



Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1Briefly describe the organization’s mission

FOUNDED BEFORE THE TURN OF THE 20TH CENTURY ON MANHATTAN'S LOWER EAST SIDE, BETH ISRAEL WAS ORIGINALLY DEDICATED TO SERVING VULNERABLE POPULATIONS IN THAT COMMUNITY MORE THAN A CENTURY LATER, BETH ISRAEL SERVES INDIVIDUALS AND FAMILIES FROM ALL WALKS OF LIFE THROUGH TWO TERTIARY CARE, INPATIENT FACILITIES, THE PETRIE DIVISION IN MANHATTAN AND THE KINGS HIGHWAY DIVISION IN BROOKLYN, AS WELL AS THROUGH A VAST NETWORK OF AMBULATORY SITES AND PHYSICIAN PRACTICE SETTINGS IN ADDITION TO THE TWO INPATIENT HOSPITAL SITES, BETH ISRAEL INCLUDES THE PHILLIPS AMBULATORY CARE CENTER (PACC) ON UNION SQUARE, A STATE-OF-THE-ART PRIMARY AND SPECIALTY CARE AMBULATORY CARE CENTER, BETH ISRAEL COMPREHENSIVE CANCER CENTER WHICH PROVIDES THE FULL SPECTRUM OF DIAGNOSTIC AND THERAPUTIC SERVICES, INCLUDING MEDICAL, SURGICAL, AND RADIATION ONCOLOGY, A DEDICATED BREAST CANCER CENTER, DIAGNOSTIC IMAGING, CANCER SUPPORTIVE SERVICES, AND A NATIONALLY RENOWNED CLINICAL RESEARCH PROGRAM, THE ROBERT MAPPLETHORPE RE

2Did 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

3Did 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

4Describe 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 and section 4947(a)(1) trusts 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 \$ 1,333,846,055 including grants of \$ ) (Revenue \$ 1,433,868,486 )
	PATIENT CARE BETH ISRAEL MEDICAL CENTER PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF THE MEDICAL CENTER, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES AND FURTHER, THAT OUR MISSION, IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION DURING 2011 BETH ISRAEL SERVICED 55,519 INPATIENTS AND PROVIDED 218,568 CLINIC VISITS AND 107,178 EMERGENCY ROOM VISITS BETH ISRAEL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AND THE UNINSURED AT BELOW COST TO THE EXTENT REIMBURSEMENT IS BELOW COST, OR A PATIENT IS UNABLE TO PAY, BETH ISRAEL RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE COMMUNITY IN 2011, THIS AMOUNTED TO OVER \$8,268,000 IN ADDITION, CHARITY CARE IS ALSO PROVIDED THROUGH MANY FREE SERVICES AND PROGRAMS OFFERED THROUGHOUT THE YEAR, WHICH BETH ISRAEL BELIEVES SERVE A BONA FIDE COMMUNITY HEALTH NEED IN ADDITION, THE HOSPITAL OPERATES TWO EMERGENCY ROOMS THAT ARE OPEN 24 HOURS, SEVEN DAYS A WEEK THE KARPAS HEALTH INFORMATION CENTER (KHIC) CONSISTING OF 6 HEALTHCARE PROFESSIONALS PROVIDES HEALTH SCREENINGS, HEALTH INFORMATION AND HEALTH EDUCATION TO THE COMMUNITY ITS REGULAR SERVICES INCLUDE FREE LECTURES, DISTRIBUTION OF FREE PUBLICATIONS, HEALTH SCREENINGS, PHYSICIANS REFERRALS, ETC BIMC IS THE PRIMARY HEALTHCARE PROVIDER FOR THE LOWER EAST SIDE OF NEW YORK CITY THE NEIGHBORHOOD IS THE POINT OF ENTRY FOR MANY NEW IMMIGRANTS TO THE UNITED STATES THE NEIGHBORHOOD IS ALSO AFFLICTED WITH SEVERE SUBSTANCE ABUSE PROBLEMS AND THE RELATED HEALTH CRISIS, AIDS IN RECOGNITION OF ITS RESPONSIBILITY TO THE COMMUNITY, BETH ISRAEL PROVIDES SERVICES IN VARIOUS LANGUAGES ENGLISH, HEBREW, CHINESE AND SPANISH
4b	(Code ) (Expenses \$ 457,509 including grants of \$ 457,509 ) (Revenue \$ )
	STUDENT FINANCIAL AID PROGRAM TO PROVIDE FINANCIAL AID TO QUALIFYING NURSES ATTENDING BETH ISRAEL NURSING SCHOOL
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 1,334,303,564

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	<b>Section 501(c)(3) organizations.</b> 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	
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, 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	No
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	Yes
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	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	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, XII, and XIII 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, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part 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 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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 to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a774
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a10,231
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).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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?	6aNo
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?	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
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?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
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 to any question 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	72		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	66
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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	LAWRENCE TIRELLA 555 WEST 57TH STREET 5TH FLOOR NEW YORK, NY 10019 (212) 523-4510

Check if Schedule O contains a response to any question in this Part VII . . . . .

