMAL AND INSUBSTANTIAL 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.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	53,914,000	50,716,000	50,865,000	47,005,000	41,872,000
b Contributions . . .	2,482,000	1,498,000	1,163,000	1,790,000	4,317,000
c Net investment earnings, gains, and losses	4,207,000	2,720,000	-791,000	3,174,000	5,042,000
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	829,000	1,020,000	521,000	1,104,000	4,226,000
f Administrative expenses					
g End of year balance	59,774,000	53,914,000	50,716,000	50,865,000	47,005,000

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

a Board designated or quasi-endowment ▶ 51 000 %

b Permanent endowment ▶ 26 000 %

c Temporarily restricted endowment ▶ 23 000 %

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' 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 . . .		3,956,331		3,956,331
b Buildings		149,887,538	97,860,879	52,026,659
c Leasehold improvements		9,730,413	1,634,009	8,096,404
d Equipment . . .		114,565,409	90,837,120	23,728,289
e Other . . .				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				87,807,683

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) PRIVATE EQUITY & VENTURE CAPITAL	1,715,000	F
(B) ABSOLUTE RETURN AND HEDGED EQUITY	16,951,000	F
(C) CREDIT RELATED	235,635	F
(D) REAL ASSETS	2,702,000	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	21,603,635	

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	
LT REINS LIAB-CRICO	2,340,002
DEPOSITS REC'D LEASES	6,443
IBNR - INSURANCE & MALPRACTICE	1,336,571
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,683,016

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	248,855,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	8,679,258		
e	Add lines **2a** through **2d**			2e	8,679,258
3	Subtract line **2e** from line **1**			3	240,175,742
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	4,560,103		
c	Add lines **4a** and **4b**			4c	4,560,103
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	244,735,845

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	243,805,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	8,643,947		
e	Add lines **2a** through **2d**			2e	8,643,947
3	Subtract line **2e** from line **1**			3	235,161,053
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	235,161,053

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: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	NEW ENGLAND BAPTIST HOSPITAL ENDOWMENT FUND UNDER THE NEW ENGLAND BAPTIST HOSPITAL'S (NEBH OR HOSPITAL) CURRENT LONG-TERM INVESTMENT SPENDING POLICY, WHICH IS WITHIN THE GUIDELINES SPECIFIED UNDER MASSACHUSETTS STATE LAW, 5% OF THE OF QUALIFYING INCOME AVAILABLE MAY BE APPROPRIATED IN ESTABLISHING THESE POLICIES, NEBH CONSIDERED THE EXPECTED RETURN ON ITS E NDOWMENT AND ITS PROGRAMMING NEEDS ACCORDINGLY, NEBH EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO MAINTAIN ITS PURCHASING POWER AND TO PROVIDE A PREDICTABLE AND S TABLE SOURCE OF REVENUE TO THE ANNUAL OPERATING BUDGET ADDITIONAL REAL GROWTH WILL BE PRO VIDED THROUGH NEW GIFTS OR EXCESS INVESTMENT RETURN FORM 990, SCHEDULE D, PART VII INVES TMENTS OTHER SECURITIES AS OF SEPTEMBER 30, 2017, NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HO SPITAL) HAD INVESTMENTS OF OTHER SECURITIES OF $21,603,635 WITH CAREGROUP INVESTMENT PARTN ERSHIP (EIN 04-3278109) SEE SCHEDULE R FOR ADDITIONAL INFORMATION ON THIS RELATED ENTITY)

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE AUDITED FINANCIAL STATEMENTS OF NEW ENGLAND BAPTIST HOSPITAL (HOSPITAL) INCLUDE THE HO SPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, OF WHICH NEBH IS ITS SOLE MEMBER FOOTN OTE 2(N), SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, INCOME TAX STATUS IS INCLUDED BELOW THE HOSPITAL AND NEBMA HAVE BEEN PREVIOUSLY DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE TAX-EXEMPT ORGANIZATIONS DESCRIBED IN THE INTERNAL REVENUE CODE (THE CODE) SECTION 501 (C)(3) AND, THEREFORE, ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE NEW ENGLAND BAPTIST CLINICAL INTEGRATION ORGANIZATION, LLC (NE BCIO), IS A MASSACHUSETTS LIMITED LIABILITY COMPANY NEW ENGLAND BAPTIST HOSPITAL IS THE S OLE MEMBER OF NEBCIO AND AS SUCH, NEBCIO IS A SINGLE MEMBER LLC DISREGARDED FOR INCOME TAX PURPOSES THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POS ITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE ME ASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED U PON SETTLEMENT CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE CORPORATION DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2017 OR 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AMOUNTS 3,797,000 PARTNERSHIP INCOME (GBMC RE, GBMC MC) -52,622 CHANGES IN EQUITY INTERESTS IN LIMITED PARTNERSHIP 1,902,000 NET ASSETS RELEASED FROM RESTRICTION 3, 032,880

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENT EXPENSES RELATED TO RENTAL INCOME -50,161 RESTRICTED CONTRIBUTIONS 4,548,299 RESTRICTED REVENUE 268,989 ROUNDING -536 FUND RAISING EXPENSE -206,488

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AMOUNTS 8,388,000 RENT EXPENSES AND FUNDRAISING INCOME 256,649 LOSS ON EXTINGUISHMENT OF DEBT -702

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			9,221,728
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			9,221,728

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

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

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

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

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

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)*

☐ 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)*

☐ 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).

Return Reference	Explanation
SCHEDULE F PART IV FOREIGN FORMS	FORM 990, SCHEDULE F, PART IV, LINE 1 ALTHOUGH NEBH WAS AN INDIRECT TRANSFEROR OF FUNDS TO A FOREIGN CORPORATION DURING THE PERIOD COVERED BY THIS FILING, SUCH TRANSFERS DID NOT RESULT IN AN OBLIGATION TO FILE FORM 926, RETURN OF A U S TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION FORM 990 SCHEDULE F, PART IV, LINE 3 ALTHOUGH NEBH HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUIRED TO FILE FORM 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS FORM 990 SCHEDULE F, PART IV, LINE 4 ALTHOUGH NEBH WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR A QUALIFIED ELECTING FUND DURING THE PERIOD COVERED BY THIS FILING, SUCH TRANSFERS DID NOT RESULT IN AN OBLIGATION TO FILE FORM 8621, INFORMATION RETURN BY A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND FORM 990 SCHEDULE F, PART IV, LINE 5 ALTHOUGH NEBH 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: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

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 & THE CARIBBEAN	0	0	INVESTMENTS		7,891,172
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		990,231
NORTH AMERICA	0	0	INVESTMENTS		340,325

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1 DEVELOPMENT GUILD DDI 233 HAVARD ST BROOKLINE, MA 02446	FUNDRAISING COUNSEL		No	0	0	57,213
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶			57,213

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

AK, AZ, AL, CO, FL, GA, IL, KY, MA, MD, ME, MI, MN, MO, MS, ND, NH, NJ, NM, NY, OH, OK, OR, TN, UT, WA, WI

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

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	656,372			656,372
	2 Less Contributions	588,147			588,147
	3 Gross income (line 1 minus line 2)	68,225			68,225
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	94,500			94,500
	7 Food and beverages	78,196			78,196
	8 Entertainment	9,822			9,822
	9 Other direct expenses	23,970			23,970
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				206,488
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-138,263

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,185,548		4,185,548	1 780 %
b Medicaid (from Worksheet 3, column a)			1,222,858	702,427	520,431	0 220 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			5,408,406	702,427	4,705,979	2 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			244,498		244,498	0 100 %
f Health professions education (from Worksheet 5)			1,210,911	265,860	945,051	0 400 %
g Subsidized health services (from Worksheet 6)			5,713,197	2,520,349	3,192,848	1 360 %
h Research (from Worksheet 7)			1,650,381	130,922	1,519,459	0 650 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			451,035		451,035	0 190 %
j **Total.** Other Benefits			9,270,022	2,917,131	6,352,891	2 700 %
k **Total.** Add lines 7d and 7j			14,678,428	3,619,558	11,058,870	4 700 %

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			55,840		55,840	0 020 %
2 Economic development						
3 Community support			134,478		134,478	0 060 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			78,250		78,250	0 030 %
7 Community health improvement advocacy			226,365		226,365	0 100 %
8 Workforce development			50,424		50,424	0 020 %
9 Other						
10 Total			545,357		545,357	0 230 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 108,884			
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	71,803,060
6	Enter Medicare allowable costs of care relating to payments on line 5	6	87,148,450
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-15,345,390

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group NEW ENGLAND BAPTIST HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ 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 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
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)

Name of hospital facility or letter of facility reporting group NEW ENGLAND BAPTIST HOSPITAL

			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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☑	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑	The FAP was widely available on a website (list url) WWW NEBH ORG			
b ☑	The FAP application form was widely available on a website (list url) WWW NEBH ORG			
c ☑	A plain language summary of the FAP was widely available on a website (list url) WWW NEBH ORG			
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

Name of hospital facility or letter of facility reporting group NEW ENGLAND BAPTIST HOSPITAL

		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 non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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**		No
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)

Name of hospital facility or letter of facility reporting group NEW ENGLAND BAPTIST HOSPITAL

		Yes	No
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?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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 BFINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONT RIBUTIONS TO COMMUNITY GROUPSCOMMUNITY BENEFITS MISSION STATEMENTNEW ENGLAND BAPTIST HOSPI TAL IS COMMITTED TO COLLABORATING WITH COMMUNITY PARTNERS AND RESIDENTS ACROSS BOSTON TO I DENTIFY AREAS OF SPECIAL NEED IN MUSCULOSKELETAL DISEASE AND COLLABORATE ON PROGRAMS TO AD DRESS THESE NEEDS, WITH SPECIAL FOCUS ON UNDERSERVED POPULATIONS THROUGH OUTREACH, EDUCATI ON AND PROVISION OF SERVICES TO ADDRESS MUSCULOSKELETAL HEALTH AS NOTED THROUGHOUT THIS NA RRATIVE, NEW ENGLAND BAPTIST HOSPITAL'S (NEBH OR HOSPITAL) PRIMARY PURPOSE IS THE OPERATIO N AND MAINTENANCE OF AN ACUTE CARE, ORTHOPEDIC SPECIALTY HOSPITAL AND PROVISION OF ALL SER VICES RELATED THERETO FOR THE BENEFIT OF PATIENTS THE HOSPITAL OPERATES AS AN ADULT MEDIC AL / SURGICAL HOSPITAL WITH A NATIONAL REPUTATION IN ORTHOPEDIC CARE PATIENTS ARE OFFERED A FULL RANGE OF SERVICES IN ORTHOPEDICS AND RHEUMATOLOGY, JOINT REPLACEMENT, SPINE CARE, FOOT AND ANKLE CARE, HAND SURGERY, OCCUPATIONAL MEDICINE AND SPORTS MEDICINE COMMUNITY BE NEFITS PHILOSOPHY NEBH IS COMMITTED TO ITS COMMUNITY THE HOSPITAL'S PHILOSOPHY IS TO PART NER DIRECTLY WITH LOCAL ORGANIZATIONS TO PROVIDE DIRECT SERVICES IN OUR PRIORITY AREAS, TO STREAMLINE AND REDUCE DUPLICATION AND TO BUILD POSITIVE RELATIONSHIPS IN THE SURROUNDING NEIGHBORHOODS DURING THE FISCAL YEAR COVERED BY THIS FILING, NEBH PROVIDED COMMUNITY HEAL TH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS T O COMMUNITY GROUPS OF $695,533 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I, CO LUMN C COMMUNITY BENEFITS LEADERSHIP AND PROCESSCOMMUNITY BENEFITS LEADERSHIP THE HOSPITAL 'S GOVERNING BOARD AND SENIOR MANAGEMENT ARE RESPONSIBLE FOR OVERSEEING THE DEVELOPMENT AN D IMPLEMENTATION OF THE COMMUNITY BENEFITS PLAN BASED ON THE COMMUNITY HEALTH NEEDS ASSESS MENT AND THE COMMUNITY HEALTH IMPLEMENTATION STRATEGY/PLAN (CHIP) COMMUNITY PLANNING IS D ONE IN CONJUNCTION WITH MEMBERS OF THE DESIGNATED HOSPITAL COMMUNITY, WHO MAY PROVIDE INSI GHT AND RECOMMENDATIONS ON COMMUNITY HEALTH ISSUES THE BOARD IS RESPONSIBLE FOR DEVELOPIN G POLICY TO IMPLEMENT AND EVALUATING THE HOSPITAL'S CURRENT AND FUTURE COMMUNITY PROGRAMS THE DIRECTOR OF PUBLIC AFFAIRS AND COMMUNITY RELATIONS REPORTS TO SENIOR MANAGEMENT AND T O THE PRESIDENT OF THE HOSPITAL ON COMMUNITY BENEFIT ACTIVITIES AND PLANS DIRECTOR OF PUB LIC AFFAIRS AND COMMUNITY RELATIONS, RESPONSIBILITIES INCLUDE - PLANNING, ORGANIZING AND E VALUATING THE COMMUNITY BENEFITS PROGRAMMING IN COLLABORATION WITH HOSPITAL ADMINISTRATION , NEBH STAFF AND THE KEY STAKEHOLDERS WITHIN THE COMMUNITY - COORDINATING THE HOSPITAL'S C URRENT COMMUNITY BENEFIT PROGRAM WITH NUMEROUS DEPARTMENTS THROUGHOUT THE HOSPITAL NEBH S TAFF ADVISORSCOMMUNITY RELATIONS STAFF WORKS COLLABORATIVELY WITH MULTIPLE DEPARTMENTS TO DEVELOP AND IMPLEMENT COMMUNITY BENEFIT ACTIVITIES THESE ADVISORS PROVIDE INPUT ON THE DI RECTION OF THE HOSPITAL'S COMMUNITY BENEFIT EFFORTS THESE ADVISORS ADD SIGNIFICANT VALUE IN THESE AREAS - AS HEALTH CARE PROVIDERS WHO CAN OFFER THEIR EXPERTISE AS THE HOSPITAL CO LLABORATES WITH THE COMMUNITY TO DEVELOP NEW HEALTH EDUCATION PROGRAMS ADDRESSING THE KEY ASPECTS OF THE HOSPITAL MISSION - AS RESIDENTS WITHIN THE HOSPITAL'S IMMEDIATE NEIGHBORHOO DS THEY HELP THE COMMITTEE ASSESS THE NEEDS OF THIS COMMUNITY - THEY ARE INVOLVED AS PROVI DERS IN THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM, AND CAN HELP DETERMINE THEIR EFFECTIVENE SS- THEY HAVE SPECIAL EXPERTISE ESSENTIAL TO THE COMMUNITY BENEFIT PLANNING PROCESS, E G , STAFF FROM ORGANIZATIONAL/QUALITY IMPROVEMENT DEPARTMENT HAS COMMUNITY EDUCATION EXPERTIS E - THEY ARE DIRECTLY RESPONSIBLE OR INVOLVED IN MANAGING THE CLINICAL AREAS IDENTIFIED IN THE COMMUNITY BENEFIT MISSION STATEMENT, SPECIFICALLY TO ADDRESS MUSCULOSKELETAL DISEASE AND CAN GUIDE THE HOSPITAL AS IT WORKS WITH THE COMMUNITY TO DEVELOP PROGRAMS - THE PATIEN T AND FAMILY ADVISORY COUNCIL PROVIDES INPUT INTO THE COMMUNITY BENEFITS PROGRAM, THROUGH COMMITTEE COLLABORATION, ASSISTANCE WITH IMPLEMENTATION, ANALYSIS AND FEASIBILITY ASSESSME NT THE HOSPITAL'S COMMUNITY BENEFITS COMMITTEE CONSISTS OF EMPLOYEES, COMMUNITY RESIDENTS, REPRESENTATIVES FROM COMMUNITY AGENCIES AND MEMBERS OF THE HOSPITAL'S PRESIDENT'S COUNCIL THE COMMITTEE REVIEWS THE COMMUNITY SERVICE AND COMMUNITY BENEFITS PROGRAM PROVIDED BY T HE HOSPITAL THE HOSPITAL FOCUSES ON THE FOLLOWING AREAS MUSCULOSKELETAL HEALTH, OBESITY PREVENTION, FOOD INSECURITY/HUNGER, MOBILITY AND TRANSPORTATION FOR THE ELDERLY, ACCESS TO HEALTHY AFFORDABLE FOOD, ELDER ISOLATION, VIOLENCE PREVENTION AND WORKFORCE DEVELOPMENT COMMUNITY BENEFITS COMMITTEE MEMBERS AND ADVISORS- DAVID PASSAFARO, SR VICE PRESIDENT, EX TERNAL AFFAIRS- CHRISTINE DWYER, DIRECTOR, PUBLIC AFFAIRS AND COMMUNITY RELATIONS - BETH D ONATO, MSPT, DIRECTOR OF INPATIENT REHABILITATIVE