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	31,286,872	2,276,823	1,275,985

**2** Total number of individuals (including but not limited to those listed \$100,000 of reportable compensation from the organization) 1,606

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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
SLR DIAGNOSTIC RADIOLOGY PC 10 EXCHANGE PLACE - 14TH FLOOR JERSEY CITY, NJ 07302	PHYSICIAN SERVICES	8,412,276
SIEMENS MEDICAL SOLUTIONS PO BOX 7777 W3580 PHILADELPHIA, PA 19175	IT SERVICES	5,273,828
QUEST DIAGNOSTICS 7402 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LAB SERVICES	4,984,432
BLACK BOX NETWORK SERVICES PO BOX 347224 PITTSBURGH, PA 152514224	COMM/NETWRK SERVICES	3,748,053
WINSTON STAFFING SERVICES LLC 122 EAST 42ND STREET NEW YORK, NY 10168	NURSING & TEMP SRVCS	3,008,146

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 ►5



Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	1,073,735				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,749,502				
	g	Noncash contributions included in lines 1a-1f \$ 128,777						
	h	Total. Add lines 1a-1f . . . . .		10,823,237				
Program Service Revenue			Business Code					
	2a	PATIENT CARE	621400	1,190,425,996	1,190,425,996			
	b	FACULTY PRACTICE	621300	192,935,957	192,935,957			
	c	PATHOLOGY/LAB	621300	29,890,077	19,240,374	10,649,703		
	d	TUITION FEES / NURSING SCHOOL	611600	2,016,110	2,016,110			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		1,415,268,140				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .						
				3,541,534			3,541,534	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties . . . . .			0			
	6a	(i) Real		(ii) Personal				
		19,494,292						
		b Less rental expenses						
		0						
	c	Rental income or (loss)						
	19,494,292							
	d	Net rental income or (loss) . . . . .			19,494,292			19,494,292
	7a	(i) Securities		(ii) Other				
		1,059,319						
		b Less cost or other basis and sales expenses						
		464,846						
	c	Gain or (loss)						
	594,473							
	d	Net gain or (loss) . . . . .			594,473			594,473
	8a	Gross income from fundraising events (not including \$ 1,073,735 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a	151,100					
	b	Less direct expenses . . . . .		b	275,380			
	c	Net income or (loss) from fundraising events . . .			-124,280			-124,280
	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 . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .		a					
	a							
b	Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	MANAGEMENT/ADMIN SERVICES	900099	13,112,887			13,112,887		
b	DRUG STUDIES & RESEARCH, NIH GRANTS	900099	6,660,779	6,660,779				
c	HEALTHFIRST REVENUE	900099	3,195,193	3,195,193				
d	All other revenue . . . . .		32,028,378	8,744,374			23,284,004	
e	Total. Add lines 11a-11d . . . . .			54,997,237				
12	Total revenue. See Instructions . . . . .			1,504,594,633	1,423,218,783	23,762,590	46,790,023	

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) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	457,509	457,509		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	15,380,410	13,409,569	1,970,841	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	685,627,395	597,771,292	87,856,103	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,753,853	24,145,852	3,608,001	
9	Other employee benefits	116,844,252	100,311,803	16,532,449	
10	Payroll taxes	45,548,903	39,627,546	5,921,357	
11	Fees for services (non-employees)				
a	Management	11,762,123	11,762,123		
b	Legal	3,870,974	6,274	3,864,700	
c	Accounting	830,239		830,239	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	45,000			45,000
f	Investment management fees	0			
g	Other	90,718,096	90,058,162	659,934	
12	Advertising and promotion	0			
13	Office expenses	50,086,588	43,878,184	6,208,367	37
14	Information technology	18,764,444	15,899,416	2,865,028	
15	Royalties	0			
16	Occupancy	51,905,557	49,701,919	2,203,638	
17	Travel	2,051,550	1,832,512	118	218,920
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,622,258	1,616,549		5,709
20	Interest	13,895,915	11,811,528	2,084,387	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	70,643,785	70,643,785		
23	Insurance	45,015,612	45,015,612		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	MEDICAL SUPPLIES	145,192,071	145,192,071		
b	BAD DEBT	53,768,829	53,768,829		
c	OTHER EXPENSES	17,393,029	17,393,029		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,469,178,392	1,334,303,564	134,605,162	269,666
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			156,628,776	1	185,500,247
	2	Savings and temporary cash investments . . . . .			615,205	2	597,446
	3	Pledges and grants receivable, net . . . . .			12,966,062	3	25,454,926
	4	Accounts receivable, net . . . . .			198,499,187	4	202,940,874
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			9,412,731	8	11,292,782
	9	Prepaid expenses and deferred charges . . . . .			9,675,919	9	6,285,977
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,453,940,312			
	b	Less: accumulated depreciation . . . . .	10b	993,225,408	476,390,734	10c	460,714,904
	11	Investments—publicly traded securities . . . . .			41,781,616	11	34,641,019
	12	Investments—other securities. See Part IV, line 11 . . . . .			21,178,153	12	20,648,014
	13	Investments—program-related. See Part IV, line 11 . . . . .			59,606,096	13	62,862,853
	14	Intangible assets . . . . .			42,531,137	14	42,272,831
	15	Other assets. See Part IV, line 11 . . . . .			15,489,067	15	302,021,868
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,044,774,683	16	1,355,233,741
Liabilities	17	Accounts payable and accrued expenses . . . . .			233,827,498	17	219,551,621
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			308,240,344	23	278,997,938
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	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 . . . . .			202,655,618	25	528,175,491
	26	Total liabilities. Add lines 17 through 25 . . . . .			744,723,460	26	1,026,725,050
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			259,663,513	27	288,480,640
	28	Temporarily restricted net assets . . . . .			18,874,886	28	16,562,183
	29	Permanently restricted net assets . . . . .			21,512,824	29	23,465,868
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			300,051,223	33	328,508,691
	34	Total liabilities and net assets/fund balances . . . . .			1,044,774,683	34	1,355,233,741

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,504,594,633
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,469,178,392
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	35,416,241
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	300,051,223
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-6,958,773
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	328,508,691

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?	Yes	
<b>b</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	Yes	

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization BETH ISRAEL MEDICAL CENTER	Employer identification number 13-5564934
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation



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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization BETH ISRAEL MEDICAL CENTER	Employer identification number  13-5564934
--	--

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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				9,692
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?		No	

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART II-B, LINE 1B AND 1G		COMMUNICATED WITH KEY STAFFERS IN ALBANY AND WASHINGTON DC OUR SUPPORT OR OPPOSITION TO HEALTH CARE LEGISLATION THAT HAD POTENTIAL IMPACT ON NY HOSPITALS

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public  
Inspection

**Name of the organization**  
BETH ISRAEL MEDICAL CENTER

**Employer identification number**  
  
13-5564934

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	21,512,824	21,195,077	18,317,372	17,154,228
b	Contributions . . . . .	1,953,044	317,747	2,877,705	1,163,144
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	23,465,868	21,512,824	21,195,077	18,317,372

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment. 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 . . . . .		13,831,446		13,831,446
b Buildings . . . . .		376,655,908	214,502,387	162,153,521
c Leasehold improvements . . . . .		30,789,083	13,916,689	16,872,394
d Equipment . . . . .		1,025,579,747	764,583,295	260,996,452
e Other . . . . .		7,084,128	223,037	6,861,091
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				460,714,904

Schedule D (Form 990) 2011



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,504,594,633
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,469,178,392
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	35,416,241
4	Net unrealized gains (losses) on investments	4	-5,073,722
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-1,538
8	Other (Describe in Part XIV)	8	-1,883,513
9	Total adjustments (net) Add lines 4 - 8	9	-6,958,773
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,457,468

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,499,111,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-5,073,722
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	10,044,266
e	Add lines 2a through 2d . . . . .	2e	4,970,544
3	Subtract line 2e from line 1 . . . . .	3	1,494,141,386
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 XIV) . . . . .	4b	10,453,247
c	Add lines 4a and 4b . . . . .	4c	10,453,247
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,504,594,633

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	1,478,057,726
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 XIV) . . . . .	2d	11,551,890
e	Add lines 2a through 2d . . . . .	2e	11,551,890
3	Subtract line 2e from line 1 . . . . .	3	1,466,505,836
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 XIV) . . . . .	4b	2,672,556
c	Add lines 4a and 4b . . . . .	4c	2,672,556
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,469,178,392