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C	SERVICES- JARLIN RIZIK, MANAGER, CENTRAL TRANSPORTATION- LYNN STEWART, MANAGER, AMENITIES AND STUDENT SERVICES- ELAINE ADAMS, RN, REGISTERED NURSE AND COMMUNITY MEMBER- JANET MCCAR THY, RN, REGISTERED NURSE AND COMMUNITY MEMBER- ASHLEY DUBOIS, HRIS COORDINATOR, HUMAN RES OURCES - EILEEN O'DONNELL, RN, CLINICAL LEADER, EMPLOYEE HEALTH - LAURA ADAMS, SENIOR PROG RAM COORDINATOR, ROXBURY TENANTS OF HARVARD, AND - COMMUNITY MEMBER- JOHN JACKSON, ADMINIS TRATIVE COORDINATOR, TOBIN COMMUNITY CENTER, BOSTON -- CENTERS FOR YOUTH & FAMILIES (BCYF) - MICHAEL HOWE, EXECUTIVE ASSISTANT- KATHLEEN HAYES, RN, REGISTERED NURSE- LEON BRASFIELD, CAST TECHNICIAN, REHAB SERVICES- PAIGE LEGASSIE, BUSINESS PARTNER, HUMAN RESOURCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	COMMUNITY HEALTH NEEDS ASSESSMENT - INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED NEBH COMPLETED ITS MOST RECENT NEEDS ASSESSMENT DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 THAT CHNA WAS APPROVED BY THE BOARD OF TRUSTEES IN SEPTEMBER 2016 THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO APPROVED BY THE BOARD OF TRUSTEES IN SEPTEMBER 2016 WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER IRC SECTION 501(R) THIS MOST RECENT CHNA AND IMPLEMENTATION STRATEGY (CHIP) INFORMED NEBH'S COMMUNITY BENEFITS PROCESS FOR THE PERIOD COVERED BY THIS FILING THE PREVIOUS NEEDS ASSESSMENT AND ACCOMPANYING IMPLEMENTATION PLAN WERE APPROVED BY THE NEBH BOARD OF TRUSTEES IN SEPTEMBER 2013 AND INFORMED NEBH'S COMMUNITY BENEFIT PROCESS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2014, SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2016 DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015), NEBH CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT FOCUSING ON THE MISSION HILL AND ROXBURY NEIGHBORHOODS IN BOSTON WHICH, AS PREVIOUSLY NOTED, ARE THE HOSPITAL'S PRIMARY COMMUNITY BENEFITS SERVICE AREAS THE OVERALL GOAL OF THE ASSESSMENT WAS TO COMPILE INFORMATION FROM A RANGE OF QUANTITATIVE AND QUALITATIVE SOURCES TO CLARIFY THE HEALTH CARE NEEDS AND PRIORITIES OF COMMUNITY RESIDENTS AND ASSESS THE OVERALL STRENGTHS AND WEAKNESSES OF THE HEALTH AND SOCIAL SERVICE SYSTEMS THE PROJECT WAS ALSO DESIGNED TO FULFILL BOTH THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT THE HOSPITAL ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW THE HOSPITAL, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WOULD ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT THE CHNA CONDUCTED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, FOCUSED ON THE BOSTON NEIGHBORHOODS OF MISSION HILL AND ROXBURY, WHICH AS NOTED ABOVE, ARE NEBH'S PRIMARY SERVICE AREA WITH RESPECT TO ITS COMMUNITY BENEFIT INITIATIVES AS REQUIRED UNDER THE LAW, THE OVERALL GOAL OF THE ASSESSMENT WAS TO COMPILE INFORMATION FROM A RANGE OF QUANTITATIVE AND QUALITATIVE SOURCES TO CLARIFY THE HEALTH CARE NEEDS AND PRIORITIES OF COMMUNITY RESIDENTS AND ASSESS THE OVERALL STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTH AND SOCIAL SERVICE SYSTEMS WITH THE GOAL TO FACILITATE THE DEVELOPMENT OF A STRATEGIC PLAN/IMPLEMENTATION STRATEGY DESIGNED TO GUIDE HOW NEBH WOULD WORK WITH STAKEHOLDERS IN MISSION HILL AND ROXBURY TO STRENGTHEN THE COMMUNITY AND IMPROVE HEALTH STATUS DURING THE FISCAL YEAR COVERED BY THIS FILING, AS WELL AS THE NEXT TWO FISCAL YEARS ENDING SEPTEMBER 30, 2018 AND SEPTEMBER 30, 2019 THE IDENTIFIED NEEDS IN THE CHNA WHICH WILL INFORM NEBH'S COMMUNITY BENEFIT OPERATIONS FOR THE NEXT THREE FISCAL YEARS AS NOTED ABOVE ARE MUSCULOSKELETAL HEALTH, OBESITY PREVENTION, VIOLENCE PREVENTION, WORKFORCE DEVELOPMENT, ELDER ISOLATION, ACCESS TO HEALTHY AFFORDABLE FOOD, FOOD INSECURITY/HUNGER AND MOBILITY AND TRANSPORTATION FOR THE ELDERLY AS WELL AS IMPROVING THE HEALTH, FUNCTION, AND QUALITY OF LIFE OF OLDER ADULTS COMMUNITY HEALTH NEEDS ASSESSMENT - COMMUNITY INFORMATIONAS NOTED ABOVE, THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS CONDUCTED BY NEBH FOCUSED ON THE MISSION HILL AND ROXBURY NEIGHBORHOODS IN BOSTON WHICH, AS PREVIOUSLY NOTED, ARE THE HOSPITAL'S PRIMARY COMMUNITY BENEFITS SERVICE AREAS (SCHEDULE H PART VI QUESTION 4)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT -- APPROACH AND METHODS	NEBH IS COMMITTED TO COLLABORATING WITH COMMUNITY PARTNERS AND RESIDENTS FROM ACROSS BOSTON TO IDENTIFY AREAS OF SPECIAL NEED AND IMPROVE THE OVERALL HEALTH OF THE REGION NEBH WORKS WITH ALL SEGMENTS OF THE POPULATION BUT IN RECOGNITION OF ITS STRONG TIES TO ITS SURROUNDING COMMUNITY AND ITS SPECIFIC CLINICAL EXPERTISE, NEBH FOCUSES ITS COMMUNITY BENEFIT EFFORTS ON IMPROVING THE HEALTH AND WELL-BEING OF THE LOW INCOME, UNDERSERVED POPULATIONS LIVING IN MISSION HILL AND ROXBURY AND ON MUSCULOSKELETAL HEALTH NEBH CURRENTLY OPERATES NUMEROUS EDUCATIONAL, OUTREACH, AND COMMUNITY-STRENGTHENING INITIATIVES, COLLABORATES WITH MANY OF THE COMMUNITY'S LEADING SERVICE ORGANIZATIONS DURING THE PERIOD COVERED BY THIS FILING, THE HOSPITAL COST TO SUPPORT ITS COMMUNITY BENEFIT COMMITMENTS AND THE MASSACHUSETTS UNCOMPENSATED CARE POOL EXCEEDED $4 5 MILLION NEBH IS ALWAYS EAGER TO EXPLORE WAYS THAT IT CAN FURTHER ENGAGE AND ENRICH ITS CONNECTIONS TO THE COMMUNITY THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND ASSOCIATED COMMUNITY HEALTH IMPROVEMENT PLAN WERE THE CULMINATION OF SEVERAL MONTHS OF WORK THIS PROJECT WAS BORNE LARGELY OUT OF NEBH'S DESIRE TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS SURROUNDING COMMUNITY THE PROCESS IS ALSO DESIGNED TO MEET THE REQUIREMENTS OF THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS UNDER INTERNAL REVENUE CODE SECTION 501(R), WHICH MANDATE THAT ALL NONPROFIT HOSPITALS CONDUCT A PERIODIC COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND STRATEGIC PLANNING PROCESS THE COMMONWEALTH REQUIRES NONPROFIT HOSPITALS AND MANAGED CARE ORGANIZATIONS TO UPDATE THEIR CHNAS EVERY YEAR AND THE IRS REQUIRES THAT A CHNA BE CONDUCTED EVERY THREE YEARS MORE SPECIFICALLY, THE COMMONWEALTH AND IRS REGULATIONS REQUIRE THAT NEBH ASSESS COMMUNITY HEALTH NEED, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW THE HOSPITAL, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT IN LIGHT OF THESE REQUIREMENTS, NEBH HIRED JOHN SNOW, INC (JSI), A NATIONALLY RECOGNIZED PUBLIC HEALTH CONSULTING FIRM, TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT FOCUSING ON MISSION HILL AND ROXBURY, ITS PRIMARY SERVICE AREA WITH RESPECT TO ITS COMMUNITY BENEFIT INITIATIVES THE OVERALL GOAL OF THE ASSESSMENT WAS TO COMPILE INFORMATION FROM A RANGE OF QUANTITATIVE AND QUALITATIVE SOURCES TO CLARIFY THE HEALTH CARE NEEDS AND PRIORITIES OF COMMUNITY RESIDENTS AND ASSESS THE OVERALL STRENGTHS AND WEAKNESSES OF THE AREA'S HEALTH AND SOCIAL SERVICE SYSTEMS THE CHNA PROCESS WAS CONDUCTED IN THREE PHASES - PHASE I THE JSI PROJECT TEAM CONDUCTED A PRELIMINARY NEEDS ASSESSMENT THAT RELIED HEAVILY ON QUANTITATIVE HEALTH-RELATED DATA DRAWN FROM THE MASSACHUSETTS COMMUNITY HEALTH INFORMATION PROFILE (MASSCHIP) SYSTEM AS WELL AS OTHER NATIONAL, STATE, AND LOCAL SOURCES THESE DATA ALLOWED THE JSI PROJECT TEAM TO UNDERSTAND THE UNDERLYING CHARACTERISTICS OF AREA RESIDENTS AND IDENTIFY THE SPECIFIC SEGMENTS OF THE COMMUNITY MOST AT-RISK - PHASE II JSI CONDUCTED A SERIES OF INTERVIEWS WITH KEY STAKEHOLDERS AND TWO FOCUS GROUPS WITH COMMUNITY MEMBERS THE FOCUS GROUPS HELPED THE JSI PROJECT TEAM TO ENGAGE THE COMMUNITY AND BETTER UNDERSTAND THEIR HEALTH STATUS, HEALTH-SEEKING BEHAVIORS, SERVICE GAPS, HEALTH-RELATED CHALLENGES, AND PRIORITIES - PHASE III CHRISTINE DWYER, DIRECTOR OF PUBLIC AFFAIRS AND COMMUNITY RELATIONS, WORKED WITH JSI TO INTEGRATE THE CHNA'S FINDINGS, INCLUDING FEEDBACK FROM NEBH STAFF AND THE COMMUNITY, AND DEVELOPED NEBH'S COMMUNITY HEALTH IMPROVEMENT PLAN IN PHASE III, JSI ALSO DEVELOPED A FINAL CHNA REPORT, OBTAINED APPROVAL FOR ITS COMMUNITY HEALTH IMPROVEMENT PLAN FROM NEBH'S BOARD OF TRUSTEES, AND DISSEMINATED THE RESULTS OF THE PROJECT TO INTERNAL AND EXTERNAL STAKEHOLDERS THE CHNA UTILIZED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT AS NOTED ABOVE, THE ASSESSMENT PROCESS INCLUDED SYNTHESIZING EXISTING DATA ON SOCIAL, ECONOMIC, AND HEALTH INDICATORS IN THE REGION AS WELL AS INFORMATION FROM COMMUNITY DIALOGUES CONDUCTED WITH COMMUNITY RESIDENTS, AND INTERVIEWS WITH COMMUNITY STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, QUESTION 5) NEBH CONDUCTED THIS CHNA PROCESS INDEPENDENTLY AS REPORTED IN (SCHEDULE H, PART V, SECTION B, QUESTIONS 6A AND 6B)

Form and Line Reference	Explanation
LEADING HEALTH-RELATED FINDINGS	- SOCIAL DETERMINANTS OF HEALTH (E G , ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A TREMENDOUS IMPACT ON MANY SEGMENTS OF THE POPULATION THE DOM INANT THEME FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE CO NTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE CBSA'S LOW INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERA CY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT, AND COMMUNITY COHESION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH - LOW INCOME 35 % OF ROXBURY RESIDENTS AND 41% OF MISSION HILL RESIDENTS LIVED BELOW THE FEDERAL POVERTY L INE COMPARED TO 22% FOR BOSTON AND 12% FOR THE COMMONWEALTH OVERALL 58% OF ROXBURY'S POPU LATION AND 62% OF MISSION HILL'S POPULATION LIVE IN HOUSEHOLDS EARNING LESS THAN 200% OF T HE FEDERAL POVERTY LEVEL COMPARED TO 38% FOR BOSTON AND 25% FOR THE COMMONWEALTH OVERALL - ECONOMIC CHALLENGES 79% OF ROXBURY'S HOUSING UNITS AND 91% OF MISSION HILL'S HOUSING UNI TS WERE RENTER-OCCUPIED COMPARED TO 66% FOR BOSTON AND 38% FOR THE COMMONWEALTH 46% OF RO XBURY RESIDENTS AND 50% OF MISSION HILL RESIDENTS LIVING IN RENTAL UNITS WERE CONSIDERED T O BE "HOUSE POOR" AS 35% OR MORE OF THEIR INCOME WAS SPENT ON HOUSING COMPARED TO 41% FOR BOSTON AND THE COMMONWEALTH - EDUCATIONAL ATTAINMENT 77% OF ROXBURY'S POPULATION AND 85% OF MISSION HILL'S POPULATION HAD A HIGH SCHOOL DEGREE OR HIGHER COMPARED TO 85% FOR BOSTON AND 90% FOR THE COMMONWEALTH ONLY 23% OF ROXBURY'S POPULATION AND 36% OF MISSION HILL'S POPULATION HAD A BACHELOR'S DEGREE OR HIGHER COMPARED TO 45% FOR BOSTON AND 40% FOR THE CO MMONWEALTH - VIOLENCE KEY INFORMANTS AND COMMUNITY FORUM ATTENDEES NAMED VIOLENCE AS A LE ADING HEALTH AND SAFETY CONCERN NEIGHBORHOOD VIOLENCE CAN SEVERELY LIMIT AN INDIVIDUAL'S ABILITY AND MOTIVATION TO EXERCISE AND PARTICIPATE IN OUTDOOR EVENTS AND ACTIVITIES FURTH ERMORE, STUDIES HAVE SHOWN THAT NEIGHBORHOODS IN WHICH RESIDENTS SHARE FEELINGS OF MUTUAL TRUST AND CONNECTEDNESS ARE MORE LIKELY TO WORK TOGETHER TO ACHIEVE COMMON GOALS, LIKE CLE ANER AND SAFER PUBLIC SPACES, AND MAINTAIN SOCIAL CONTROLS THAT DISCOURAGE UNDESIRABLE BEH AVIORS, LIKE UNDERAGE SUBSTANCE USE AND GANG ACTIVITY AMONG RESIDENTS OF ROXBURY, THE HOM ICIDE RATE PER 100,000 POPULATION WAS 16 1 COMPARED TO 6 6 FOR BOSTON OVERALL 4 THE RATE O F NONFATAL GUNSHOT/STABBING EMERGENCY DEPARTMENT VISITS WAS 153 6 PER 100,000 POPULATION I N ROXBURY, COMPARED TO 76 9 FOR BOSTON OVERALL - TRANSPORTATION COMMUNITY FORUM ATTENDEES IDENTIFIED A NEED FOR A BROAD INTERVENTION TO ADDRESS TRANSPORTATION EQUITY ISSUES ON MIS SION HILL ACCESS TO AFFORDABLE AND RELIABLE FORMS OF TRANSPORTATION WAS A KEY AREA OF CON CERN FOR OLDER ADULTS, WHO RELY ON VARIOUS FORMS OF PUBLIC TRANSPORT TO ATTEND DOCTOR'S AP POINTMENTS, VISIT THE PHARMACY, AND ACCESS OTHER HEALTH AND SOCIAL SERVICES - OLDER ADULTS 12% OF ROXBURY'S POPULATION AND 7% OF MISSION HILL'S POPULATION IS OVER 65 YEARS OF AGE COMPARED TO 10% FOR BOSTON AND 14% FOR THE COMMONWEALTH MANY FORUM ATTENDEES IDENTIFIED O LDER ADULTS AS A POPULATION THAT HAS UNIQUE NEEDS AND DISPARATE HEALTH OUTCOMES, YET ARE R ELUCTANT TO VOICE CONCERNS OVER FEAR OF DISPLACEMENT FROM THEIR HOMES AND COMMUNITIES - DI SPARITIES IN HEALTH OUTCOMES EXIST IN NEBH CBSA BY RACE/ETHNICITY, FOREIGN BORN STATUS, AN D LANGUAGE AS WAS ESTABLISHED IN THE 2013 NEBH COMMUNITY BENEFITS CHNA REPORT, THERE ARE MAJOR HEALTH DISPARITIES FOR RESIDENTS LIVING IN NEBH'S CBSA THIS IS PARTICULARLY TRUE FO R RACIALLY/ETHNICALLY DIVERSE, FOREIGN BORN, AND NON-ENGLISH SPEAKING RESIDENTS LIVING IN ROXBURY, AT THE HEART OF NEBH'S CBSA, WHICH FACE MANY OF THE MOST SIGNIFICANT DISPARITIES IN THE CITY OF BOSTON AND MASSACHUSETTS OVERALL THE IMPACT OF RACISM, BARRIERS TO CARE, A ND DISPARITIES IN HEALTH OUTCOMES THAT THOSE LIVING IN NEBH'S CBSA FACE ARE WIDELY DOCUMEN TED IN THE LITERATURE AND ARE CONFIRMED BY NUMEROUS NATIONAL, COMMONWEALTH, AND LOCAL DATA SOURCES, INCLUDING QUANTITATIVE DATA FROM THE BOSTON PUBLIC HEALTH COMMISSION 2014-15 HEA LTH OF BOSTON REPORT IT SHOULD ALSO BE NOTED THAT ONE OF THE DOMINANT THEMES FROM THE ASS ESSMENT'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS LISTED ABOVE HAVE ON THE SERVICE AREA, PARTICULARLY ON LOW INCOME, RA CIALLY/ETHNICALLY DIVERSE, AND OLDER ADULT COHORTS - RACE/ETHNICITY 9% OF ROXBURY'S POPUL ATION AND 45% OF MISSION HILL'S POPULATION IS NON- HISPANIC WHITE COMPARED TO 75% FOR BOST ON AND THE COMMONWEALTH NON-HISPANIC BLACKS, NON-HISPANIC ASIANS, AND HISPANICS REPRESENT A SIGNIFICANTLY LARGER PERCENTAGE OF ROXBURY'S POPULATION (55%, 2%, 29%) AND MISSION HILL 'S POPULATION (21%, 12%, 20%) COMPARED TO BOSTON (13%, 6%, 5%) AND THE COMMONWEALTH (6%, 6 %, 10%) - FOREIGN BORN 27% OF ROXBURY'S POPULATIO

Form and Line Reference	Explanation
LEADING HEALTH-RELATED FINDINGS	N AND 23% OF MISSION HILL'S POPULATION IS FOREIGN BORN COMPARED TO 15% FOR THE COMMONWEALT H - LINGUISTICALLY ISOLATED 43% OF ROXBURY'S POPULATION AND 39% OF MISSION HILL'S POPULAT ION IS LINGUISTICALLY ISOLATED COMPARED TO 37% FOR BOSTON AND 22% FOR THE COMMONWEALTH 27 % OF ROXBURY'S POPULATION AND 18% OF MISSION HILL'S POPULATION SPEAK SPANISH AT HOME COMPA RED TO 16% FOR BOSTON AND 8% FOR THE COMMONWEALTH IT IS CRUCIAL THAT THESE DISPARITIES BE ADDRESSED AND, TO THIS END, NEBH'S COMMUNITY HEALTH IMPROVEMENT PLAN CONTINUES TO INCLUDE A RANGE OF PROGRAMS THAT ARE TARGETED TO ADDRESS THESE DISPARITIES HOWEVER, IT IS CRITICA L TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WOR K TOGETHER TO CREATE THESE INEQUITIES THE UNDERLYING ISSUE IS NOT ONLY RACE/ETHNICITY, FO REIGN BORN STATUS, OR LANGUAGE BUT RATHER A BROAD ARRAY OF INTER-RELATED ISSUES INCLUDING ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION ARGUABLY, THESE ARE THE LE ADING DETERMINANTS OF HEALTH FOR ALL URBAN COMMUNITIES IN THE UNITED STATES, AND THEY ARE DAUNTING CHALLENGES NEBH IS COMMITTED TO DOING WHAT IT CAN TO ADDRESS THESE FACTORS AND M ANY OF THE COMPONENTS OF NEBH'S CHIP IS STRUCTURED TO ADDRESS THE EXISTING HEALTH DISPARIT IES AND INEQUITIES IN SOME WAY - LIMITED ACCESS TO PRIMARY CARE MEDICAL AND SPECIALTY CARE , ORAL HEALTH, AND BEHAVIORAL HEALTH SERVICES FOR LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHER POPULATION SEGMENTS FACING BARRIERS TO CARE MASSACHUSETTS HAS ONE OF THE HIGHE ST RATES OF HEALTH INSURANCE AND ONE OF THE STRONGEST, MOST ROBUST HEALTH SERVICE SYSTEMS IN THE NATION, YET THERE ARE STILL SUBSTANTIAL POCKETS OF LOW INCOME, MEDICAID INSURED, UN INSURED, AND UNDERINSURED RESIDENTS WHO HAVE LIMITED ACCESS TO NEEDED SERVICES AND/OR ARE NOT PROPERLY ENGAGED IN ESSENTIAL MEDICAL, ORAL, AND BEHAVIORAL HEALTH SERVICES AS WILL B E DISCUSSED BELOW, THESE POPULATIONS ARE, IN TURN, MORE LIKELY TO USE THE EMERGENCY ROOM A ND MORE LIKELY TO HAVE HEALTH RISK FACTORS SUCH AS OBESITY, POOR FITNESS, AND RISKY ALCOHO L USE AS WELL AS MORE LIKELY TO HAVE DIABETES, HYPERTENSION, AND ASTHMA - LOW INCOME SEGME NTS MOST AT-RISK KEY INFORMANTS AND COMMUNITY FORUM PARTICIPANTS STRESSED THE FACT THAT D ESPITE THE RELATIVE AFFLUENCE OF THE AREA, THERE WERE POCKETS OF SERVICE AREA RESIDENTS WH O STRUGGLED WITH POOR HEALTH OUTCOMES AND FACED SIGNIFICANT BARRIERS TO ACCESS THESE POPU LATIONS WERE MORE LIKELY TO BE LOW INCOME, OLDER ADULT, AND FOREIGN BORN - HIGH UNINSURANC E RATES IN LOW INCOME AMONG LOW-INCOME RESIDENTS OF THE COMMONWEALTH, THE UNINSURANCE RAT E WAS 8% - DOUBLE THE UNINSURANCE RATE OF THE COMMONWEALTH'S TOTAL POPULATION (4%) ACCORD ING TO THE BLUE CROSS FOUNDATION, UNINSURED ADULTS IN THE COMMONWEALTH WERE MORE LIKELY TO BE YOUNG, MALE, AND SINGLE, WITH LOWER REPORTED EDUCATIONAL ATTAINMENT HOWEVER, THE MAJO RITY OF UNINSURED ADULTS WERE EMPLOYED - LACK OF ACCESS TO PRIMARY MEDICAL AND ORAL HEALTH CARE SERVICES UNINSURED ADULTS ARE LESS LIKELY TO USE HEALTH CARE SERVICES THAN THOSE TH AT ARE INSURED APPROXIMATELY 87% OF INSURED ADULTS IN THE COMMONWEALTH REPORTED VISITING A GENERAL PHYSICIAN WITHIN THE PAST 12 MONTHS, COMPARED TO 63% OF UNINSURED ADULTS UNINSU RED ADULTS ARE MORE LIKELY TO REPORT PROBLEMS OBTAINING CARE COMPARED TO THOSE THAT WERE I NSURED (37% VERSUS 21%, RESPECTIVELY MOST CONCERNING IS THAT AMONG ALL ADULTS WHO REPORTE D A HEALTH CARE VISIT, UNINSURED ADULTS WERE NEARLY 30 PERCENTAGE POINTS LESS LIKELY TO RA TE THE QUALITY OF CARE AS VERY GOOD OR EXCELLENT 15 FINALLY, 3 IN 10 (30 1%) OF THOSE LIVI NG AT 138% OF THE FEDERAL POVERTY LEVEL OR BELOW REPORTED NOT GETTING NEEDED DENTAL CARE D UE TO COST AND 1 IN 5 (19 3%) WERE NOT ABLE TO FILL A NEEDED DRUG PRESCRIPTION DUE TO COST