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS	PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS TO BE MAINTAINED BY BIMC IN PERPETUITY AND THESE ENDOWMENT FUNDS ARE INCLUDED IN LONG-TERM INVESTMENTS UNDER THE POLICIES ESTABLISHED AND APPROVED BY BIMC'S INVESTMENT COMMITTEE, DONOR-RESTRICTED ENDOWMENT FUNDS ARE INVESTED IN INCOME-GENERATING INVESTMENT VEHICLES TO GENERATE INCOME AND TO APPRECIATE AND PRESERVE CAPITAL
SCHEDULE D, PART XI, LINE 8	OTHER ADJUSTMENTS	TRANSFER OF NET ASSETS FROM BETH ISRAEL FDN (AFFILIATE) \$7,764,462 INCOME FROM INV IN CAPTIVE INS COMPANIES-EQUITY-METHOD (\$9,410,320) FPP DIFFERENTIAL (\$237,655)
SCHEDULE D, PART XII, LINE 2D	PER BOOKS NOT TAX	NET ASSETS RELEASED FROM RESTRICTION \$ 8,140,350 FPP DIFFERENTIAL \$11,314,236 INCOME FROM INV IN CAPTIVE INS COMPANIES-EQUITY METHOD (\$9,410,320)
SCHEDULE D, PART XII, LINE 4B	PER TAX NOT BOOKS	PERMANENTLY RESTRICTED CONTRIBUTIONS \$1,953,044 TEMPORARILY RESTRICTED CONTRIBUTIONS \$2,867,734 APPRECIATION OF TEMPORARILY RESTRICTED NET ASSETS \$2,959,913 MANAGEMENT SERVICES REVENUE \$2,672,556
SCHEDULE D, PART XIII, LINE 2D	PER BOOKS NOT TAX	FPP DIFFERENTIAL \$11,551,890
SCHEDULE D, PART XIII, LINE 4B	PER TAX NOT BOOKS	MANAGEMENT SERVICES REVENUE \$2,672,556

Additional Data

Software ID:

Software Version:

EIN: 13-5564934

Name: BETH ISRAEL MEDICAL CENTER

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	SECURITY DEPOSITS	257,083
	MALPRACTICE INSURANCE	50,248,403
	THIRD PARTY LIABILITIES	86,726,379
	DUE TO AFFILIATES	69,850,299
	RETIRE OBLIG WORKMEN'S COMP	6,706,412
	INSURED LIABILITIES	283,091,000
	OTHER LIABILITIES	26,043,866
	PAYABLE RE INTEREST RATE SWAP	5,252,049



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
BETH ISRAEL MEDICAL CENTER

Employer identification number  
13-5564934

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BUCKLEY HALL EVENTS	SPEC EVENT		No	712,309	45,000	667,309
Total . . . . . ▶				712,309	45,000	667,309

3

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

NY

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>LUNCHEON</u>	<u>GOLF OUTING</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	712,309	375,245	137,281	1,224,835	
	2	Less Charitable contributions . . . . .	641,059	327,645	105,031	1,073,735	
3	Gross income (line 1 minus line 2) . . . . .	71,250	47,600	32,250	151,100		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .					
	6	Rent/facility costs . . . . .					
	7	Food and beverages . . . . .					
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	166,632	84,071	24,677	275,380	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ►					( 275,380 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►					-124,280

Part III

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate 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 operate 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 operated in

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

- 14
- Provide 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

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

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

**Name of the organization**  
BETH ISRAEL MEDICAL CENTER

**Employer identification number**  
13-5564934

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input checked="" type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	3a	Yes	
4	Did the organization's policy provide 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 charity care expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
6b	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

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1) . . . . .			8,380,736	2,964,034	5,416,702	0 380 %
b Medicaid (from Worksheet 3, column a) . . . . .			312,418,927	246,059,616	66,359,311	4 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			320,799,663	249,023,650	71,776,013	5 070 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			606,778	308,624	298,154	0 020 %
f Health professions education (from Worksheet 5) . . . . .			61,489,344	43,866,952	17,622,392	1 250 %
g Subsidized health services (from Worksheet 6) . . . . .			238,669,334	203,195,092	35,474,242	2 510 %
h Research (from Worksheet 7) . . . . .			4,950,408	0	4,950,408	0 350 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			880,755	0	880,755	0 060 %
j <b>Total</b> Other Benefits . . . . .			306,596,619	247,370,668	59,225,951	4 190 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			627,396,282	496,394,318	131,001,964	9 260 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad 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?	1Yes	
2	Enter the amount of the organization's bad debt expense	253,956,188	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	324,797,234	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5179,373,208	
6	Enter Medicare allowable costs of care relating to payments on line 5	6132,942,878	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	746,430,330	
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9aYes	
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.	9bYes	

Part IVManagement Companies and Joint Ventures (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				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

## Name and address

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

BETH ISRAEL MANHATTAN - PETRIE CAMPUS

Name of Hospital Facility: \_\_\_\_\_

Line Number of Hospital Facility (from Schedule H, Part V, Section A): \_\_\_\_\_ 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)		1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .		4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)		5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs		7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes	

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance? . . . . .	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	
Billing and Collections				
14	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 actions the hospital facility may take upon non-payment? . . . . .	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			



Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

BETH ISRAEL - KING HIGHWAY DIVISION

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance? . . . . .	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	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 actions the hospital facility may take upon non-payment? . . . . .	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI	20		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI	21		No

Part V

Facility Information (continued)

Section C. Other 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 facilities did the organization operate during the tax year? 20

Name and address		Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments 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

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 3C		NOT APPLICABLE - ORGANIZATION USES FPG TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 6A		THE COMMUNITY BENEFIT REPORT IS SUBMITTED TO THE NYS DEPARTMENT OF HEALTH BY THE HOSPITALS THAT COMPRISE THE CONTINUUM HEALTH PARTNERS, INC NETWORK BETH ISRAEL MEDICAL CENTER, ST LUKE'S-ROOSEVELT HOSPITAL CENTER, AND LONG ISLAND COLLEGE HOSPITAL THE REPORT DESCRIBES THE ROLE OF EACH CONTINUUM HOSPITAL INDIVIDUALLY, AND ALSO REFLECTS THEIR UNIFIED ACTIVITIES AND STRATEGY AS AN INTEGRATED HEALTH CARE SYSTEM

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7G		ALL CLINICS INCLUDED AS SUBSIDIZED HEALTH SERVICES ARE CLINICS OF THE HOSPITAL



Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)		BAD DEBT EXPENSE OF \$53,768,829 WAS SUBTRACTED FROM TOTAL EXPENSES AS REPORTED ON FORM 990, PART IX, LINE 24, COLUMN (A) FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7		THE AMOUNTS REPORTED IN PART I, LINES 7A, 7B AND 7G WERE COMPUTED USING A RATIO OF COST TO CHARGES THAT WAS DERIVED FROM WORKSHEET 2 OF SCHEDULE H INSTRUCTIONS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 4		A PORTION OF BAD DEBTS COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR SOME FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY IN ORDER TO MAKE AN ESTIMATION OF THIS AMOUNT, THE BAD DEBTS ASSOCIATED WITH SELF PAY PATIENTS, AS THEY RELATE TO BAD DEBTS FOR ALL PAY CLASSES, WERE ANALYZED WHEN A DISCOUNT IS PROVIDED ON A PATIENT ACCOUNT, THIS IS ACCOUNTED FOR AS A CHARITY ALLOWANCE CONVERSELY, WHEN NO PAYMENT OR ONLY PARTIAL PAYMENT IS MADE ON A PATIENT ACCOUNT, THIS IS ACCOUNTED FOR AS BAD DEBT EXPENSE BILLINGS RELATING TO SERVICES RENDERED ARE RECORDED AS NET PATIENT SERVICE REVENUE IN THE PERIOD IN WHICH THE SERVICE IS PERFORMED, NET OF CONTRACTUAL AND OTHER ALLOWANCES WHICH REPRESENT DIFFERENCES BETWEEN GROSS CHARGES AND THE ESTIMATED RECEIPTS UNDER SUCH PROGRAMS NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED RECEIVABLES FOR PATIENT CARE ARE ALSO REDUCED FOR ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTION OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGMENTS ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT DETERMINES IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED THE USE OF HISTORICAL COLLECTION AND PAYER REIMBURSEMENT EXPERIENCE IS AN INTEGRAL PART OF THE ESTIMATION OF RESERVES FOR UNCOLLECTIBLE ACCOUNTS CHANGES IN RESERVE FOR UNCOLLECTIBLE ACCOUNTS ESTIMATES ARE RECORDED AS AN ADJUSTMENT TO THE PROVISION FOR BAD DEBTS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 8		TOTAL ALLOWABLE COSTS AS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT WERE REDUCED FOR COSTS INCLUDED ELSEWHERE ON SCHEDULE H THESE COSTS INCLUDED THE COST OF DIRECT GME AND THOSE COSTS REPORTED AS COSTS OF SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B		THOSE PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE SUBJECT TO THE NORMAL COLLECTION PROCEDURES FOR ALL PATIENTS. HOWEVER, PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE OFFERED PROMPT PAY DISCOUNTS FOR FULL PAYMENT OF THE DISCOUNTED CHARGES AND EXTENDED INTEREST FREE PAYMENT PLANS. NO LEGAL ACTION MAY BE TAKEN UNTIL IT HAS BEEN DETERMINED THAT THE PATIENT HAS THE MEANS TO PAY OUTSTANDING BALANCES. IN NO SITUATION WILL THE HOSPITAL AUTHORIZE FORECLOSURE ON A PATIENT OR RESPONSIBLE PARTY'S PRIMARY RESIDENCE.