Form and Line Reference	Explanation
- LACK OF ACCESS TO BEHAVIORAL HEALTH SERVICES	ONE OF THE MOST COMMON FINDINGS FROM THOSE WHO WERE INTERVIEWED OR PARTICIPATED IN THE COM MUNITY FORUMS WAS THE BURDEN OF MENTAL HEALTH AND SUBSTANCE ABUSE ON RESIDENTS THROUGHOUT NEBH'S SERVICE AREA RESIDENTS SUFFERED FROM A BROAD RANGE OF ISSUES INCLUDING DEPRESSION, ANXIETY, DEMENTIA, ALCOHOL ABUSE, AND OPIOID ABUSE IN ADDITION TO DISCUSSING THE BURDEN OF THESE ISSUES ON INDIVIDUALS, FAMILIES, AND THE COMMUNITY, PARTICIPANTS REFLECTED ON THE LACK OF EDUCATIONAL, ASSESSMENT, AND TREATMENT SERVICES AVAILABLE IN THE COMMUNITY TO SUP PORT THOSE WITH BEHAVIORAL HEALTH ISSUES - HIGHER EMERGENCY DEPARTMENT UTILIZATION APPROX IMATELY 38% OF UNINSURED ADULTS IN THE COMMONWEALTH REPORTED VISITING THE EMERGENCY DEPART MENT IN THE PAST YEAR, 18% REPORTED THAT THEIR MOST RECENT ED VISIT WAS FOR A NON-EMERGENC Y CONDITION THAT COULD HAVE BEEN TREATED BY A GENERAL PHYSICIAN IF ONE WAS AVAILABLE THIS COMPARED TO 32% AND 13%, RESPECTIVELY, FOR INSURED ADULTS - HIGH RATES OF THE LEADING HEA LTH RISK FACTORS ONE OF THE LEADING FINDINGS FROM THE ASSESSMENT IS THAT MANY COMMUNITIES AND/OR POPULATION SEGMENTS IN NEBH'S CBSA HAVE HIGH RATES OF CHRONIC PHYSICAL AND BEHAVIO RAL HEALTH CONDITIONS IN SOME INDIVIDUALS, THESE CONDITIONS HAVE UNDERLYING GENETIC ROOTS THAT ARE DIFFICULT TO COUNTER HOWEVER, FOR MOST PEOPLE THESE CONDITIONS ARE WIDELY CONSI DERED TO BE PREVENTABLE OR MANAGEABLE ADDRESSING THE LEADING HEALTH RISK FACTORS (E G , L ACK OF NUTRITIONAL FOOD AND PHYSICAL ACTIVITY, ALCOHOL/ILLICIT DRUG ABUSE, AND TOBACCO USE) IS CRITICAL TO CHRONIC DISEASE PREVENTION AND MANAGEMENT EFFORTS IT SHOULD BE NOTED THA T MOST AREAS WITHIN NEBH'S SERVICE AREA FARE WELL AGAINST COMMONWEALTH AVERAGES ON THESE R ISK FACTORS HOWEVER, THERE ARE CITIES/TOWNS WHOSE RATES ARE NOT AS FAVORABLE AS STATED A BOVE, LOW-INCOME, FOREIGN BORN, AND OLDER SEGMENTS OF THE POPULATION ARE MORE LIKELY TO BE AT-RISK - OVERWEIGHT/OBESE 30% OF ROXBURY ADULTS REPORTED IN OBESE CATEGORIES COMPARED T O 22% FOR BOSTON 30% OF ROXBURY ADULTS CONSUMED VEGETABLES LESS THAN ONCE PER DAY COMPARE D TO 25% FOR BOSTON - CIGARETTE SMOKING 18% OF ROXBURY ADULTS REPORTED AS CURRENT SMOKERS COMPARED TO 16% FOR BOSTON OVERALL - ALCOHOL USE ROXBURY'S ALCOHOL-RELATED HOSPITAL PATI ENT ENCOUNTER RATE PER 1,000 POPULATION WAS 22 6 COMPARED TO 17 7 FOR BOSTON - HIGH RATES OF SUBSTANCE USE AND MENTAL HEALTH ISSUES DURING INTERVIEWS AND COMMUNITY FORUMS, RESIDEN TS AND AREA SERVICE PROVIDERS SPOKE PASSIONATELY ABOUT THE TREMENDOUS IMPACT THAT MENTAL H EALTH AND SUBSTANCE USE ISSUES HAVE ON MANY INDIVIDUALS AND FAMILIES IN THE SERVICE AREA DEPRESSION AND ANXIETY, ISOLATION, ALCOHOL ABUSE, OPIOID AND PRESCRIPTION DRUG ABUSE, AND POST-TRAUMATIC STRESS DISORDER WERE IDENTIFIED AS MAJOR HEALTH CONCERNS OPIOID ABUSE WAS A PARTICULAR CONCERN FOR RESIDENTS AND SERVICE PROVIDERS IN NEBH'S SERVICE AREA AND THERE WERE CALLS FOR GREATER OUTREACH, EDUCATION, SCREENING, AND TREATMENT SERVICES FOR ALL SEGM ENTS OF THE POPULATION DESPITE THE BURDEN OF MENTAL HEALTH AND SUBSTANCE ABUSE ON ALL PEO PLE, THERE IS AN EXTREMELY LIMITED SERVICE SYSTEM AVAILABLE TO MEET SPECIALIZED NEEDS, ESP ECIALLY FOR OLDER ADULTS, THOSE WITH MILD TO MODERATE EPISODIC ISSUES, AND THOSE WITH SEVE RE, COMPLEX, CHRONIC CONDITIONS EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE (INCLUDING STIGMA), AND IMPROVE THE QUALITY OF PRIMARY CARE AND SPECIALIZED BEHAV IORAL HEALTH SERVICES - SUBSTANCE USE ROXBURY'S RATE OF ADMISSIONS TO TREATMENT PROGRAMS FOR SUBSTANCE USE PER 1,000 POPULATION WAS 55 8 COMPARED TO 30 2 FOR BOSTON - SUBSTANCE US E ROXBURY'S ALCOHOL-RELATED HOSPITAL PATIENT ENCOUNTER RATE PER 1,000 POPULATION WAS 22 6 COMPARED TO 17 7 FOR BOSTON SIMILARLY, THE DRUG-RELATED HOSPITAL PATIENT ENCOUNTER RATE PER 1,000 POPULATION WAS 12 2 COMPARED TO 6 8 FOR BOSTON - SUBSTANCE USE ROXBURY'S UNINTE NTIONAL DRUG OVERDOSE DEATH RATE PER 100,000 POPULATION WAS 15 9 COMPARED TO 15 5 FOR BOST ON THE UNINTENTIONAL OPIOID OVERDOSE/POISONING HOSPITAL PATIENT ENCOUNTER RATE WAS 1 9 FO R ROXBURY COMPARED TO 1 1 FOR BOSTON - SUBSTANCE USE ROXBURY'S SUBSTANCE ABUSE MORTALITY RATE PER 100,000 RESIDENTS WAS36 3 COMPARED TO 33 9 FOR BOSTON (HOB 2012-2013 - AVERAGE AN NUAL RATES FOR 2005- 2011) - MENTAL HEALTH THE RATE OF MENTAL HEALTH HOSPITALIZATIONS FOR ROXBURY WAS 9 0 COMPARED TO 8 0 FOR BOSTON - MENTAL HEALTH 13% OF ROXBURY ADULTS REPORTE D AS BEING IN POOR MENTAL OR EMOTIONAL HEALTH MORE THAN 15 DAYS IN THE PAST MONTH COMPARED TO 12% FOR BOSTON RESIDENTS - MENTAL HEALTH KEY INFORMANTS AND COMMUNITY FORUM PARTICIPA NTS IDENTIFIED ISOLATION AND DEPRESSION AS A LEADING ISSUE FACED BY THE AREA'S OLDER ADULT POPULATION INTERVIEWEES AND FORUM PARTICIPANTS DISCUSSED ADDITIONAL CHALLENGES FACED BY OLDER ADULTS WHO ARE MORE LIKELY TO STRUGGLE WITH CHRONIC PHYSICAL HEALTH CONDITIONS THEY FACE BARRIERS THAT MAKE IT HARDER FOR THEM TO LEAVE THEIR HOMES, ESPECIALLY IF THEY ARE S ICK, FRAIL, OR DEPRESSED - HIGH RATES OF CHRONIC A

Form and Line Reference	Explanation
- LACK OF ACCESS TO BEHAVIORAL HEALTH SERVICES	ND ACUTE PHYSICAL HEALTH CONDITIONS, PARTICULARLY FOR LOW INCOME POPULATIONS (E G , HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA) THE ASSESSMENT'S QUANTITATIVE DATA SHOWS THAT, OVERALL, NEBH'S SERVICE AREA FARES BETTER THAN THE COMMONWEALTH WITH RESPECT TO CHRONIC D ISEASE RATES IT SHOULD BE NOTED THAT EVEN FOR THOSE COMMUNITIES THAT DO NOT HAVE RATES TH AT ARE STATISTICALLY HIGHER THAN THE COMMONWEALTH, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH - CARDIOVASCULAR DISEASE THE HOSPITALIZATION RATE PER 1,000 POP ULATION DUE TO HEART DISEASE WAS 13 2 FOR ROXBURY COMPARED TO 9 1 FOR BOSTON THE MORTALIT Y RATE PER 100,000 DUE TO HEART DISEASE WAS 148 3 FOR ROXBURY COMPARED TO 133 6 FOR BOSTON - HYPERTENSION THE HOSPITALIZATION RATE PER 100,000 DUE TO HYPERTENSION WAS 110 FOR BOST ON COMPARED TO 45 FOR THE COMMONWEALTH 28 3% OF ROXBURY ADULTS REPORTED HAVING HYPERTENSI ON COMPARED TO 24% FOR BOSTON OVERALL - DIABETES THE DIABETES PREVALENCE IN ROXBURY WAS S IGNIFICANTLY HIGHER COMPARED TO BOSTON OVERALL 15 1% OF ROXBURY ADULTS REPORTED HAVING DI ABETES COMPARED TO 8 6% OF BOSTON ADULTS THE HOSPITALIZATION RATE DUE TO DIABETES PER 1,0 00 POPULATION WAS 3 5 FOR ROXBURY, COMPARED TO 1 9 FOR BOSTON - ASTHMA 13 8% OF ROXBURY A DULTS REPORTED HAVING ASTHMA COMPARED TO 11 1% FOR BOSTON THE HOSPITALIZATION RATE DUE TO ASTHMA PER 1,000 POPULATION WAS 5 9 FOR ROXBURY, COMPARED TO 2 6 FOR BOSTON SIMILARLY, T HE HOSPITAL EMERGENCY DISCHARGE PER 1,000 POPULATION DUE TO ASTHMA WAS 17 5 FOR ROXBURY, C OMPARED TO 9 0 FOR BOSTON OVERALL - HIGH RATES OF HIV/AIDS GREAT STRIDES HAVE BEEN MADE I N CONTROLLING AND MANAGING HIV/AIDS, AND FOR MANY IT IS MANAGED AS A CHRONIC CONDITION WIT H MEDICATIONS ALTHOUGH RATES OF ILLNESS, DEATH, AND HIV TRANSMISSION DECLINED OVERALL IN THE PAST DECADE, HIV/AIDS CONTINUES TO IMPACT CERTAIN SEGMENTS OF THE POPULATION, INCLUDIN G MEN WHO HAVE SEX WITH MEN AND INJECTION DRUG USERS IN NEBH'S CBSA, RATES OF HIV/AIDS AR E PARTICULARLY HIGH IN ROXBURY THE HOSPITALIZATION RATE PER 100,000 WHERE HIV/AIDS WAS TH E PRIMARY REASON FOR THE VISIT WAS 40 FOR BOSTON COMPARED TO 12 FOR THE COMMONWEALTH - HIG H RATES OF CANCER, PARTICULARLY FOR LOW INCOME, RACIALLY/ETHNICALLY DIVERSE, AND OTHERWISE AT- RISK POPULATION SEGMENTS MANY OF THE COMMUNITIES THAT ARE PART OF NEBH'S SERVICE ARE A HAVE HIGH CANCER INCIDENCE, HOSPITALIZATION OR MORTALITY RATES THIS IS PARTICULARLY TRU E FOR CERTAIN CANCERS IN SPECIFIC COMMUNITIES ROXBURY IS MORE BURDENED BY COLORECTAL CANC ER, BREAST CANCER, LUNG CANCER, PANCREATIC CANCER, AND PROSTATE CANCER THERE ARE A MYRIAD OF FACTORS ASSOCIATED WITH CANCER AND MANY OF THEM ARE DIFFICULT TO ASSESS OR ADDRESS HO WEVER, AT THE ROOT OF ADDRESSING CANCER AND HIGH MORTALITY IS SCREENING, EARLY DETECTION, PEER SUPPORT, AND ACCESS TO TIMELY, SUPPORTIVE, QUALITY TREATMENT - CANCER ROXBURY'S MORT ALITY RATE DUE TO COLORECTAL CANCER PER 100,000 POPULATION WAS 25 5 COMPARED TO 16 4 FOR B OSTON THE MORTALITY RATE DUE TO LUNG CANCER WAS 64 3 COMPARED TO 45 4 FOR BOSTON - CANCER ROXBURY'S MORTALITY RATE DUE TO BREAST CANCER IN FEMALES PER 100,000 POPULATION WAS 23 6 COMPARED TO 17 9 FOR BOSTON THE MORTALITY RATE DUE TO PROSTATE CANCER WAS 49 5 COMPARED TO 25 7 FOR BOSTON - CANCER ROXBURY'S MORTALITY RATE DUE TO PANCREATIC CANCER PER 100,000 WAS 16 1 COMPARED TO 12 1 FOR BOSTON

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY HEALTH PRIORITIES	NEBH'S CHNA'S APPROACH AND PROCESS PROVIDED AMPLE OPPORTUNITY TO VET THE QUANTITATIVE AND QUALITATIVE DATA COMPILED DURING THE ASSESSMENT NEBH HAS FRAMED THE COMMUNITY HEALTH NEEDS IN THREE PRIORITY AREAS, WHICH TOGETHER ENCOMPASS THE BROAD RANGE OF HEALTH ISSUES AND SOCIAL DETERMINANTS OF HEALTH FACING RESIDENTS LIVING IN NEBH'S CBSA THESE THREE AREAS ARE 1) SOCIAL DETERMINANTS HEALTH (INCLUDING POVERTY, FOOD INSECURITY, SAFETY AND VIOLENCE), 2) CHRONIC DISEASE MANAGEMENT AND PREVENTION (INCLUDING PHYSICAL, BEHAVIORAL, AND EMOTIONAL RISK FACTORS AS WELL AS CHRONIC DISEASE MANAGEMENT) AND 3) ELDER HEALTH (INCLUDING ACCESS TO CARE, FALLS PREVENTION, DEPRESSION/ANXIETY, AND ISOLATION) IT SHOULD BE NOTED THAT ONE OF THE PRIMARY DIFFERENCES WITH RESPECT TO NEBH'S COMMUNITY HEALTH ASSESSMENT IN 2016 COMPARED TO ITS ASSESSMENT IN 2013 WAS THE IMPACT AND BURDEN OF BEHAVIORAL HEALTH ISSUES WHILE, NEBH DOES NOT HAVE THE EXPERTISE AND CAPACITY TO DEDICATE A GREAT DEAL OF COMMUNITY BENEFITS RESOURCES TO BEHAVIORAL HEALTH ISSUES, THE ORGANIZATION IS COMMITTED TO DOING WHAT IT CAN TO PROMOTE AWARENESS, EDUCATE, AND REDUCE THE IMPACTS OF BEHAVIORAL HEALTH ISSUES, PARTICULARLY FOR YOUTH/ADOLESCENT AND OLDER ADULT SEGMENTS OF ITS SERVICE AREA FOR EXAMPLE, NEBH WORKS WITH COMMUNITY PARTNERS TO REDUCE VIOLENCE AND ITS IMPACTS AMONG YOUTH NEBH ALSO PROMOTES PHYSICAL ACTIVITY AND SOCIALIZATION AMONG ITS OLDER ADULT POPULATION WHICH HAS CLEAR BENEFITS WITH RESPECT TO PHYSICAL AND EMOTIONAL WELL-BEING FINALLY, WITH RESPECT TO CHRONIC DISEASE MANAGEMENT, NEBH SPONSORS EDUCATIONAL SESSIONS AND WORKSHOPS THAT EDUCATE PARTICIPANTS ON THE RISK FACTORS ASSOCIATED WITH CHRONIC DISEASE, INCLUDING THE PHYSICAL, BEHAVIORAL, AND EMOTIONAL FACTORS SUCH AS DEPRESSION, ALCOHOL AND DRUG ABUSE