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 11	FACILITY INFORMATION	THE DISCOUNT UNDER THE FINANCIAL ASSISTANCE POLICY STARTS WITH GROSS CHARGES OF THE SERVICES TO BE PERFORMED REDUCED TO THE MEDICAID RATE OF REIMBURSEMENT AND THEN PROVIDES FOR ADDITIONAL DISCOUNTS BASED UPON THE PATIENT'S ELIGIBILITY PATIENT'S ELIGIBILITY IS DETERMINED USING A MEANS TEST BASED ON HOUSEHOLD GROSS INCOME THE HOSPITAL MAY EVALUATE ANY PATIENT'S ELIGIBILITY ON A CASY-BY-CASE BASIS, ESPECIALLY WHERE COMPLEX MEDICAL, SCIENTIFIC, OR FINANCIAL SITUATIONS EXIST

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 13	FACILITY INFORMATION	THE AVAILABILITY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS NOTED ON THE PATIENT'S BILL PATIENTS ARE ALERTED TO THE POLICY BY MULTI-LINGUAL SIGNAGE AND BROCHURES AT POINTS OF PATIENT SERVICE, INFORMATION DISTRIBUTED IN THE ADMISSION PACKAGE, THE HOSPITAL WEB SITE, AND RESPONSES TO DIRECT INQUIRIES MADE TO THE HOSPITAL ALL RELATED INQUIRIES ARE DIRECTED TO THE HOSPITAL'S DEPARTMENT OF FINANCIAL COUNSELING

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 19	FACILITY INFORMATION	THE HOSPITAL USED MEDICAID RATES WHEN DETERMINING THE AMOUNTS TO BE CHARGED TO FAP ELIGIBLE PATIENTS



Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	THE HOSPITAL WORKS COLLABORATIVELY WITH A NUMBER OF COMMUNITY BASED ORGANIZATIONS, HEALTH FACILITIES, LOCAL ELECTED OFFICIALS, AND NEW YORK CITY COMMUNITY ADVISORY BOARDS THE HOSPITAL ALSO HAS ITS OWN INTERNAL ADVISORY BOARD/COUNCIL THAT IS MADE UP OF REPRESENTATIVES OF THESE COMMUNITY PARTNERS AND INTERESTED LOCAL RESIDENTS THROUGH THEIR PARTICIPATION, THE HOSPITAL SOLICITS COMMENT ON THE HEALTH CARE NEEDS OF THE COMMUNITY, STRENGTHS AND WEAKNESSES OF THE HOSPITAL, AND CONSTRUCTIVE SUGGESTIONS FOR IMPROVEMENTS THESE COUNCILS ALSO PARTICIPATE IN CHOOSING THE HEALTH PRIORITIES OF THE COMMUNITY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	THE INSTITUTION RECOGNIZES THAT MANY OF THE PATIENTS IT SERVES MAY NOT HAVE HEALTH INSURANCE OR THE FINANCIAL RESOURCES TO ACCESS QUALITY HEALTH CARE SERVICES WITHOUT FINANCIAL ASSISTANCE. ACCORDINGLY, THE INSTITUTION ADHERES TO ITS FINANCIAL ASSISTANCE POLICY, WHICH EXISTS IN ORDER TO ASSIST PATIENTS WITH GAINING ACCESS TO FINANCIAL ASSISTANCE. PATIENTS CAN OBTAIN INFORMATION ON HOSPITAL CHARGES AND ELIGIBILITY FOR GOVERNMENT OR HOSPITAL PROGRAMS PRIMARILY FROM THE HOSPITALS DEPARTMENT OF FINANCIAL COUNSELING. THE AVAILABILITY OF THE INSTITUTIONS FINANCIAL ASSISTANCE IS NOTED ON THE PATIENT'S BILL. ALSO, PATIENTS ARE ALERTED TO THE POLICY BY MULTI-LINGUAL SIGNAGE AND BROCHURES AT POINTS OF PATIENT SERVICE, INFORMATION DISTRIBUTED IN THE ADMISSION PACKAGE, AND THE INSTITUTION'S WEB SITE. ALL HOSPITAL STAFF ARE DIRECTED TO DISTRIBUTE STANDARD INFORMATION OR REFER INQUIRIES TO THE DEPARTMENT OF FINANCIAL COUNSELING OR WEBSITE.

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	WHEN IT WAS FOUNDED 120 YEARS AGO, THE MISSION WAS TO MEET THE NEEDS OF THE IMPOVERISHED AND UNDERSERVED JEWISH COMMUNITY OF THE LOWER EAST SIDE OF MANHATTAN TODAY, ONE OF ITS TWO INPATIENT SITES STILL PRIMARILY SERVICES THE LOWER EASTSIDE OF MANHATTAN, WHILE THE OTHER PRIMARILY SERVICES BROOKLYN THE RACIAL AND ETHNIC BACKGROUND OF PATIENTS IS DIVERSE, SERVICING PATIENTS OF ALL RACES AND RELIGIONS IN MANHATTAN, AT THE MAIN CAMPUS OF BIMC, A GROWING PERCENTAGE OF ELDERLY, AND A SIGNIFICANT PORTION OF LOW INCOME INDIVIDUALS ARE SERVED

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	QUANTIFIABLE EXPENSES ASSOCIATED WITH IMPROVING THE GENERAL HEALTH OF THE COMMUNITY HAVE BEEN REPORTED IN PART I THESE INCLUDED ACTIVITIES ASSOCIATED WITH INFECTIOUS DISEASE CONTROL, PATIENT RECREATION, PATIENT TRANSPORTATION, AND PATIENT EDUCATION THE ORGANIZATION PARTAKES IN SEVERAL COMMUNITY BUILDING ACTIVITIES FOR WHICH THE COST TO THE ORGANIZATION HAS NOT BEEN CLEARLY QUANTIFIED TWO OF THESE MAJOR ACTIVITIES ARE COMMUNITY/EMERGENCY PREPAREDNESS AND TOBACCO USE/SMOKING CESSATION

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	OTHER INFORMATION	THE ORGANIZATION OFFERS A WIDE ARRAY OF HOSPITAL-SPONSORED COMMUNITY HEALTH EDUCATION AND SCREENING EVENTS THE COMMUNITY IS NOTIFIED OF THESE EVENTS AND SCREENINGS BY VARIOUS MEANS - MAILINGS, ADVERTISING IN LOCAL NEWSPAPERS, FLYERS, AND THROUGH MAILINGS OF VARIOUS NYC COMMUNITY BOARDS, ETC IN ADDITION, ON-LINE HEALTH EDUCATION AND PHYSICIAN REFERRAL CAN BE ACCESSED ON THE CONTINUUM WEBSITE - WWW.CHPNYC.ORG THIS HAS BECOME AN EXTRAORDINARILY WELL-USED HEALTH WEBSITE IN 2011, 3,057,084 VISITORS BROWSED THE CONTINUUM WEBSITE THE HOSPITAL ALSO PROVIDES MULTI-LINGUAL EDUCATIONAL MATERIALS FOR ITS PATIENTS AND COMMUNITIES AND MARKETS ITS SERVICES IN NEW YORK'S DIVERSE ETHNIC COMMUNITIES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	THE ORGANIZATION WORKS CLOSELY WITH ITS AFFILIATED HOSPITALS AS AN INTEGRATED HEALTH CARE PARTNERSHIP LEADERSHIP IS COMMITTED TO WORKING WITH THE COMMUNITY AND WILL REMAIN COMMITTED TO ALLOCATING SUFFICIENT RESOURCES TO ENSURE THAT THE CLINICAL AND OUTREACH SERVICES OF EACH OF THE AFFILIATED HOSPITALS IS RESPONSIVE TO THE COMMUNITY HEALTH NEEDS BY PROVIDING HIGH QUALITY, ACCESSIBLE, AND COMPASSIONATE HEALTH CARE TO THE MAXIMUM EXTENT POSSIBLE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	NY,

## Additional Data

Software ID:

**Software Version:**

**EIN:** 13-5564934

**Name:** BETH ISRAEL MEDICAL CENTER

**Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

[illegible]



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," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
BETH ISRAEL MEDICAL CENTER

Employer identification number  
13-5564934

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 . . . . .