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS	DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016LARGE PROPORTIONS OF INDIVIDUALS RESIDING W ITHIN BOSTON AND NEBH'S COMMUNITY BENEFITS SERVICE AREA LIVE IN POVERTY, HAVE LIMITED FORM AL EDUCATION, ARE UNEMPLOYED, AND STRUGGLE TO AFFORD FOOD AND OTHER ESSENTIAL HOUSEHOLD IT EMS THESE POPULATIONS ARE DISPROPORTIONATELY FROM RACIAL/ETHNIC MINORITY GROUPS AND, PART LY AS A RESULT OF THEIR POVERTY, FACE DISPARITIES IN HEALTH AND ACCESS TO CARE OUTCOMES I T IS CRITICAL TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACT ORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES IT IS INSUFFICIENT TO TALK SOLELY ABOUT RACE/ETHNICITY, FOREIGN BORN STATUS, OR LANGUAGE AS THE UNDERLYING AND CORRELATIVE ISSUES RELATED TO HEALTH AND WELL-BEING INVOLVE ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMM UNITY COHESION NEBH STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY WHICH ARE AVAILABLE ON THE HOSPITAL'S WEBSITE AS NOTED THROUGHOUT THIS FORM 990 SCHEDULE H, NEBH'S MOST RECENTLY COMPLETED CHNA WAS COMPLETED DURING THE FISCAL YEAR ENDED 2016 THAT CHNA AND IMPLEMENTATION STRATEGY (CHIP) ARE AVAILABLE ON THE NEBH WEBSITE AT H TTPS //WWW NEBH ORG/ABOUT-NEBH/OUR-COMMUNITY/ IN ADDITION, THE CHNA WHICH WAS COMPLETED PR EVIOUSLY COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2013 AND UNDER WHICH COMMUNI TY BENEFITS ACTIVITIES WERE GUIDED FOR THE PERIOD COVERED BY THIS FILING IS AVAILABLE ON T HE NEBH WEBSITE AT HTTPS //WWW NEBH ORG/ABOUT-NEBH/OUR-COMMUNITY/BOTH SETS OF DOCUMENTS A RE ALSO AVAILABLE UPON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A)A SUMMARY OF NEBH' S COMMUNITY BENEFIT ACTIVITIES WHICH ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DU RING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AND PRIORITIZED IN THE RELATED CHIP ARE PROV IDED HERE ALONG WITH THE ENTITIES WITH WHICH THE HOSPITAL PARTNERS RELATED TO THESE EFFORT S PRIORITY AREA # 1 SOCIAL & ECONOMIC DETERMINANTS OF HEALTHA INCREASE ACCESS TO HEALTH Y FOODS AND OTHER BASIC HOUSEHOLD NEEDS - TARGET POPULATION LOW-INCOME INDIVIDUALS AND FA MILIES - PROGRAMMATIC OBJECTIVES I EDUCATE INDIVIDUALS AND FAMILIES ABOUT HEALTHY EATING , MEAL PLANNING, HOUSEHOLD BUDGETING, ETC II DECREASE THE NUMBER OF INDIVIDUALS AND FAMI LIES WHO SUFFER FROM FOOD INSECURITY AND/OR LACK BASIC HOUSEHOLD ITEMS - COMMUNITY ACTIVIT IES I EMERGENCY FOOD PANTRY SERVICES FOR LOW-INCOME FAMILIES NEBH PROVIDES FINANCIAL SU PPORT FOR THE FOOD PANTRY AT THE ABCD, PARKER HILL/FENWAY SITE THE PANTRY PROVIDES EMERGE NCY FOOD FOR LOW INCOME FAMILIES IN THE COMMUNITY II EMERGENCY FOOD FOR UNDERSERVED,LOW- INCOME RESIDENTS THAT LIVE IN MISSION HILL/ROXBURY PROVIDED EMERGENCY FOOD TO FAMILIES IN NEED INCLUDING BABY FORMULA AND DIAPERS NEBH WILL CONTINUE TO HELP FAMILIES IN OUR COMMU NITY THAT NEED FOOD III TURKEY GIVE-A-WAY DURING THANKSGIVING, NEBH PROVIDES FINANCIAL S UPPORT FOR THE SENIORS IN MISSION HILL DURING THE HOLIDAYS THE MISSION HILL LEGACY PROJEC T AND THE TOBIN COMMUNITY CENTER PROVIDED TURKEYS TO OVER 200 LOW INCOME SENIORS IN MISSIO N HILL/ROXBURY IV NEBH IS COMMITTED TO COMBATING HUNGER IN OUR LOCAL NEIGHBORHOOD BY PAR TNERING WITH THE MISSION HILL ELEMENTARY SCHOOL AND MISSION HILL RESIDENTS FOOD WAS PROVI DED TO TWENTY FAMILIES DURING THE HOLIDAYS AND SCHOOL VACATIONSV THE DOE HOUSE IS ONE OF THE PINE STREET INN'S SUPPORTIVE HOUSING SITES FOR FORMER HOMELESS MEN AND WOMEN STAFF PR EPARE AND SERVE A HEALTHY MEAL FOR THEM AND SPEND TIME SOCIALIZING WITH THE RESIDENTS DIN NER IS HELD ON THE THIRD WEDNESDAY OF THE MONTH EACH RESIDENT ALSO RECEIVES A GIFT CARD T O STOP AND SHOP - COMMUNITY PARTNERS - ACTION FOR BOSTON COMMUNITY DEVELOPMENT (ABCD)- SOC IEDAD LATINA- MISSION HILL ELEMENTARY SCHOOL- ROXBURY TENANTS OF HARVARD (RTH)- TOBIN COMM UNITY CENTER- FAIR FOODS- PINE STREET INN-DOE HOUSEB INCREASE JOB OPPORTUNITIES FOR YOUTH AND ADULTS - TARGET POPULATION YOUTH AND ADULTS- PROGRAMMATIC OBJECTIVES I PROJECT SEA RCH HIGH SCHOOL TRANSITION PROGRAM A ONE-YEAR, SCHOOL-TO- WORK PROGRAM THAT TAKES PLACE ENTIRELY AT THE WORKPLACE TOTAL WORKPLACE IMMERSION FACILITATES A SEAMLESS COMBINATION OF CLASSROOM INSTRUCTION, CAREER EXPLORATION, AND RELEVANT JOB-SKILLS TRAINING THROUGH STRAT EGICALLY DESIGNED INTERNSHIPS THE PROGRAM PROVIDES REAL-LIFE WORK EXPERIENCE COMBINED WI TH TRAINING IN EMPLOYABILITY AND INDEPENDENT LIVING SKILLS TO HELP YOUTHS WITH SIGNIFICANT DISABILITIES MAKE SUCCESSFUL TRANSITIONS FROM SCHOOL TO PRODUCTIVE ADULT LIFE II IMPROVE MENTS IN HEALTH STATUS BEGIN WITH KNOWLEDGE OF THE POPULATION'S CHARACTERISTICS AS WELL AS THE UNDERLYING SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT IMPACT HEALTH AND HEALTH EQUITY MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES,VIOLENCE , TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, S OCIAL SUPPORT, AND COMMUNITY COHESION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AN D/OR THEIR FAMILIES' HEALTH III THE HOSPITAL'S FO

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS	CUS FOR WORKFORCE DEVELOPMENT IS PROVIDING EMPLOYMENT, JOB TRAINING AND SUPPORTING THE EDU CATIONAL NEEDS OF OUR COMMUNITY RESIDENTS IN ADDITION TO PROMOTING NEIGHBORHOOD DEVELOPME NT BY PROVIDING JOBS, THE HOSPITAL WORKS WITH SCHOOLS ON INTERNSHIPS TO HELP ENCOURAGE YOU NG PEOPLE TO ENTER HEALTHCARE AS A CAREER AND TO SUCCEED - COMMUNITY ACTIVITIES I NEBH P ARTNERED WITH MORGAN MEMORIAL, GOODWILL AND MADISON PARK HIGH SCHOOL TO OFFER A ONE-YEAR, SCHOOL-TO-WORK INTERNSHIP THROUGH THE PROJECT SEARCH HIGH SCHOOL TRANSITION PROGRAM IN 201 7, SIX STUDENTS PARTICIPATED IN THE PROGRAM THE STUDENTS LEARNED SKILLS THAT WILL ENABLE THEM TO APPLY FOR A RELATED POSITION WHEN THEY GRADUATE FROM HIGH SCHOOL EIGHT STUDENTS P ARTICIPATE IN THE PROGRAM IN 2018 II ABCD SUMMERWORKS PROGRAM OFFERS YOUTH LIVING IN MIS SION HILL A MEANINGFUL WORK EXPERIENCE AT LOCAL NON-PROFIT, ACADEMIC, AND MEDICAL INSTITUT IONS DURING THE SUMMER NEBH HAS SUPPORTED THIS PROGRAM FOR MANY YEARS, PROVIDING YOUTH LI VING IN MISSION HILL THE OPPORTUNITY FOR SUMMER EMPLOYMENT THROUGH ABCD - COMMUNITY PARTNE RS - ACTION FOR BOSTON COMMUNITY DEVELOPMENT (ABCD)- SOCIEDAD LATINA- ROXBURY TENANTS OF H ARVARD (RTH) - MISSION MAIN- TOBIN COMMUNITY CENTER- PRIVATE INDUSTRY COUNCIL (PIC)

Form and Line Reference	Explanation
C IMPROVE ACCESS AND SAFETY TO ESSENTIAL COMMUNITY VENUES FOR MISSION HILL	- TARGET POPULATION MISSION HILL COMMUNITY- PROGRAMMATIC OBJECTIVES I INCREASE THE NUMB ER OF MISSION HILL RESIDENTS WHO HAVE ACCESS TO AFFORDABLE TRANSPORTATION TO ENSURE ACCESS TO BASIC NEEDS AND REDUCE ISOLATIONII IMPROVE ACCESSIBILITY AND BEAUTIFY COMMUNITY PARKS AND OTHER AREASIII REMOVE TRASH AND PROVIDE CLEANING SERVICES IN COMMUNITY IV BECAUSE T HE NEIGHBORHOOD OF MISSION HILL IS LOCATED ON A "HILL",THE NEED FOR TRANSPORTATION UP AND DOWN THE HILL IS NEEDED ESPECIALLY FOR THE ELDERLY AS PEOPLE GROW OLDER, THE LEVEL OF MOB ILITY THAT THE ELDERLY POPULATION HAS CAN BECOME LIMITED THE NEED FOR A BUS IN THE MISSIO N HILL COMMUNITY IS MUCH NEEDED WITHOUT THE MONETARY ASSISTANCE FROM NEBH AND THE MBTA, T HE COMMUNITY WOULD NOT HAVE TRANSPORTATION UP AND DOWN THE HILL - COMMUNITY ACTIVITIES I THE MISSION LINK BUS PROVIDES MUCH NEEDED TRANSPORTATION FOR THE ELDERLY, GETTING THEM TO AND FROM THEIR DOCTOR'S APPOINTMENTS, FOOD SHOPPING, PHARMACY, ETC AS WELL AS PROVIDING THE OPPORTUNITY FOR THEM TO BE SOCIAL AND ACTIVE NEBH IS COMMITTED TO ENABLING A HEALTHY LIFESTYLE FOR SENIORS THAT LIVE IN OUR COMMUNITY MANY SENIORS WOULD NOT BE ABLE TO GET TO THEIR DOCTORS APPOINTMENTS, SHOP FOR FOOD,ATTEND EVENTS, ETC IN MISSION HILL WITHOUT THE MISSION LINK BUS II MAINTENANCE OF THE CITY OF BOSTON'S MCLAUGHLIN PARK AND TWO BALL FI ELDS ATOP MISSION HILL THE CITY OF BOSTON'S MCLAUGHLIN PARK/FIELDS IS MAINTAINED ON A WEE KLY BASIS BY NEBH ALLOWING THE RESIDENTS OF MISSION HILL TO PLAY BASEBALL, SOFTBALL, SOCCE R, ETC THIS ALLOWS THE RESIDENTS TO MAINTAIN AN ACTIVE LIFESTYLE WITH PHYSICAL ACTIVITY III CLEANER NEIGHBORHOODS LEAD TO LOWER CRIME AND MORE ACTIVITY IN PARKS AND PLAY MORE A CTIVITY LEADS TO BETTER HEALTH, IMPROVED PERFORMANCE IN SCHOOL AND LONG TERM ECONOMIC GAIN S SEVERAL LONG-TERM STUDIES HAVE BEEN DONE THAT SHOW THIS CLEANER NEIGHBORHOOD THEY DER IVE ECONOMIC VALUE FROM THIS AS WELL AS MENTAL AND PHYSICAL HEALTH BENEFITS NEBH CONTINUE S TO BEAUTIFY THE NEIGHBORHOOD HIRING A TRASH TRUCK EACH YEAR DURING STUDENT MOVE IN WEEK, HELPING WITH SNOW REMOVAL FOR THE CITY OF BOSTON, SWEEPING AND CLEANING THE STREETS THAT SURROUND THE HOSPITAL AND COMMUNITY AND WORKING WITH COMMUNITY MEMBERS AND MISSION MAIN ST REETS ON KEEPING MISSION HILL CLEAN - COMMUNITY PARTNERS - MISSION LINK- FRIENDS OF MCLAUG HLIN PARK- CITY OF BOSTON- PROBLEM PROPERTIES TASK FORCE - MISSION HILL COMMUNITYPRIORITY AREA # 2 OBESITY, FITNESS, NUTRITION, AND CHRONIC DISEASEA PROMOTE GENERAL HEALTH AND W ELLNESS- TARGET POPULATION CHILDREN, YOUTH, AND ADULTS- PROGRAMMATIC OBJECTIVES I EDUCA TE THE PUBLIC ABOUT HEALTH RISK FACTORS, HEALTH PROMOTION, AND BASIC WELLNESS - COMMUNITY ACTIVITIES II DECREASE THE NUMBER AND PERCENTAGE OF BOTH ADULTS AND CHILDREN WHO ARE OVER WEIGHT AND OBESE BY EDUCATING AND PROMOTING WELLNESS AND EXERCISE NEBH CONTINUES TO MAINT AIN MCLAUGHLIN PARK IN MISSION HILL THIS ALLOWS THE RESIDENTS OF BOSTON ACCESS TO TWO BAL L FIELDS AND A PLAYGROUND, RESULTING IN ACTIVITY AND EXERCISE B INCREASE PHYSICAL ACTIVI TY - TARGET POPULATION CHILDREN, YOUTH, AND ADULTS- PROGRAMMATIC OBJECTIVES I EDUCATE O N HEALTHY EATING AND ACTIVE LIVING II INCREASE THE NUMBER OF CHILDREN AND ADULTS WHO ARE PHYSICALLY ACTIVEIII IMPROVE ACCESSIBILITY AND BEAUTIFY OF WALKWAYS, COMMUNITY PARKS,AND RECREATION AREAS- COMMUNITY ACTIVITIES I THE SUMMER CAMP AT THE BOSTON CENTER FOR YOUTH A ND FAMILIES-TOBIN COMMUNITY CENTER, ENCOURAGES YOUNG CHILDREN TO EXERCISE AND KEEP ACTIVE TO PREVENT OBESITY DURING THE SUMMER OF 2017, NEBH SPONSORED TEN ADOLESCENTS FROM MISSION HILL THEY WERE ABLE TO ATTEND SUMMER CAMP, KEEPING THEM HEALTHY AND ACTIVE II NEBH HAS A LONG-STANDING COMMITMENT TO IMPROVING THE HEALTH STATUS OF BOSTON RESIDENTS, WITH A FOC US ON MOVEMENT AND PREVENTION OF OBESITY THE HOSPITAL SUPPORTS THE MISSION HILL LITTLE LE AGUE, BOSTON CENTER FOR YOUTH AND FAMILIES-TOBIN COMMUNITY CENTER, ROXBURY TENANTS OF HARV ARD, MISSION HILL LEGACY PROJECT AND SOCIEDAD LATINA FOR THEIR PROGRAMS IN PHYSICAL ACTIVI TY EACH COMMUNITY GROUP HAS MANY EVENTS AND PROGRAMS THAT THE HOSPITAL SUPPORTS THE HOSP ITAL WILL CONTINUE TO SUPPORT THEIR PROGRAMS THAT KEEP PEOPLE ACTIVE AND MOVING III THIS PROGRAM ENCOURAGES ELDERLY MEMBERS OF THE BOSTON COMMUNITY TO MAINTAIN AN ACTIVE LIFESTYLE THROUGH PARTICIPATION IN FITNESS AND HEALTH EDUCATION CLASSES TWO FITNESS CLASSES WERE H ELD IN 2017, WITH OVER 150 SENIORS ATTENDING EACH SESSION SENIORS PARTICIPATED IN PHYSICA L ACTIVITY AND LECTURES ABOUT NUTRITION AND HEALTHY EATING NEBH NUTRITIONISTS, PHYSICAL T HERAPISTS AND NURSES ARE PART OF THE PROGRAM IV THE JR CELTICS PROGRAM CHALLENGES 3RD-5 TH GRADERS TO DEVELOP THEIR BASKETBALL GAME THROUGH SKILLS, DRILLS AND LEADERSHIP TRAINING ALSO PROVIDING PHYSICAL ACTIVITY OVER 600 3RD-5TH GRADERS PARTICIPATED IN THIS ONGOING PROGRAM C INCREASE HEALTHY EATING- TARGET POPULATION CHILDREN, YOUTH & ADULTS- PROGRAMMA TIC OBJECTIVES I - EDUCATE ON HEALTHY EATING AND

Form and Line Reference	Explanation
C IMPROVE ACCESS AND SAFETY TO ESSENTIAL COMMUNITY VENUES FOR MISSION HILL	ACTIVE LIVING II DECREASE THE NUMBER OF INDIVIDUALS AND FAMILIES WHO SUFFER FROM FOOD IN SECURITYIII INCREASING ACCESS TO HEALTHY FOODS, FRUITS, AND VEGETABLES- COMMUNITY ACTIVIT IES I SUPPORT COMMUNITY FOOD PANTRIESII SUPPORT AND PROMOTE THE DEVELOPMENT OF COMMUNITY WORKSHOPS, COOKING CLASSES, AND EDUCATION SESSIONSIII PROMOTE PARTICIPATION IN MOBILE FAR MERS' MARKETSIV SUPPORT AND COLLABORATE WITH BOSTON FOOD & FITNESS COLLABORATIVEV THERE IS A HUGE NEED IN MISSION HILL FOR ACCESS TO AFFORDABLE, HEALTHY FOOD NEBH IS COMMITTED T O HELPING TO PROVIDE ACCESS TO AFFORDABLE,HEALTHY FOOD NEBH OFFERS $1 COUPONS TO THE RESI DENTS OF ROXBURY TENANTS OF HARVARD (RTH) TO OFFSET THE COST OF FRESH FRUITS AND VEGETABLE S AT THE $2 A BAG PROGRAM EACH MONTH AT RTH OVER 100 PEOPLE PURCHASE FRESH FRUIT AND VEGE TABLES EACH MONTH D INCREASING SCREENING, IDENTIFICATION AND REFERRAL FOR PEOPLE WITH CHR ONIC DISEASE AND / OR ASSOCIATED RISK FACTORS- TARGET POPULATION CHILDREN, YOUTH & ADULTS - PROGRAMMATIC OBJECTIVES I PROMOTE OBESITY SCREENING FOR CHILDREN AND YOUTH IN COMMUNITY BASED SETTINGII LINK CHILDREN AND YOUTH WHO ARE OVERWEIGHT OR OBESE TO EVIDENCE BASED PR OGRAMS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVINGIII INCREASE THE NUMBER OF ADULTS SCR EENED FOR HYPERTENSION, DIABETES, DEPRESSION, HIGH CHOLESTEROL, AND OTHER LEADING CHRONIC DISEASESIV LINK THOSE WHO HAVE CHRONIC DISEASE OR ITS ASSOCIATED RISK FACTORS TO PRIMARY CARE AND/OR EVIDENCE-BASED CHRONIC DISEASE MANAGEMENT PROGRAMS- COMMUNITY ACTIVITIES I SU PPORT AND PROMOTE COMMUNITY HEALTH FAIRS AND SCREENING/REFERRAL EVENTSII DEVELOP PRIMARY AND SPECIALTY CARE REFERRAL NETWORKS FOR THOSE IN NEED SUPPORT AND COLLABORATE WITH BOSTON FOOD & FITNESS COLLABORATIVEIII SUPPORT THE MISSION HILL HEALTH MOVEMENT'S ANNUAL HEALTH FAIR - OBESITY, FITNESS, NUTRITION, AND CHRONIC DISEASE - COMMUNITY PARTNERS - BOSTON PU BLIC HEALTH COMMISSION- SOCIEDAD LATINA- ROXBURY TENANTS OF HARVARD (RTH)- MISSION MAIN- T OBIN COMMUNITY CENTER- MISSION HILL HEALTH MOVEMENT- ACTION FOR BOSTON COMMUNITY DEVELOPME NT (ABCD)- PUBLIC HOUSING FACILITIES- LITTLE LEAGUE- MISSION HILL LEGACY PROJECT- MARIA SA NCHEZ HOUSE- BOSTON CELTICS *****

Form and Line Reference	Explanation
PRIORITY AREA # 3 ELDER HEALTH	A PROMOTE GENERAL HEALTH AND WELLNESS FOR ELDERS - TARGET POPULATION ELDERS - PROGRAMMAT IC OBJECTIVES I INCREASE GENERAL KNOWLEDGE ABOUT CHRONIC DISEASE, PHYSICAL ACTIVITY, NUT RITION, BEHAVIORAL HEALTH, AND FALLS PREVENTION - COMMUNITY ACTIVITIES I SUPPORT AND PRO MOTE THE DEVELOPMENT OF COMMUNITY WORKSHOPS AND EDUCATIONAL SESSIONS II CREATE AN ELDER H EALTH EDUCATION AND PREVENTION CENTERB REDUCE FALLS FOR ELDERS - TARGET POPULATION ELDER S - PROGRAMMATIC OBJECTIVES I INCREASE BALANCE TRAINING AND PHYSICAL ACTIVITY, MEDICAL M ANAGEMENT OF EXISTING ILLNESS, AND ENVIRONMENTAL/HOME MODIFICATIONS C DECREASE DEPRESSION AND SOCIAL ISOLATION IN ELDERS - TARGET POPULATION ELDERS - PROGRAMMATIC OBJECTIVES I INCREASE THE NUMBER OF MISSION HILL RESIDENTS WHO HAVE ACCESS TO AFFORDABLE TRANSPORTATION II REDUCE ISOLATION III INCREASE SCREENING, IDENTIFICATION, AND REFERRAL FOR ELDERS WIT H DEPRESSION - COMMUNITY ACTIVITIES I THERE ARE MANY ISSUES RELATED TO OLDER ADULT HEALT H WITH ISOLATION BEING ONE OF THEM NEBH IS COMMITTED TO THE SENIORS LIVING IN AND AROUND MISSION HILL/ROXBURY/JAMAICA PLAIN TO HELP WITH ELDER ISOLATION IN 2017, NEBH HELD A BIRT HDAY CELEBRATION EACH QUARTER FOR SENIORS LIVING IN MISSION HILL/ROXBURY/JAMAICA PLAIN BE TWEEN 100-125 SENIORS FROM THE AREA COME TO THE CELEBRATION THE PARTY IS HELD AT A DIFFER ENT HOUSING DEVELOPMENT OR COMMUNITY AGENCY 4 TIMES A YEAR SENIORS RECEIVE A HEALTHY LUNC H, GIFT AND ENJOY ENTERTAINMENT II MONTHLY BINGO AT THE MARIA SANCHEZ HOUSE EACH MONTH, STAFF FROM NEBH PLAY BINGO WITH THE RESIDENTS OF THE MARIA SANCHEZ HOUSE THIS HELPS WITH S OCIALIZING AND GETTING SENIORS OUT OF THEIR APARTMENT WHILE HAVING FUN NEBH PROVIDES HEAL THY SNACKS AND PRIZES III THIS EXERCISE CLASS CONCENTRATES ON STRENGTH, BALANCE,FLEXIBIL ITY, AND ENDURANCE AND ENCOURAGES RELAXATION AND BREATHING TO FOCUS THE MIND AND DEAL WITH STRESS EIGHT CLASSES WERE HELD OVER TWO MONTHS WITH 15 PEOPLE ATTENDING WORKING WITH RT H ON INCREASING PARTICIPATION D INCREASE SCREENING, IDENTIFICATION AND REFERRAL FOR HEAL TH ISSUES SUCH AS OSTEOPOROSIS, ARTHRITIS / LUPUS, AND DEPRESSION- TARGET POPULATION ELDE RS- PROGRAMMATIC OBJECTIVES I INCREASE THE NUMBER OF ELDERS SCREENED FOR OSTEOPOROSIS, A RTHRITIS/LUPUS, DEPRESSION, JOINT ISSUES, AND OTHER LEADING ELDER HEALTH ISSUES/CONDITIONS II LINK THOSE WHO HAVE CHRONIC DISEASE OR OTHER HEALTH ISSUES TO APPROPRIATE PRIMARY AND SPECIALTY CARE - COMMUNITY ACTIVITIES I DEVELOP OR SUPPORT ELDER HEALTH SCREENING INITI ATIVES II DEVELOP PRIMARY CARE AND SPECIALTY CARE REFERRAL NETWORKS FOR THOSE IN NEED - E LDER CARE - COMMUNITY PARTNERS - BOSTON PUBLIC HEALTH COMMISSION - MISSION HILL HEALTH MOV EMENT - ACTION FOR BOSTON COMMUNITY DEVELOPMENT (ABCD) - ROXBURY TENANTS OF HARVARD (RTH) - LEGACY PROJECT - PUBLIC HOUSING FACILITIES - MA DEPARTMENT OF PUBLIC HEALTH - NEBH AND C AREGROUP MEMBER ORGANIZATIONSIN ADDITION TO THE PROGRAMS NOTED ABOVE, NEBH ENGAGED IN AND/ OR PARTICIPATED IN THE COMMUNITY BENEFIT ACTIVITIES LISTED BELOW MUSCULOSKELETAL HEALTH AR THRITIS AND LUPUS SUPPORT GROUPTHE GOAL OF THIS INITIATIVE IS TO ADDRESS ACCESS, EDUCATION , TREATMENT, AND SUPPORT NEEDS OF PEOPLE WITH ARTHRITIS AND LUPUS, ESPECIALLY UNDER-SERVED POPULATIONS IN THE CITY OF BOSTON, TARGETING WOMEN OF COLOR THE LONG-TERM GOAL IS TO MEE T THE IDENTIFIED NEEDS OF MORE SUPPORT AND EDUCATION ARTHRITIS FOUNDATIONTHE ARTHRITIS FO UNDATION'S WALK TO CURE ARTHRITIS ENCOURAGES PEOPLE TO MOVE TO PREVENT OR TREAT ARTHRITIS THERE ARE 27 MILLION PEOPLE WITH OSTEOARTHRITIS, THE MOST COMMON FORM OF ARTHRITIS, 1 3 M ILLION PEOPLE WITH RHEUMATOID ARTHRITIS, AN AUTOIMMUNE DISEASE THAT CAN LEAD TO CHRONIC PA IN, LOSS OF FUNCTION AND DEFORMITY AND 300,000 CHILDREN (OR ONE IN 250) WITH JUVENILE ARTH RITIS, WHICH AFFECTS CHILDREN BETWEEN THE AGES OF INFANCY AND 18 BY 2030, AN ESTIMATED 67 MILLION AMERICANS AGES 18 YEARS OR OLDER ARE PROJECTED TO HAVE DOCTOR-DIAGNOSED ARTHRITIS NEW ENGLAND BAPTIST HOSPITAL (NEBH) HAS PARTNERED WITH THE ARTHRITIS FOUNDATION'S, GREAT ER BOSTON CHAPTER ON THEIR WALK TO CURE ARTHRITIS, IN THE FIGHT AGAINST ARTHRITIS BY RAISI NG AWARENESS AND REDUCING THE IMPACT OF ARTHRITIS, WHICH IS THE NATION'S LEADING CAUSE OF DISABILITY OSTEOPOROSIS OSTEOPOROSIS IS A MAJOR PUBLIC HEALTH THREAT FOR AN ESTIMATED 54 MILLION AMERICANS AGE 50 AND OLDER TWENTY PERCENT OF NON-HISPANIC CAUCASIAN AND ASIAN WOM EN AGED 50 AND OLDER ARE ESTIMATED TO HAVE OSTEOPOROSIS, AND 52 PERCENT ARE ESTIMATED TO H AVE LOW BONE MASS THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (DPH) HAS IDENTIFIED OSTE OPOROSIS AS A PUBLIC HEALTH ISSUE AND ESTABLISHED THE OSTEOPOROSIS AWARENESS PROGRAM PHYS ICAL ACTIVITY CAN IMPROVE THE OVERALL HEALTH AND WELL-BEING OF OLDER ADULTS EVEN MODEST L EVELS OF ACTIVITY, DONE EACH DAY FOR A TOTAL OF 30 MINUTES, CAN PREVENT OR CONTROL OSTEOPO ROSIS AND WEIGHT GAIN NEBH SUPPORTS TWO WALKING GROUPS AT ROXBURY TENANTS OF HARVARD A W ALKING/EXERCISE PROGRAM HELD IN MISSION HILL, SERV

Form and Line Reference	Explanation
PRIORITY AREA # 3 ELDER HEALTH	ING BETWEEN 20-40 WOMEN AND MEN BETWEEN THE AGES OF 40 AND 90 FROM ALL ETHNIC BACKGROUNDS AT EACH SESSION THE HOSPITAL ALSO OFFERS EDUCATIONAL PROGRAMS SUCH AS STRETCHING, EATING HEALTHY, ETC TO THIS GROUP

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
JR CELTICS PROGRAM	THE JR CELTICS PROGRAM, PRESENTED BY NEW ENGLAND BAPTIST HOSPITAL, CHALLENGES OVER 350 3RD TO 5TH GRADERS TO DEVELOP THEIR BASKETBALL GAME THROUGH SKILLS, DRILLS AND LEADERSHIP TRAINING AND SO KEEPING THEM ACTIVE WITH PHYSICAL EXERCISE THE JR CELTICS HELD 2 PROGRAMS IN THE MISSION HILL AREA THAT BENEFITTED YOUTH IN MISSION HILL MOBILITY AND ELDERLY TRANSPORTATION - THE MISSION LINKBECAUSE THE NEIGHBORHOOD OF MISSION HILL IS LOCATED ON A STEEP HILL, AT THE HIGHEST ELEVATION IN BOSTON, IT PRESENTS A SIGNIFICANT ISSUE TO MOBILITY FOR THE ELDERLY POPULATION THE NEED FOR REGULAR TRANSPORTATION TO AVOID SOCIAL ISOLATION OF THOSE SENIORS IN THE MISSION HILL COMMUNITY WAS IDENTIFIED AS A CRITICAL ISSUE DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT NEBH HAS BEEN A MAJOR SPONSOR OF THE MISSION LINK BUS FOR MANY YEARS TO INCREASE ACCESS TO HEALTHY FOOD OPTIONS, MEDICAL CARE, AND PUBLIC TRANSPORTATION ELDER ISOLATIONTHE MISSION HILL LEGACY PROJECT BRINGS SENIORS FROM THROUGHOUT THE MISSION HILL NEIGHBORHOOD TOGETHER FOR SOCIAL AND EDUCATIONAL EVENTS IT IS EVIDENT THAT THERE ARE MANY ISSUES RELATED TO OLDER ADULT HEALTH IN THE MISSION HILL COMMUNITY NEBH IS COMMITTED TO THE MISSION HILL LEGACY PROJECT TO HELP WITH ELDER ISOLATION NEBH PROVIDES AN EXERCISE PROGRAM AND A BIRTHDAY CELEBRATION PROGRAM THAT TRAVELS THROUGHOUT HOUSING DEVELOPMENTS IN MISSION HILL ON A QUARTERLY BASIS OBESITY PREVENTION OBESITY HAS REACHED EPIDEMIC PROPORTIONS IN THE UNITED STATES OBESITY IS BECOMING A MAJOR ISSUE IN MASSACHUSETTS AND HAS A SIGNIFICANT NEGATIVE IMPACT ON THE MUSCULOSKELETAL SYSTEM NEBH HAS A LONG-STANDING COMMITMENT TO IMPROVING THE HEALTH STATUS OF BOSTON RESIDENTS, WITH A FOCUS ON MOVEMENT AND PREVENTION OF OBESITY THE HOSPITAL SUPPORTS THE MISSION HILL LITTLE LEAGUE, MISSION HILL SOFTBALL LEAGUE, MAURICE J TOBIN COMMUNITY CENTER, ROXBURY TENANTS OF HARVARD AND SOCIEDAD LATINA FOR THE PROGRAMS IN PHYSICAL ACTIVITY THE HOSPITAL SUPPORTS THE GYM, LEAGUES, AND SUMMER CAMP AT THE MAURICE J TOBIN COMMUNITY CENTER AS WELL AS THE HEALTH EDUCATORS IN ACTION PROGRAM AT SOCIEDAD LATINA FOR MANY YEARS, NEBH HAS MAINTAINED AND IS A MAJOR CONTRIBUTOR TO THE LIGHTING AT MCLAUGHLIN FIELD AT NIGHT TO FOSTER ITS USE FOR PHYSICAL ACTIVITY VIOLENCE PREVENTION CREATING A STRONG FEELING OF COMMUNITY AND FOCUSING ON YOUTH EDUCATION ARE TWO IMPORTANT ASPECTS OF VIOLENCE PREVENTION NEBH WORKS WITH COMMUNITY GROUPS SUCH AS THE MISSION HILL YOUTH COLLABORATIVE (MHYC), THE MISSION HILL CRIME COMMITTEE AND THE BOSTON POLICE TO HELP EDUCATE OUR COMMUNITY AND TO KEEP OUR YOUTH ENGAGED IN PRODUCTIVE ACTIVITIES TO PREVENT VIOLENCE IN OUR COMMUNITY THE MHYC SERVES OVER 1,500 YOUTH AND FAMILIES LIVING IN THE MISSION HILL AREA BY HOSTING EDUCATIONAL AND FUN EVENTS, SUCH AS HALLOWEEN ON THE HILL SECURITY CAMERA'S AND ROUNDS NEBH PERFORMS SECURITY ROUNDS THROUGHOUT THE MISSION HILL AREA 7 DAYS A WEEK 24 HOURS A DAY AT SCHEDULED AND UNSCHEDULED INTERVALS THIS SERVICE PROVIDES VIOLENCE DETERRENCE IN THE NEIGHBORHOOD NEBH IN CONJUNCTION WITH COMMUNITY LEADERS REVIEWED AND UPGRADED ITS VIDEO SYSTEM TO ENHANCE NEIGHBORHOOD SECURITY NEBH ALSO WORKS WITH THE MISSION HILL PROBLEM PROPERTIES TASK FORCES TO IMPROVE SAFETY AND SECURITY OF THE COMMUNITY FOOD INSECURITY/HUNGER MISSION HILL ELEMENTARY SCHOOL, MISSION HILL LEGACY PROJECT AND BOSTONCANSHARE HUNGER IS ON THE RISE IN MASSACHUSETTS FOOD IS NEEDED TO SUSTAIN FAMILIES DURING THE HOLIDAYS, SCHOOL VACATIONS AND WHEN THE CHILDREN ARE NOT ATTENDING SCHOOL NEBH PARTNERED THE MISSION HILL ELEMENTARY SCHOOL AND THE MISSION HILL LEGACY PROJECT TO COMBAT HUNGER NEBH IS COMMITTED TO COMBATING HUNGER IN OUR LOCAL NEIGHBORHOODS EACH YEAR, MUCH NEEDED FOOD IS GIVEN DURING THE THANKSGIVING AND CHRISTMAS HOLIDAYS AND DURING SCHOOL VACATIONS FOOD IS PROVIDED TO SUPPLEMENT STUDENT AND FAMILY FOOD NEEDS, AS MEALS ARE NOT SERVED BY THE SCHOOL SYSTEM DURING VACATIONS LUNCH IS ALSO PROVIDED DURING THE WINTER MONTHS FOR CHILDREN PARTICIPATING IN THE YMCA AND THE CHILL FOUNDATION'S SKI PROGRAM DURING THE HOLIDAYS, FOOD IS GIVEN TO SENIORS IN NEED THROUGH THE MISSION HILL LEGACY PROGRAM NEBH DONATED TO THE BOSTON CAN SHARE PROGRAM WHICH IS THE ANNUAL FOOD DRIVE SPONSORED BY THE MAYOR'S OFFICE OF FOOD INITIATIVES INCREASE ACCESS TO HEALTHY FOODS -- ACCESS TO HEALTHY FRUITS AND VEGETABLESAS IDENTIFIED IN THE CHNA, THERE IS A NEED IN MISSION HILL FOR ACCESS TO AFFORDABLE HEALTHY FOOD NEBH IS COMMITTED TO PROVIDING ACCESS TO AFFORDABLE HEALTHY FOOD BY PARTNERING WITH THE MISSION HILL HEALTH MOVEMENT AND THE MISSION HILL FARMERS MARKET NEBH OFFERED $2 COUPONS TO THE FARMERS MARKET EACH WEEK DURING THE SUMMER AND FALL TO MISSION HILL/ROXBURY RESIDENTS SO THAT THEY MAY PURCHASE FRESH FRUIT AND VEGETABLES AT A DISCOUNTED RATE OVER 3,950 COUPONS WERE GIVEN OUT TO COMMUNITY RESIDENTS

Additional Data

Software ID:
Software Version:
EIN: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	**Other (Describe)**	**Facility reporting group**
1	NEW ENGLAND BAPTIST HOSPITAL 125 PARKER AVENUE BOSTON, MA 02120 WWW NEBH ORG MA STATE LICENSE # 2059	X	X		X					SEE NARRATIVE DETAIL	

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 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.

Form and Line Reference	Explanation
NEW ENGLAND BAPTIST HOSPITAL	PART V, SECTION B, LINE 21D FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTALINFORMATION

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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 . . . . . ▶ 0

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

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

Additional Data

Software ID:
Software Version:
EIN: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

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
MISSION HILL LINK 8 BUCKNAM ST BOSTON, MA 02120	04-2921969	501(C)(3)	52,552				TRANSPORTATION FOR ELDERLY & RESIDENTS IN MISSION HILL
BOSTON CELTICS SHAMROCK FOUNDATION 226 CAUSEWAY ST BOSTON, MA 02114	04-3174933	501(C)(3)	66,756				SUPPORT OF JR CELTICS PROGRAM IN COMMUNITY

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
SOCIEDAD LATINA 1530 TREMONT ST ROXBURY, MA 02120	04-2678255	501(C)(3)	10,000				HEALTH EDUCATION IN ACTION PROGRAM IN COMMUNITY
ARTHRITIS FOUNDATION 29 CRAFTS ST CHATHAM 450 NEWTON, MA 02458	04-2113261	501(C)(3)	25,000				PREVENT & TREAT ARTHRITIS

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
CITY OF BOSTON 1 CITY HALL SQ BOSTON, MA 02201			23,063				FACILITIES, SECURITY, EQUIPMENT FOR COMMUNITY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		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**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 7	CONTINGENT COMPENSATION NEW ENGLAND BAPTIST HOSPITAL (NEBH) EXECUTIVES AND KEY EMPLOYEES MAY HAVE COMPENSATION PACKAGES THAT INCLUDE OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING NEBH'S BUDGETED CONSOLIDATED OPERATING MARGIN AND MEETING INDIVIDUAL GOALS AND OBJECTIVES THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE AND KEY EMPLOYEE IS REVIEWED AND APPROVED BY THE NEBH COMPENSATION COMMITTEE WHICH, AS PREVIOUSLY NOTED, IS STAFFED BY INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J ADDITIONAL COMPENSATION DISCLOSURES	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 NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN OTHER REPORTABLE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN, INCREASE/DECREASE IN VALUE OF NONQUALIFIED FULLY VESTED 457(B) PLAN, VESTED AMOUNTS UNDER 457 (F) PLAN, TAXABLE EMPLOYER-SUBSIDIZED PARKING, TAXABLE MOVING EXPENSES, TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE, AND OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN NON-TAXABLE BENEFITS AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE ALL TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF TRUSTEE, AS DENOTED BY THE LISTED TITLES NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS NEBH AND NEBMA RESPECTIVELY ARMELLO, JASON TRUSTEE - NEW ENGLAND BAPTIST HOSPITAL MR ARMELLO DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION BARNETT, KEITH TRUSTEE - NEW ENGLAND BAPTIST HOSPITAL MR BARNETT DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION BASILICO, M D , F A C C , FREDERICK C TRUSTEE (EX-OFFICIO), PHYSICIAN IN CHIEF AND CHAIR OF MEDICINE - NEW ENGLAND BAPTIST HOSPITAL PRESIDENT, TRUSTEE (EX-OFFICIO), CHIEF OF MEDICINE - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES ASSISTANT CLINICAL PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR BASILICO DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR BASILICO PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR BASILICO IS PAID DIRECTLY BY NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, THE PORTION OF DR BASILICO'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 124,416 INCENTIVE COMPENSATION 24,938 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 12,427 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 124,416 INCENTIVE COMPENSATION 24,938 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 12,427 BODE, M D , ROBERT H MEDICAL STAFF PRESIDENT AND TRUSTEE (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL CHAIR, DEPARTMENT OF ANESTHESIA - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND BOARD CHAIR - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES ASSOCIATE PROFESSOR OF ANESTHESIA - BOSTON UNIVERSITY MEDICAL SCHOOL DR BODE'S POSITION AS TRUSTEE (EX-OFFICIO) AND PRESIDENT OF NEW ENGLAND BAPTIST HOSPITAL'S MEDICAL STAFF ENDED MARCH 29, 2017 DR BODE DEVOTES, ON AVERAGE, A COMBINED 12 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR BODE IS THE CHAIR OF THE DEPARTMENT OF ANESTHESIA AT NEW ENGLAND BAPTIST HOSPITAL AND ALSO PROVIDES ADMINISTRATIVE AND MEDICAL SERVICES FOR NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY NEBH FOR THE 2016 CALENDAR YEAR REPRESENTS PAYMENTS MADE TO DR BODE BY ANESTHESIA ASSOCIATES OF MASSACHUSETTS, P C AND RELATED TO DR BODE'S POSITION AS CHAIR OF THE DEPARTMENT OF ANESTHESIA AT NEW ENGLAND BAPTIST HOSPITAL THE PORTION OF DR BODE'S COMPENSATION ATTRIBUTABLE TO EACH SET OF RESPONSIBILITIES HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 34,821 INCENTIVE COMPENSATION 2,000 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 34,821 INCENTIVE COMPENSATION 2,000 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 COLLINS, CHRISTOPHER TRUSTEE - NEW ENGLAND BAPTIST HOSPITAL MR COLLINS' POSITION AS TRUSTEE OF NEW ENGLAND BAPTIST HOSPITAL BEGAN JULY 19, 2017 MR COLLINS DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION HANNON, FACHE, PATRICIA TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES MS HANNON DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MS HANNON PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, ALTHOUGH MS HANNON IS PAID DIRECTLY BY NEW ENGLAND BAPTIST HOSPITAL, THE PORTION OF HER COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 688,300 INCENTIVE COMPENSATION 229,502 OTHER REPORTABLE COMPENSATION 239,504 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 26,325 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 21,288 INCENTIVE COMPENSATION 7,098 OTHER REPORTABLE COMPENSATION 7,407 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 814 OTHER REPORTABLE COMPENSATION INCLUDES PAYMENTS TOTALING $227,500 DESIGNED TO PROVIDE MS HANNON WITH SUPPLEMENTAL RETIREMENT BENEFITS JENNY, CHRISTOPHER TRUSTEE - NEW ENGLAND BAPTIST HOSPITAL MR JENNY DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION KOLLIGIAN, ESQ , JOAN TRUSTEE AND SECRETARY - NEW ENGLAND BAPTIST HOSPITAL MS KOLLIGIAN DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION LIBERT, JEFFREY TRUSTEE - NEW ENGLAND BAPTIST HOSPITAL MR LIBERT DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J ADDITIONAL COMPENSATION DISCLOSURES (CONTINUED)	MATTINGLY, M D , DAVID A TRUSTEE (EX-OFFICIO), CHAIR OF ORTHOPEDICS AND SURGEON IN CHIEF - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) CHAIR OF ORTHOPEDICS AND SURGEON IN CHIEF - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES ASSOCIATE CLINICAL PROFESSOR, ORTHOPEDIC SURGERY - TUFTS MEDICAL SCHOOL DR MATTINGLY DEVOTES, ON AVERAGE, A COMBINED 30 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR MATTINGLY PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR MATTINGLY IS PAID DIRECTLY BY NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, THE PORTION OF DR MATTINGLY'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 150,760 INCENTIVE COMPENSATION 34,125 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 286 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 150,760 INCENTIVE COMPENSATION 34,125 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 286 NICHOLS, PETER TRUSTEE, CO-VICE CHAIR AND FORMER SECRETARY - NEW ENGLAND BAPTIST HOSPITAL DIRECTOR - CAREGROUP, INC MR NICHOLS DEVOTES, ON AVERAGE, A COMBINED 7 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE POGORZELSKI, DONALD E TRUSTEE AND CO-VICE CHAIR - NEW ENGLAND BAPTIST HOSPITAL MR POGORZELSKI DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION RUBENSTEIN, JAMES TRUSTEE - NEW ENGLAND BAPTIST HOSPITAL MR RUBENSTEIN DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION SAMSEL, ERVEN TRUSTEE AND BOARD CHAIR - NEW ENGLAND BAPTIST HOSPITAL MR SAMSEL DEVOTES, ON AVERAGE, 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION SARGENT, GIRARD TRUSTEE AND TREASURER - NEW ENGLAND BAPTIST HOSPITAL MR SARGENT SERVED AS TREASURER FOR NEW ENGLAND BAPTIST HOSPITAL FROM JANUARY 25 TO MARCH 16, 2017 WHEN HIS ROLES AS TRUSTEE AND TREASURER ENDED MR SARGENT DEVOTED, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION SMYTH, PETER TRUSTEE AND TREASURER - NEW ENGLAND BAPTIST HOSPITAL MR SMYTH'S POSITIONS AS TRUSTEE AND TREASURER OF NEW ENGLAND BAPTIST HOSPITAL ENDED JANUARY 25, 2017 MR SMYTH DEVOTED, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION SPITZ, M D , DAMON J TRUSTEE (EX-OFFICIO), PRESIDENT OF THE MEDICAL STAFF AND CHAIR OF THE DEPARTMENT OF RADIOLOGY - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO), BOARD CHAIR, RADIOLOGY CHAIR - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES ASSISTANT CLINICAL PROFESSOR, TUFTS MEDICAL SCHOOL DR SPITZ'S POSITION AS TRUSTEE (EX-OFFICIO) AND PRESIDENT OF THE MEDICAL STAFF OF NEW ENGLAND BAPTIST HOSPITAL BEGAN MARCH 29, 2017 DR SPITZ DEVOTES, ON AVERAGE, A COMBINED 12 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES LISTED HERE PAYMENTS REPORTED BY NEBH BASE COMPENSATION 30,100 INCENTIVE COMPENSATION 6,026 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 30,100 INCENTIVE COMPENSATION 6,026 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 SULLIVAN SMITH, R N , M S , MARY TRUSTEE (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER, CHIEF NURSING OFFICER AND CHIEF COMPLIANCE AND PRIVACY OFFICER - NEW ENGLAND BAPTIST HOSPITAL MS SULLIVAN SMITH DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND RELATED ENTITY MENTIONED BELOW MS SULLIVAN SMITH IS THE SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER, CHIEF NURSING OFFICER AND CHIEF COMPLIANCE & PRIVACY OFFICER FOR NEBH AND ALSO PROVIDES ADMINISTRATIVE AND MEDICAL MANAGEMENT SERVICES FOR NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY FORM 990, ALTHOUGH MS SULLIVAN SMITH IS PAID DIRECTLY BY NEBH, THE PORTION OF MS SULLIVAN SMITH'S COMPENSATION ATTRIBUTABLE TO EACH SET OF RESPONSIBILITIES HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 335,046 INCENTIVE COMPENSATION 79,223 OTHER REPORTABLE COMPENSATION 4,902 DEFERRED COMPENSATION 11,399 NON-TAXABLE BENEFITS 3,843 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 10,362 INCENTIVE COMPENSATION 2,450 OTHER REPORTABLE COMPENSATION 152 DEFERRED COMPENSATION 353 NON-TAXABLE BENEFITS 119 TROMANHAUSER, M D , SCOTT TRUSTEE, CHIEF MEDICAL QUALITY OFFICER AND DIRECTOR OF RESEARCH OPERATIONS - NEW ENGLAND BAPTIST HOSPITAL CHIEF MEDICAL QUALITY OFFICER AND CHIEF, SECTION OF SPINE SURGERY - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES ASSISTANT CLINICAL PROFESSOR, ORTHOPEDIC SURGERY - TUFTS MEDICAL SCHOOL DR TROMANHAUSER DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION, AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR TROMANHAUSER PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR TROMANHAUSER IS PAID DIRECTLY BY NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, THE PORTION OF DR TROMANHAUSER'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 96,002 INCENTIVE COMPENSATION 21,840 OTHER REPORTABLE COMPENSATION 369 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 21 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 96,002 INCENTIVE COMPENSATION 21,840 OTHER REPORTABLE COMPENSATION 369 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 21 GHERINGHELLI, MSF, THOMAS, J SENIOR VICE PRESIDENT OF FINANCE AND CHIEF FINANCIAL OFFICER - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES MR GHERINGHELLI DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MR GHERINGHELLI PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, ALTHOUGH MR GHERINGHELLI IS PAID DIRECTLY BY NEW ENGLAND BAPTIST HOSPITAL, THE PORTION OF MR GHERINGHELLI'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 290,847 INCENTIVE COMPENSATION 68,409 OTHER REPORTABLE COMPENSATION 5,378 DEFERRED COMPENSATION 28,102 NON-TAXABLE BENEFITS 19,349 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 8,995 INCENTIVE COMPENSATION 2,116 OTHER REPORTABLE COMPENSATION 166 DEFERRED COMPENSATION 869 NON-TAXABLE BENEFITS 598

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J ADDITIONAL COMPENSATION DISCLOSURES (CONTINUED)	GREENSPAN, ELIZABETH SENIOR VICE PRESIDENT, STRATEGY & BUSINESS DEVELOPMENT AND CHIEF STRATEGY OFFICER - NEW ENGLAND BAPTIST HOSPITAL MS GREENSPAN'S POSITIONS AS SENIOR VICE PRESIDENT STRATEGY AND BUSINESS DEVELOPMENT AND CHIEF STRATEGY OFFICER OF NEW ENGLAND BAPTIST HOSPITAL ENDED JULY 15, 2017 MS GREENSPAN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND RELATED ENTITY MENTIONED BELOW MS GREENSPAN IS SENIOR VICE PRESIDENT, STRATEGY & BUSINESS DEVELOPMENT AND CHIEF STRATEGY OFFICER FOR NEW ENGLAND BAPTIST HOSPITAL AND ALSO PROVIDES SERVICES FOR NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY FORM 990, ALTHOUGH MS GREENSPAN IS PAID DIRECTLY BY NEW ENGLAND BAPTIST HOSPITAL, THE PORTION OF MS GREENSPAN COMPENSATION ATTRIBUTABLE TO EACH SET OF RESPONSIBILITIES HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 257,781 INCENTIVE COMPENSATION 60,686 OTHER REPORTABLE COMPENSATION 3,894 DEFERRED COMPENSATION 11,385 NON-TAXABLE BENEFITS 27,726 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 7,973 INCENTIVE COMPENSATION 1,877 OTHER REPORTABLE COMPENSATION 120 DEFERRED COMPENSATION 352 NON-TAXABLE BENEFITS 857 THOMPSON, LINDA SENIOR VICE PRESIDENT, HUMAN RESOURCES AND SERVICE EXCELLENCE - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND SECRETARY - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES MS THOMPSON DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MS THOMPSON IS THE SENIOR VICE PRESIDENT FOR HUMAN RESOURCES AND SERVICE EXCELLENCE FOR NEBH AND ALSO PROVIDES ADMINISTRATIVE AND MANAGEMENT SERVICES FOR NEBMA AS REQUIRED BY FORM 990, ALTHOUGH MS THOMPSON IS PAID DIRECTLY BY NEW ENGLAND BAPTIST HOSPITAL, THE PORTION OF MS THOMPSON'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 250,514 INCENTIVE COMPENSATION 60,024 OTHER REPORTABLE COMPENSATION 1,974 DEFERRED COMPENSATION 36,919 NON-TAXABLE BENEFITS 18,967 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 7,748 INCENTIVE COMPENSATION 1,856 OTHER REPORTABLE COMPENSATION 61 DEFERRED COMPENSATION 1,142 NON-TAXABLE BENEFITS 587 HAYEK, M D , JIHAD CHAIRMAN, DEPARTMENT OF PATHOLOGY - NEW ENGLAND BAPTIST HOSPITAL IN HIS POSITION AS CHAIRMAN OF THE DEPARTMENT OF PATHOLOGY AT NEW ENGLAND BAPTIST HOSPITAL, DR HAYEK PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AND DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO NEBH AND NEBMA AS REQUIRED BY FORM 990, ALTHOUGH DR HAYEK IS PAID DIRECTLY BY NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, THE PORTION OF DR HAYEK'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 151,966 INCENTIVE COMPENSATION 2,000 OTHER REPORTABLE COMPENSATION 685 DEFERRED COMPENSATION 25,012 NON-TAXABLE BENEFITS 14,657 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 151,966 INCENTIVE COMPENSATION 2,000 OTHER REPORTABLE COMPENSATION 685 DEFERRED COMPENSATION 25,012 NON-TAXABLE BENEFITS 14,657 SCHNEIDER, PH D , GARY CHIEF OF RESEARCH - NEW ENGLAND BAPTIST HOSPITAL CHIEF OF RESEARCH - NEW ENGLAND BAPTIST MEDICAL ASSOCIATES DR SCHNEIDER PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AND DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO NEBH AND NEBMA AS REQUIRED BY FORM 990, ALTHOUGH DR SCHNEIDER IS PAID DIRECTLY BY NEW ENGLAND BAPTIST HOSPITAL, THE PORTION OF DR SCHNEIDER'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 232,663 INCENTIVE COMPENSATION 55,169 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 9,202 NON-TAXABLE BENEFITS 25,107 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 7,196 INCENTIVE COMPENSATION 1,706 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 285 NON-TAXABLE BENEFITS 776 HERMAN, K MORGAN VICE PRESIDENT OF PHILANTHROPY - NEW ENGLAND BAPTIST HOSPITAL MS HERMAN DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY NEBH BASE COMPENSATION 211,623 INCENTIVE COMPENSATION 51,188 OTHER REPORTABLE COMPENSATION 210 DEFERRED COMPENSATION 11,280 NON-TAXABLE BENEFITS 32,248 RICHMOND M D , JOHN C MEDICAL DIRECTOR FOR NETWORK DEVELOPMENT - NEW ENGLAND BAPTIST HOSPITAL PROFESSOR OF ORTHOPEDIC SURGERY - TUFTS MEDICAL SCHOOL DR RICHMOND DEVOTES, ON AVERAGE, A COMBINED 24 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE IN HIS ROLE AS MEDICAL DIRECTOR FOR NETWORK DEVELOPMENT AT NEW ENGLAND BAPTIST HOSPITAL, DR RICHMOND PERFORMS SERVICES FOR BOTH NEW ENGLAND BAPTIST HOSPITAL AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR RICHMOND IS PAID DIRECTLY BY NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, THE PORTION OF DR RICHMOND'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 81,888 INCENTIVE COMPENSATION 18,673 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 193 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 81,888 INCENTIVE COMPENSATION 18,673 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 193 CALLAHAN, ANN E OR NURSE - NEW ENGLAND BAPTIST HOSPITAL MS CALLAHAN DEVOTES 50 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY NEBH BASE COMPENSATION 200,805 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 855 DEFERRED COMPENSATION 53,540 NON-TAXABLE BENEFITS 12,024 MULKERRIN, M S , R N , MAUREEN FORMER CHIEF INFORMATION OFFICER AND VICE PRESIDENT, INFORMATION TECHNOLOGY - NEW ENGLAND BAPTIST HOSPITAL MS MULKERRIN SERVED IN THESE POSITIONS UNTIL JUNE 10, 2016 AMOUNTS REPORTED IN THIS FILING FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 ARE FOR THE CALENDAR YEAR 2016 MS MULKERRIN DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE MS MULKERRIN WAS THE CHIEF INFORMATION OFFICER AND VICE PRESIDENT OF INFORMATION TECHNOLOGY FOR NEW ENGLAND BAPTIST HOSPITAL AND ALSO PROVIDED ADMINISTRATIVE SERVICES FOR NEW ENGLAND BAPTIST MEDICAL ASSOCIATES AS REQUIRED BY FORM 990, ALTHOUGH MS MULKERRIN WAS PAID DIRECTLY BY NEW ENGLAND BAPTIST HOSPITAL, THE PORTION OF MS MULKERRIN'S COMPENSATION ATTRIBUTABLE TO EACH SET OF RESPONSIBILITIES HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY NEBH BASE COMPENSATION 109,960 INCENTIVE COMPENSATION 40,049 OTHER REPORTABLE COMPENSATION 243,066 DEFERRED COMPENSATION 44,876 NON-TAXABLE BENEFITS 5,715 PAYMENTS REPORTED BY NEBMA BASE COMPENSATION 3,401 INCENTIVE COMPENSATION 1,239 OTHER REPORTABLE COMPENSATION 7,518 DEFERRED COMPENSATION 1,388 NON-TAXABLE BENEFITS 177 OTHER REPORTABLE COMPENSATION FOR MS MULKERRIN INCLUDES $250,000 OF SEVERANCE

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
BASILICO MD FACC 1FREDERICK C TRUSTEE (EX-OFF)/CHAIR OF MED	(i)	124,416	24,938	0	0	12,427	161,781	0
	(ii)	124,416	-	-	-	-	-	0
			24,938	0	0	12,427	161,781	
1HANNON FACHE PATRICIA PRESIDENT/CEO/TRUSTEE (EX-OFF)	(i)	688,300	229,502	239,504	0	26,325	1,183,631	0
	(ii)	21,288	-	-	-	-	-	0
			7,098	7,407	0	814	36,607	
2MATTINGLY MD DAVID TTEE(EXOFF)/SURG CHF/ORTHO CHR	(i)	150,760	34,125	0	0	286	185,171	0
	(ii)	150,760	-	-	-	-	-	0
			34,125	0	0	286	185,171	
SMITH RN MS MARY 3SULLIVAN TEE (EX-O), SVP, COO, CNO	(i)	335,046	79,223	4,902	11,399	3,843	434,413	0
	(ii)	10,362	-	-	-	-	-	0
			2,450	152	353	119	13,436	
4TROMANHAUSER MD SCOTT TRUSTEE/CHIEF MED QUAL OFFICER	(i)	96,002	21,840	369	0	21	118,232	0
	(ii)	96,002	-	-	-	-	-	0
			21,840	369	0	21	118,232	
5 GHERINGHELLI MSF THOMAS J SVP OF FINANCE & CFO	(i)	290,847	68,409	5,378	28,102	19,349	412,085	0
	(ii)	8,995	-	-	-	-	-	0
			2,116	166	869	598	12,744	
6GREENSPAN ELIZABETH SVP, CHIEF STRATEGY OFFICER	(i)	257,781	60,686	3,894	11,385	27,726	361,472	0
	(ii)	7,973	-	-	-	-	-	0
			1,877	120	352	857	11,179	
7PASSAFARO DAVID SVP, EXTERNAL AFFAIRS	(i)	230,444	55,965	1,473	3,075	26,468	317,425	0
	(ii)	0	-	-	-	-	-	0
			0	0	0	0	0	
8THOMPSON LINDA E SVP, HR & SERVICE EXCELLENCE	(i)	250,514	60,024	1,974	36,919	18,967	368,398	0
	(ii)	7,748	-	-	-	-	-	0
			1,856	61	1,142	587	11,394	
9HAYEK MD JIHAD PATHOLOGY CHAIR, NEBH	(i)	151,966	2,000	685	25,012	14,657	194,320	0
	(ii)	151,966	-	-	-	-	-	0
			2,000	685	25,012	14,657	194,320	
10SCHNEIDER GARY CHIEF OF RESEARCH	(i)	232,663	55,169	0	9,202	25,107	322,141	0
	(ii)	7,196	-	-	-	-	-	0
			1,706	0	285	776	9,963	
11HERMAN K MORGAN VP OF PHILANTHROPY	(i)	211,623	51,188	210	11,280	32,248	306,549	0
	(ii)	0	-	-	-	-	-	0
			0	0	0	0	0	
12CALLAHAN ANN E OR NURSE	(i)	200,805	0	855	53,540	12,024	267,224	0
	(ii)	0	-	-	-	-	-	0
			0	0	0	0	0	
13RICHMOND MD JOHN C MED DIR, NETWORK DEVELOPMENT	(i)	81,888	18,673	0	0	193	100,754	0
	(ii)	81,888	-	-	-	-	-	0
			18,673	0	0	193	100,754	
MULKERRIN MS RN 14MAUREEN FORMER VP, TECHNOLOGY & CIO	(i)	109,960	40,049	243,066	44,876	5,715	443,666	0
	(ii)	3,401	-	-	-	-	-	0
			1,239	7,518	1,388	177	13,723	

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
B	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
C	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		07-11-2012	49,910,000	REFUND ISSUE DATED 2/11/1998		X		X		X
D	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		09-15-2011	120,280,000	REFUND ISSUE DATED 2/11/1998		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,980,000	14,295,000		63,350,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	257,618,370	203,702,204	49,910,000	120,280,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	222,053,917	97,328,921		
7	Issuance costs from proceeds	2,515,889	2,348,479	368,094	290,672
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	19,006,493			
11	Other spent proceeds	14,042,071	104,024,804	49,541,906	119,989,328
12	Other unspent proceeds				
13	Year of substantial completion	2016			

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

Part III Private Business Use

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

Part III **Private Business Use** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		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 %		0 500 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 300 %					
6	Total of lines 4 and 5	0 %		0 800 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV **Arbitrage**

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	CAREGROUP, INC , (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THAT SERVES AS A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL - MILTON, BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL AND THESE ENTITIES' PHYSICIAN GROUPS AND OTHER AFFILIATED ENTITIES CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BORROW DEBT AS AN OBLIGATED GROUP THE OBLIGATED GROUP MEMBERS ARE CAREGROUP, BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS - NEEDHAM (BID-NEEDHAM), MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - MILTON AND BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH THE INFORMATION REPORTED ON SCHEDULE K FOR BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMBER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF $100,000

Return Reference	Explanation
SCHEDULE K PART 1F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE	PURPOSES OF CAREGROUP SERIES I BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES B BONDS, A PORTION OF THE CAREGROUP SERIES D BO NDS AND ALL OF THE CAREGROUP SERIES E-1 BONDS CREATING AN IRREVOCABLE REFUNDING TRUST DATE D MAY 12, 2016 - TO FINANCE AND REFINANCE THE ACQUISITION AND IMPLEMENTATION OF AN INTEGR ATED INFORMATION TECHNOLOGY PLATFORM FOR MOUNT AUBURN HOSPITAL - TO FINANCE AND REFINANCE THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND THE CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO MISCELLANEOUS OBLIGATED GROUP FACILITIES SCHEDULE K (1 OF 2), PART 1, LINE B, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES H B ONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MILTON SERIES D BONDS, THE PLYMOUTH SERIES D BONDS, THE PLYMOUTH SERIES E BONDS, AND A PORTION O F THE CAREGROUP SERIES E BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 2, 2015 SCHEDULE K (1 OF 2), PART 1, LINE C, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PUR POSE PURPOSES OF CAREGROUP SERIES G BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTA NDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDI NG TRUST DATED JULY 1,2012 SCHEDULE K (1 OF 2), PART 1, LINE D, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCAB LE REFUNDING TRUST DATED SEPTEMBER 1, 2011 SCHEDULE K (2 OF 2), PART 1, LINE A, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES E BONDS - TO FINANCE OR REFINANCE VARIOUS RENOVATION AND CONSTRUCTION PROJECTS AND CAPITAL EQUIPMENT ACQUISITI ONS FOR THE MEDICAL CENTER - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR MAH'S NEW AND EXPANDED FACILITIES WITH APPROXIM ATELY 250,000 SQUARE FEET OF NEW AND RENOVATED SPACE TO INCLUDE A NEW SIX-STORY ACUTE CAR E FACILITY TO SUPPORT ADDITIONAL CRITICAL CARE AND MEDICAL/SURGICAL BEDS, EXPANDED OPERATI NG ROOMS AND INTERVENTIONAL RADIOLOGY ROOMS AND A NEW PARKING GARAGE - TO FINANCE OR REFIN ANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR NEBH' S MASTER FACILITY PLAN, INCLUDING A NEW ATRIUM OF APPROXIMATELY 2,740 SQUARE FEET, A PRE-O PERATIVE AND POST ANESTHESIA UNIT OF APPROXIMATELY 14, 310 SQUARE FEET, CONSTRUCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIMATELY 8,290 SQUARE FEET AND CONSTRUCTION OF NEW OPE RATING ROOMS OF APPROXIMATELY 18,615 SQUARE FEET, - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR BID-NEEDHAM'S NEW AND EX PANDED FACILITIES INCLUDING AN APPROXIMATELY 59,000 SQUARE FOOT PROJECT ON TWO FLOORS TO R ENOVATE AND EXPAND SERVICES IN THE EMERGENCY DEPARTMENT, INPATIENT UNITS, RADIOLOGY DEPART MENT AND ASSOCIATED SUPPORT SE

Return Reference	Explanation
SCHEDULE K PART 1F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE	RVICES, - TO REFINANCE $201,975,000 OF DEBT PREVIOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, INCLUDING $138,075,000 OF THE CAREGROUP SERIES C BONDS DESCRIBED BELOW PURPOSES OF CAREGROUP SERIES D BONDS - REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SER IES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004 PURPOSES OF CAR EGROUP SERIES C BONDS - REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE BETH ISRAEL HOSPITAL ASSOCIATION SERIES G BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004

Return Reference	Explanation
FORM 990, SCHEDULE K (1 OF 2) PART II, COLUMN A, LINE 3	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $6,493 OF INVESTMENT EARNINGS

Return Reference	Explanation
FORM 990, SCHEDULE K (1 OF 2) PART II, COLUMNS A, B & C, LINE 11	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
FORM 990, SCHEDULE K (1 OF 2) PART II, COLUMNS D, LINE 11	$8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
FORM 990, SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 2	THE AMOUNT OF BONDS LEGALLY DEFEASED THE 2015 ISSUE ADVANCE REFUNDED $100,675,000 OF THE 1998 AND 2008 ISSUES THESE BONDS WILL BE CALLED BY JULY 1, 2018, THE 2016 ISSUE ADVANCED REFUNDED $143,845,000 OF THE E-1 ISSUE THOSE BONDS WILL BE CALLED BY JULY 1, 2018

Return Reference	Explanation
FORM 990, SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 3	THE TOTAL PROCEEDS OF THE ISSUE EXCEED THE ISSUE PRICE DUE TO THE INVESTMENT EARNINGS ON THE PROJECT FUND

Return Reference	Explanation
FORM 990, SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 11	THE OTHER SPENT PROCEEDS ARE THE PROCEEDS USED TO REFUND PRIOR ISSUE(S) THE AMOUNTS ARE NOT LISTED ON LINE 6 BECAUSE THEY ARE NO LONGER IN ESCROW

Return Reference	Explanation
FORM 990, SCHEDULE K (1 OF 2) PART III, COLUMNS C AND D	BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART III AS BOTH ISSUES WERE REFUNDINGS OF BONDS ISSUED PRIOR TO DECEMBER 31, 2002

Return Reference	Explanation
FORM 990, SCHEDULE K (2 OF 2) PART IV, COLUMN A, LINE 2C	AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2012

Return Reference	Explanation
FORM 990, SCHEDULE K PART III QUESTIONS 2 AND 3	FACILITIES FINANCED WITH TAX-EXEMPT BONDS ARE PRIMARILY OCCUPIED BY CAREGROUP AND ITS AFFILIATED TAX-EXEMPT ENTITIES, INCLUDING BUT NOT LIMITED TO THE MEDICAL CENTER, BID-NEEDHAM, BID-PLYMOUTH, BID-MILTON, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, NEBH, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, MAH, MAPS AND APG SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (I E CLEANING, PATIENT TRANSPORT, AND FOOD SERVICES) OR ENGAGE IN RESEARCH PURSUANT TO RESEARCH AGREEMENTS WITHIN TAX EXEMPT DEBT FINANCED SPACE ANY SUCH AGREEMENTS IN PLACE AS OF SEPTEMBER 30, 2017 WERE REVIEWED TO ENSURE PROPER ACCOUNTING OF ANY PRIVATE USE GENERATED FROM SUCH ACTIVITIES IN ADDITION, SUCH AGREEMENTS ARE GENERALLY REVIEWED BY INSIDE COUNSEL PRIOR TO FINALIZING

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS HEALTH AND ED FACILITIES AUTH	04-2456011	57586C3S2	06-09-2008	377,527,010	SEE PART VI	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	117,220,000			
2	Amount of bonds legally defeased	244,520,000			
3	Total proceeds of issue	378,911,689			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,929,290			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	134,556,855			
11	Other spent proceeds	213,068,927			
12	Other unspent proceeds				
13	Year of substantial completion	2011			

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

Part III Private Business Use

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

Part III **Private Business Use** (Continued)

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

Part IV **Arbitrage**

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

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

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

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**

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

Return Reference	Explanation
PART IV, DR ROBERT H BODE	DR ROBERT H BODE SERVED AS THE PRESIDENT OF THE NEW ENGLAND BAPTIST HOSPITAL MEDICAL STAFF AND AS AN EX-OFFICIO TRUSTEE THROUGH MARCH 29, 2017 IN ADDITION, DR BODE SERVES AS THE CHAIR OF THE DEPARTMENT OF ANESTHESIA FOR NEW ENGLAND BAPTIST HOSPITAL DR BODE IS ALSO A DIRECTOR OF ANAESTHESIA ASSOCIATES OF MASSACHUSETTS, P C (AAM) DURING THE PERIOD COVERED BY THIS FILING, NEW ENGLAND BAPTIST HOSPITAL PAID $759,502 TO AAM FOR THE PROVISION OF SERVICES INCLUDING STAFFING FULL COVERAGE OF THE ANESTHESIA DEPARTMENT, INCLUDING SERVICES OF THE CHAIR OF THE ANESTHESIA DEPARTMENT THE HOSPITAL ALSO RECEIVED $5,200 FROM AAM AS MEDICAL STAFF DUES SEE FORM 990 SCHEDULE J FOR ADDITIONAL INFORMATION NEW ENGLAND BAPTIST HOSPITAL (NEBH) MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, NEBH MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED $10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE NEBH CONFLICT OF INTEREST POLICY

Additional Data

Software ID:
Software Version:
EIN: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DR ROBERT H BODE	BUSINESS TRANSACTION	759,502	SEE SUPPLIMENTAL INFORMATION		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,374,849	ANESTHESIA SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	564,744	MARKETING AND PROMOTIONS		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,240,559	FACILITY MANAGEMENT & SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	7,648,153	MEDICAL/SURGICAL SUPPLIES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	645,202	MEDICAL/SURGICAL SUPPLIES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,224,474	MEDICAL/SURGICAL SUPPLIES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	356,353	PENSION SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	682,364	LEGAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,367,391	EMPLOYEE HEALTHCARE INSURANCE		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	359,832	SNOW REMOVAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	950,957	WEBSITE/ADVERTISING		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,296,454	MEDICAL/SURGICAL SUPPLIES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,317,974	CAFETERIA/SUPPORT SERVICES MANAGEMENT		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	152,278	ARCHITECTURAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	18,434,360	MEDICAL/SURGICAL SUPPLIES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	427,541	TELECOM SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	482,719	SHUTTLE SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	373,794	OFFICE SUPPLIES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,374,849	CONSTRUCTION		No

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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	13	76,984	STOCK MARKET QUOTE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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 |

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	NEW ENGLAND BAPTIST HOSPITAL REPORTS THE NUMBER OF EACH SEPARATE GIFT AS AN ITEM FOR PURPOSES OF REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I & III	ORGANIZATION'S MISSION HTTP //WWW NEBH ORG/ABOUT-NEBH/MISSION/ NEW ENGLAND BAPTIST HOSPITAL WILL TRANSFORM PATIENTS' LIVES BY PROMOTING WELLNESS, RESTORING FUNCTION, LESSENING DISABILITY, ALLEVIATING PAIN, AND ADVANCING KNOWLEDGE IN MUSCULOSKELETAL DISEASES AND RELATED DISORDERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4A-D	EXEMPT PURPOSE ACHIEVEMENTS NEW ENGLAND BAPTIST HOSPITAL'S (NEBH OR HOSPITAL) PRIMARY PURP OSE IS THE OPERATION AND MAINTENANCE OF AN ACUTE CARE, ORTHOPEDIC SPECIALTY HOSPITAL AND P ROVISION OF ALL SERVICES RELATED THERETO FOR THE BENEFIT OF PATIENTS PATIENT CARE AND COM FORT IS THE HOSPITAL'S HIGHEST MISSION THE HOSPITAL OPERATES AS AN ADULT MEDICAL / SURGIC AL HOSPITAL WITH A NATIONAL REPUTATION IN ORTHOPEDIC CARE PATIENTS ARE OFFERED A FULL RAN GE OF SERVICES IN ORTHOPEDICS AND RHEUMATOLOGY, JOINT REPLACEMENT, SPINE CARE, FOOT AND AN KLE CARE, HAND SURGERY, OCCUPATIONAL MEDICINE AND SPORTS MEDICINE THE HOSPITAL PROVIDES H IGH QUALITY CLINICAL SERVICES DIVIDED INTO CARE CENTERS ORTHOPEDIC, MEDICAL, SURGICAL, DI AGNOSTICS AND SUPPORT SERVICES, REHABILITATION SERVICES AND PATIENT CARE THROUGH THESE CA RE CENTERS, NEBH PATIENTS RECEIVE NOT ONLY THE FINEST ORTHOPEDIC SERVICES, BUT ALSO DIAGNO STIC, SURGICAL, MEDICAL AND REHABILITATIVE TREATMENT THAT'S BEYOND COMPARE NEW ENGLAND BA PTIST HOSPITAL STRIVES TO PROVIDE THE MOST ADVANCED METHODS OF HEALTH CARE COMBINED WITH C OMPASSIONATE, HIGHLY SKILLED AND WELL TRAINED PROVIDERS OF CARE NEBH NURSES AND HEALTH CA RE PROFESSIONALS PROVIDE A COMPREHENSIVE ARRAY OF PROGRAMS AND SERVICES THAT ARE FOCUSED O N PATIENTS AND MEETING THE NEBH COMMUNITY'S HEALTH CARE NEEDS CARE TO ALL PATIENTS NEBH I S A FRONTLINE CAREGIVER PROVIDING MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF AB ILITY TO PAY ALTHOUGH NEBH IS NOT LICENSED TO OPERATE AN EMERGENCY DEPARTMENT, THE HOSPIT AL OFFERS CARE FOR ALL PATIENTS THAT COME TO THE FACILITY FOR URGENT, WALK-IN CARE 24 HOUR S A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR NEBH ASSISTS PATIENTS IN OBTAINING FINANC IAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE (SEE SCHEDULE H FOR ADDITIONAL DETAIL) I MEDICARE MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANC E PROGRAM FOR ELDERLY OR DISABLED PATIENTS AND NEBH PROVIDES CARE TO PATIENTS WHO PARTICIP ATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, 35 36% OR 42 ,303 OF NEBH'S PATIENT VISITS WERE WITH MEDICARE PATIENTS THIS TRANSLATED TO $68,479,716 IN NET PATIENT SERVICE REVENUE, HOWEVER, BECAUSE PAYMENTS TO HOSPITALS THROUGH THIS GOVERN MENT SPONSORED PROGRAM HAVE NOT KEPT PACE WITH INFLATION, REVENUE COLLECTED WAS LESS THAN THE COST OF SERVICES BY $18,364,830 ALTHOUGH NEBH CONSIDERS THE PROVISION OF CLINICAL CAR E TO MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, AS REQUIRED BY THE IRS REPORTING REQUIREMENTS, THE MAJORITY OF THIS SHORTFALL HAS NOT BEEN INCLUDED IN NEBH'S COMMUNITY BEN EFIT CALCULATION ON PAGE 1 OF THE SCHEDULE H RATHER IT HAS BEEN SEPARATELY REPORTED IN SC HEDULE H PART III AS REQUIRED IF NEBH HAD INCLUDED THE FULL MEDICARE SHORTFALL IN THE CHA RITY CARE AND COMMUNITY BENEFIT CALCULATION, THE PERCENTAGE ON SCHEDULE H PART I LINE 7K W OULD HAVE INCREASED FROM 4 70% TO 12 23% (SEE NARRATIVE SUPPORT TO SCHEDULE H FOR ADDITIO NAL INFORMATION) II INPATIEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4A-D	T CARE NEW ENGLAND BAPTIST HOSPITAL CARES FOR ITS PATIENTS IN ITS 118 LICENSED BEDS DURI NG FISCAL YEAR 2017, NEBH ADMITTED 8,331 PATIENTS, INCLUDING 8,265 SURGICAL ADMISSIONS AN D 66 MEDICAL ADMISSIONS, TOTAL DISCHARGES WERE 8,365 PATIENTS, AND TOTAL PATIENT DAYS WERE 22,149 NET INPATIENT REVENUE, NOT INCLUDED IN PART I, FOR FISCAL YEAR 2017 WAS $110,807, 773 III COMMUNITY WALK-IN CLINIC/ AMBULATORY / EMERGENT CARE ALTHOUGH NEBH IS NOT LICEN SED TO OPERATE AN EMERGENCY DEPARTMENT, NEBH STILL PROVIDES CARE TO ALL WHO NEED URGENT CA RE, REGARDLESS OF THEIR ABILITY TO PAY ALL PATIENTS WHO PRESENT AT NEBH ARE TRIAGED TO TH E APPROPRIATE VENUE FOR THEIR CARE DEPENDING UPON THEIR CLINICAL PRESENTATION A PHYSICIAN AND NURSE CLINICAL TEAM COLLABORATES TO IDENTIFY VENUE PRIOR TO THE ARRIVAL OF PATIENT WH EN POSSIBLE THE PHYSICIAN WILL MAKE A DETERMINATION AS TO THE BEST PATIENT DISPOSITION C LINICAL SITUATIONS RECEIVED BY PHONE OR WALK-IN REQUIRING EMERGENCY MANAGEMENT ARE DIRECTE D TO THE NEAREST EMERGENCY DEPARTMENT, SUCH AS BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), A RELATED AFFILIATE WITH WHOM NEBH HAS AN EMERGENCY TRANSFER AGREEMENT BIDMC IS AN ACA DEMIC MEDICAL CENTER WHICH OPERATES A LEVEL 1 TRAUMA EMERGENCY DEPARTMENT 24 HOURS A DAY, 7 DAYS A WEEK AND WHICH IS LOCATED APPROXIMATELY 1 MILE FROM NEBH ALL PATIENTS WHO COME T O NEBH, AND WHO CAN BE ADEQUATELY TREATED AT NEBH, ARE TREATED AND NOT TRANSFERRED, REGARD LESS OF THE PATIENT'S ABILITY TO PAY FOR CARE OUTPATIENT STATISTICS AND FINANCIAL RESULTS NEBH'S OUTPATIENT CLINICS AND OTHER DEPARTMENTS HAD OVER 118,000 PATIENT VISITS DURING F ISCAL YEAR 2017 THIS INCLUDES VISITS TO NEBH'S OCCUPATIONAL MEDICINE, SPINE CLINIC, PAIN CLINIC, AMBULATORY, RADIOLOGY, LAB, PHYSICAL THERAPY AND OTHER ANCILLARY DEPARTMENTS NET OUTPATIENT REVENUE, NOT INCLUDED IN PART I, FOR FISCAL YEAR 2017 WAS $44,857,213 IV COMM UNITY HEALTHCARE & EDUCATION AND OTHER PROGRAM SERVICES IN ADDITION TO PROVIDING MEDICAL C ARE, NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HOSPITAL) IS ALSO COMMITTED TO THE MAINTENANCE AND SUPPORT OF EDUCATIONAL ACTIVITIES AND THE PROMOTION OF HEALTH AND HEALTHCARE WITHIN TH E COMMUNITIES SERVED BY NEBH, AND BEYOND, AND TO THE QUALITY OF LIFE OF THOSE INDIVIDUALS TO THIS END, NEBH ENGAGES IN MANY COMMUNITY BENEFIT ACTIVITIES AVAILABLE TO THE COMMUNITY AT LARGE, BUT ESPECIALLY FOCUSED ON THE NEIGHBORING AREA OF MISSION HILL, BOSTON, WHICH I S AN UNDERSERVED AREA COMMUNITY BENEFITS MISSION STATEMENT APPROVED BY NEBH BOARD OF TRUS TEES, OCTOBER 2009 "NEW ENGLAND BAPTIST HOSPITAL IS COMMITTED TO COLLABORATING WITH COMMUN ITY PARTNERS AND RESIDENTS ACROSS BOSTON TO IDENTIFY AREAS OF SPECIAL NEED IN MUSCULOSKELE TAL DISEASE AND COLLABORATE ON PROGRAMS TO ADDRESS THESE NEEDS, WITH SPECIAL FOCUS ON UNDE RSERVED POPULATIONS THROUGH OUTREACH, EDUCATION AND PROVISION OF SERVICES TO ADDRESS MUSCU LOSKELETAL HEALTH " A SUMMARY OF THE HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSM ENT (CHNA) AND ACCOMPLISHMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4A-D	RELATED TO THE CHNA AND IMPLEMENTATION STRATEGY ARE INCLUDED IN DETAIL IN THE NOTES TO SC HEDULE H A BRIEF LIST OF THE PROGRAM AND ACCOMPLISHMENTS DURING THE FISCAL YEAR ENDED SEP TEMBER 30, 2017 IS BELOW - MUSCULOSKELETAL HEALTH ARTHRITIS, LUPUS, AND OSTEOPOROSIS PRO GRAMS - OBESITY AND HUNGER PROGRAMS - VIOLENCE PREVENTION - COMMUNITY WORKFORCE DEVELOPMEN T & JOB TRAINING - TRANSPORTATION FOR THE ELDERLY AND COMMUNITY - MISSION HILL / ROXBURY C LEAN NEIGHBORHOOD INITIATIVES FOR ADDITIONAL INFORMATION ON COMMUNITY BENEFITS PROVIDED SE E FORM 990 SCHEDULE H AND THE COMMUNITY BENEFITS REPORT WHICH WAS FILED WITH THE MASSACHUS ETTS ATTORNEY GENERAL'S OFFICE RESEARCH NEW ENGLAND BAPTIST HOSPITAL HAS CONDUCTED AND SU PPORTED RESEARCH ACTIVITIES TO IMPROVE ITS METHODS AND ABILITIES TO CARE FOR PATIENTS NEB H'S RESEARCH PROGRAM IS PRIMARILY SELF-FUNDED AND DURING THE PERIOD COVERED BY THIS FILING , NEBH'S RESEARCH ACTIVITIES TOTALED $1,650,381 OF THIS AMOUNT THE HOSPITAL RECEIVED $130 ,922 IN RESEARCH REVENUE AND THE REMAINING $1,519,459 WAS FUNDED FROM NEBH INTERNAL SOURCE S SEE SCHEDULE H AND RELATED NOTES FOR FURTHER EXPLANATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, QUESTION 12A&B	STATEMENT REGARDING AUDITED FINANCIAL STATEMENTS EXPLANATION OF CONSOLIDATED AUDIT THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF NEW ENGLAND BAPTIST HOSPITAL AND AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2017 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES FOR WHICH NEBH SERVES AS THE SOLE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, QUESTION 24A	STATEMENT REGARDING TAX EXEMPT BOND ISSUE AS DESCRIBED IN THIS FORM 990, CAREGROUP, INC , IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, IS A SUPPORT ORGANIZATION OF AND SOLE MEMBER OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) NEBH IS A MEMBER OF THE CAREGROUP OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING IS ISSUED THROUGH CAREGROUP THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE CAREGROUP OBLIGATED GROUP OUTSTANDING DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002 ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON THE BALANCE SHEET OF NEBH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV QUESTION 24B	STATEMENT REGARDING TAX EXEMPT BOND ISSUE 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	GIFTS OF QUALIFIED INTELLECTUAL PROPERTY NEW ENGLAND BAPTIST HOSPITAL DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY OR VEHICLES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 AND, AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 7H	NEW ENGLAND BAPTIST HOSPITAL DID NOT RECEIVE AND 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 VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS AS NOTED ABOVE AND AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, CAREGROUP IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVES AS THE SOLE MEMBER OF THE NEBH AND NEBH SERVES AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) CAREGROUP ALSO SERVES AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER AND MOUNT AUBURN HOSPITAL (MAH) IN TURN, BIDMC IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC (BID-PLYMOUTH) AND JORDAN HEALTH SYSTEMS, INC (JHSI), BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BIDN), MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON) AND THE MILTON HOSPITAL FOUNDATION IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER AND ITS AFFILIATES ACCOMPLISH THEIR CHARITABLE PURPOSES MAH SERVES AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPICE, INC EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS STATEMENT FORM 990, PART VI SECTION A, LINE 7A & B GOVERNING BODY ELECTIONS & DECISIONS CAREGROUP, INC IS THE SOLE MEMBER OF NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HOSPITAL) ACCORDING TO NEBH BYLAWS, CAREGROUP APPROVES BUT DOES NOT ELECT MEMBERS OF THE GOVERNING BODY THE MEMBER, ACCORDING TO NEBH'S BYLAWS, HAS THE FOLLOWING RIGHTS - TO APPROVE THE PRESIDENT WHO SHALL BE NEBH'S REPRESENTATIVE IN THE MANAGEMENT OF THE HOSPITAL, - THE POWER AND AUTHORITY TO APPROVE ANNUAL OPERATING AND CAPITAL BUDGETS FOR THE HOSPITAL, - TO APPROVE UNBUDGETED CAPITAL EXPENDITURES IN EXCESS OF 5% OF THE MOST RECENT APPROVED ANNUAL CAPITAL BUDGET IN THE AGGREGATE, - TO APPROVE ANY UNBUDGETED CAPITAL COMMITMENT IN EXCESS OF $5 MILLION, - TO SELECT THE INDEPENDENT AUDITORS TO EXAMINE THE FINANCIAL ACCOUNTS OF THE HOSPITAL, - TO APPROVE THE OVERALL STRATEGIC AND FINANCIAL PLANS FOR THE HOSPITAL, WHICH SHALL BE CONSISTENT WITH THE STRATEGIC AND FINANCIAL PLANS AND PROGRAMS OF THE MEMBER, - TO APPROVE THE BORROWING OF, OR INCURRENCE OF DEBT, IN ANY AMOUNT, OTHER THAN (A) FOR PURPOSES OF SECURING WORKING CAPITAL FROM A LENDER WHICH SHALL HAVE BEEN APPROVED BY THE PARENT AND PURSUANT TO THEN-EXISTING LOAN DOCUMENTATION CONTAINING THE TERMS AND PROVISIONS RELATING TO SUCH BORROWING WHICH SHALL HAVE BEEN APPROVED BY THE PARENT AND (B) DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS WHICH IS ANTICIPATED IN AND CONSISTENT WITH THE ANNUAL OPERATING BUDGET OR A CAPITAL BUDGET WHICH SHALL HAVE BEEN APPROVED BY THE PARENT FOR THE YEAR IN WHICH INCURRED, AND, - TO APPROVE ANY VOLUNTARY DISSOLUTION, MERGER OR CONSOLIDATION OF THE HOSPITAL, OR THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE HOSPITAL'S ASSETS, OR THE CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIARY OR AFFILIATED CORPORATION, OR THE ENTERING INTO OF ANY JOINT VENTURE OR OTHER PARTNERSHIP ARRANGEMENT BY THE HOSPITAL THE MEMBER ALSO HAS THE POWER AND AUTHORITY TO INITIATE AND TO TAKE ON BEHALF OF THE HOSPITAL ANY OF THE FOREGOING ACTIONS DESCRIBED ABOVE, THE EXCLUSIVE POWER AND AUTHORITY TO INITIATE ANY BANKRUPTCY OR INSOLVENCY ACTION ON BEHALF OF THE HOSPITAL AND OTHER POWERS AND RIGHTS AS VESTED BY LAW

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS OF FORM 990 REVIEW BY THE GOVERNING BODY PRIOR TO FILING THE FORM 990, RELATED SCHEDULES AND REQUIRED DISCLOSURES (RETURN), THE RETURN IS REVIEWED BY THE HOSPITAL'S CHIEF FINANCIAL OFFICER, THE TAX DIRECTOR OF CAREGROUP, WHICH AS PREVIOUSLY NOTED IS THE MEMBER OF THE HOSPITAL AND THE RETURN IS REVIEWED AND SIGNED BY DELOITTE TAX, LLP THE COMPLETE FORM 990 IS PRESENTED TO THE AUDIT, INTEGRITY AND ORGANIZATIONAL ETHICS (AIOE) COMMITTEE FOR REVIEW AND DISCUSSION A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE HOSPITAL'S BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST POLICY MONITORING & COMPLIANCE NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HOSPITAL) HAS A COMPREHENSIVE DISCLOSURE OF MATERIAL INTERESTS / CONFLICTS OF INTEREST POLICY APPLICABLE TO BOTH NEBH AND ITS AFFILIATE, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AS NOTED IN THIS FILING, NEBH IS THE SOLE MEMBER OF NEBMA PURSUANT TO THE POLICY, ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES OF BOTH ENTITIES ARE ASKED TO COMPLETE AN ANNUAL CONFLICT DISCLOSURE, WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIP MAINTAINED BY OFFICERS, TRUSTEES, OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS, WHICH MAY RESULT IN A CONFLICT OF INTEREST IN ADDITION, ANY INDIVIDUAL WHO COMMENCES A TERM AS AN OFFICER, TRUSTEE, OR KEY EMPLOYEE IS REQUIRED TO COMPLETE THE ANNUAL CONFLICT DISCLOSURE AT THE TIME SUCH POSITION COMMENCES ALL ANNUAL DISCLOSURES ARE REVIEWED BY THE NEBH CHIEF COMPLIANCE & PRIVACY OFFICER FOR DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT ANY ACTIVITY THAT REQUIRES ACTION UNDER THE DISCLOSURE OF MATERIAL INTEREST POLICY IS SUBJECT TO ONGOING REVIEW AND ACTION THROUGH THE NEBH COMPLIANCE OFFICE PURSUANT TO THE DISCLOSURE OF MATERIAL 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 THE HOSPITAL CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS DISCLOSURE OF MATERIAL INTEREST POLICY THROUGH ITS AUDIT, INTEGRITY AND ORGANIZATIONAL ETHICS COMMITTEE (AIOE), A SUBCOMMITTEE OF THE BOARD OF TRUSTEES, AUTHORIZED BY THE HOSPITAL'S BY-LAWS AND COMPRISED BY INDEPENDENT TRUSTEES THE COMMITTEE'S PURPOSE IS, AMONG OTHER THINGS, TO OVERSEE THE DESIGN AND IMPLEMENTATION OF THE HOSPITAL'S COMPLIANCE PROGRAM AND THE STEPS BEING TAKEN TO ENSURE AN EFFECTIVE COMPLIANCE PROGRAM IS IN PLACE, TO ENSURE THAT THERE IS ONGOING COMPLIANCE WITH RELEVANT LAWS AND REGULATIONS AND TO ENSURE THAT PROCESSES AND PROGRAMS PURSUE THE HIGHEST ETHICAL STANDARDS IN THE CONDUCT OF THE HOSPITAL'S MISSION ADDITIONALLY, AS NOTED THROUGHOUT THESE NARRATIVE DISCLOSURES, CAREGROUP, INC (CAREGROUP) IS THE SOLE MEMBER OF NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HOSPITAL) IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE CAREGROUP TAX DEPARTMENT ISSUES A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE HOSPITAL BOARD OF TRUSTEES AS WELL AS CURRENT AND FORMER NEBH OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR THE HOSPITAL TO COMPLETELY AND ACCURATELY PROCESS AND COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS TO DETERMINE CEO, OFFICER, AND KEY EMPLOYEE COMPENSATION NEW ENGLAND BAPTIST HOSPITAL HAS AN EXECUTIVE COMMITTEE THAT ALSO FUNCTIONS AS THE HOSPITAL'S COMPENSATION COMMITTEE THAT IS COMPOSED OF MEMBERS OF THE BOARD OF TRUSTEES ALL MEMBERS ARE INDEPENDENT THE EXECUTIVE COMMITTEE RETAINS A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO PROVIDE AN INDEPENDENT ASSESSMENT OF MARKET DYNAMICS, PROGRAM COMPONENTS AND PROCESS, FAIR MARKET VALUE OF EXECUTIVE POSITIONS, COMPENSATION POLICY AND PRACTICES AND ADVISING THE COMMITTEE AS TO REASONABLENESS OF EXECUTIVE COMPENSATION THE EXECUTIVE COMPENSATION GOVERNANCE DUTIES INCLUDE - ANNUAL REVIEW OF PROGRAM, GOALS AND METRICS - AN ANNUAL CALENDAR WITH MEETINGS, OBJECTIVES AND KEY DECISION POINTS IS SCHEDULED - ACTIVITIES SUCH AS IRS FORM 990 REVIEW, COMMITTEE UPDATES ON MARKET TRENDS, PERFORMANCE ASSESSMENT OF CEO AND REASONABLENESS OF CEO COMPENSATION IS PUBLISHED - A REVIEW OF PERFORMANCE RESULTS IN THE VARIABLE COMPENSATION PROGRAM WITH VALIDATION BY CHAIRMAN OF AUDIT COMMITTEE IS PERFORMED - A WELL-DEFINED PROCESS FOR SETTING SALARY, DETERMINING VARIABLE COMPENSATION DECISIONS AND THE PERFORMANCE OF THE CEO IS CONDUCTED - BOARD BRIEFINGS AND COMMITTEE MEMBER EDUCATION ON EXECUTIVE COMPENSATION IS PERFORMED BY THE BOARD CHAIR - THE NEBH CEO PARTICIPATED IN DISCUSSION ON PERFORMANCE AND IN DISCUSSION REGARDING MARKET CONTEXT FOR COMPENSATION, BUT DOES NOT PARTICIPATE IN SETTING CEO COMPENSATION IN ANY MANNER, SHAPE OR FORM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MINIMUM ADDITIONAL PENSION LIABILITY 5,925,825 NET ASSET TRANSFER FROM RELATED ENTITIES -4,741,610 PARTNERSHIP INCOME (GBMC MC) -52,622

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, QUESTION 2B AND 2C	FINANCIAL STATEMENTS AND COMMITTEE OVERSIGHT AS PREVIOUSLY REPORTED IN THIS FILING, NEW ENGLAND BAPTIST HOSPITAL (NEBH OR HOSPITAL) IS A PUBLIC CHARITY, EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THE FINANCIAL RECORDS OF NEBH ARE AUDITED EACH YEAR AS PART OF THE NEBH CONSOLIDATED AUDITED FINANCIAL STATEMENT PROCESS AS PREVIOUSLY NOTED, FOR THE FISCAL PERIOD COVERED BY THIS FILING THE AUDIT WAS PREPARED AND SIGNED BY THE BOSTON, MA OFFICE OF KPMG THIS PROCESS IS MONITORED AND REVIEWED INTERNALLY BY THE NEBH AUDIT, INTEGRITY AND ORGANIZATIONAL ETHICS (AIOE) COMMITTEE

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NEW ENGLAND BAPTIST HOSPITAL

Employer identification number
04-2103612

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
(1) 812 HUNTINGTON AVENUE LLC 125 PARKER HILL AVE BOSTON, MA 02120 54-2195262	SUPPORT NEBH	MA	0	0	NEW ENGLAND BAPTIST HOSPITAL
(2) NEW ENGLAND BAPTIST CLINICAL INTEGRATION ORGANIZATION LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5597247	MEDICAL SERVICES	MA	882,000	318,000	NEW ENGLAND BAPTIST HOSPITAL

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(2) BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(3) BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(4) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
(5) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	811,351	39,974,861		No	-8,258		No	3 980 %
(6) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									
(7) NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5120176	TO PROVIDE ORTHOPEDIC MEDICAL SERVICES	MA	N/A									

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
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	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 04-2103612
Name: NEW ENGLAND BAPTIST HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(1) 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(1) 330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(2) 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
(3) 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(4) 330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(5) 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(6) 330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(7) 110 FRANCIS STREET BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(8) 148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(9) 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(10) 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 12A, I	N/A		No
(11) 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(12) 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(13) 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(14) 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(15) 185 PILGRIM ROAD BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(16) 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	OVERSEE FINCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	LINE 12C, III-FI	N/A		No
(17) 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 12A, I	N/A		No
(18) 330 BROOKLINE AVE RABB 2 BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(19) 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	LINE 10	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(21) 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(1) 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL		No
(2) 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(3) 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
(4) 25 SHATTUCK ST BOSTON, MA 02115 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 12A, I	N/A		No
(5) 375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 10	N/A		No
(6) 199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(7) 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
(8) 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(9) 275 SANDWICH ST PLYMOUTH, MA 02186 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(10) 275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 7	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(11) 275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 10	JORDAN HEALTH SYSTEMS INC		No
(12) 330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(13) 330 MT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL		No
(14) 930 W COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	LINE 7	N/A		No
(15) 330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(16) 185 PILGRIM ROAD BOST BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(17) 199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(18) 330 BROOKLINE AVE BOSTON, MA 02215 82-2526816	OPERATE A SPECIALTY PHARMACY	MA	501(C)(3)	LINE 12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(1) BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(2) BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(3) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
(4) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	811,351	39,974,861		No	-8,258		No	3 980 %
(5) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									
(6) NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5120176	TO PROVIDE ORTHOPEDIC MEDICAL SERVICES	MA	N/A									