▶

3

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

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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) NURSING SCHOOL SCHOLARSHIPS	156	457,509	0	BOOK	N/A

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US	EVERY STUDENT APPLYING FOR SCHOLARSHIP AID MUST FILE THE FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID) DOCUMENTING FINANCIAL NEED AND MUST SUBMIT AN APPLICATION FOR THE SCHOLARSHIP IN QUESTION PRIOR TO THE BEGINNING OF THE ACADEMIC YEAR, THE SCHOLARSHIP COMMITTEE (COMPOSED OF THE DEAN, ASSOCIATE DEAN, ASSISTANT DEAN, AND DIRECTOR OF STUDENT SERVICES) MEETS AND MAKES SCHOLARSHIP AWARDS SOME SCHOLARSHIPS ARE BASED ON FINANCIAL NEED, OTHERS ARE BASED ON ACADEMIC ACHIEVEMENT THE SCHOLARSHIP ANNOUNCEMENT SENT TO ALL STUDENTS EACH SPRING DELINEATES THE CRITERIA, AND STUDENTS ARE MONITORED TO ENSURE THEY MEET/CONTINUE TO MEET REQUIREMENTS AFTER THEY RECEIVE A SCHOLARSHIP AWARD THE FINANCIAL AID OFFICE MAINTAINS RECORDS OF ALL FINANCIAL AID RECEIVED BY STUDENTS (INCLUDING SCHOLARSHIPS) FOR AT LEAST 3 YEARS AFTER THE STUDENT CEASES ENROLLMENT IN THE PROGRAM

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
BETH ISRAEL MEDICAL CENTER

Employer identification number  
13-5564934

Part I

Questions Regarding Compensation

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

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

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

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT	MARVIN RUSSELL \$207,692

**Software ID:**  
**Software Version:**  
**EIN:** 13-5564934  
**Name:** BETH ISRAEL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
FRANK J CRACOLICI	(i)	0	0	0	0	0	0	0
	(ii)	698,057	175,000	15,405	20,580	18,145	927,187	0
FRANK DIPILLO MD	(i)	0	0	0	0	0	0	0
	(ii)	210,953	0	24	8,707	2,749	222,433	0
RUSSELL PORTENYOY MD	(i)	572,043	0	13,461	20,580	26,405	632,489	0
	(ii)	0	0	0	0	0	0	0
SHELDON SIMON	(i)	547,491	0	1,076	13,440	11,700	573,707	0
	(ii)	0	0	0	0	0	0	0
DOMINIC STANZIONE	(i)	0	0	0	0	0	0	0
	(ii)	349,454	172,500	16,931	16,586	16,152	571,623	0
DANIEL WIENER MD	(i)	0	0	0	0	0	0	0
	(ii)	611,025	0	12,666	20,580	21,549	665,820	0
STANLEY BREZENOFF	(i)	1,491,858	525,000	41,125	20,580	21,551	2,100,114	0
	(ii)	0	0	0	0	0	0	0
HARRIS NAGLER MD	(i)	895,139	163,000	14,954	20,580	38,441	1,132,114	0
	(ii)	0	0	0	0	0	0	0
DAVID BERNARD	(i)	330,193	53,000	17,866	20,580	30,963	452,602	0
	(ii)	0	0	0	0	0	0	0
JILL CLAYTON	(i)	292,734	72,000	3,179	20,580	35,729	424,222	0
	(ii)	0	0	0	0	0	0	0
BETH ESSIG	(i)	170,369	44,000	3,372	0	11,716	229,457	0
	(ii)	0	0	0	0	0	0	0
KATHRYN C MEYER ESQ	(i)	352,727	70,477	62,966	20,580	10,997	517,747	0
	(ii)	0	0	0	0	0	0	0
JOHN COLLURA	(i)	977,500	244,375	20,096	20,580	18,614	1,281,165	0
	(ii)	0	0	0	0	0	0	0
GAIL DONOVAN	(i)	782,301	262,500	34,024	20,580	31,852	1,131,257	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN MCGOVERN-KEARNS	(i)	514,364	110,000	865	20,580	26,243	672,052	0
	(ii)	0	0	0	0	0	0	0
KEVIN MOLLOY	(i)	544,663	137,500	15,534	20,580	41,751	760,028	0
	(ii)	0	0	0	0	0	0	0
MICHAEL BRUNO	(i)	524,780	145,000	12,440	20,580	30,918	733,718	0
	(ii)	0	0	0	0	0	0	0
MICHELLE LEONE	(i)	551,748	150,000	11,342	20,580	20,871	754,541	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RUTH LEVIN	(i)	133,240	0	27,362	12,566	12,463	185,631	0
	(ii)	0	0	0	0	0	0	0
BRENDAN LOUGHLIN	(i)	547,380	140,000	38,254	20,580	35,637	781,851	0
	(ii)	0	0	0	0	0	0	0
DENISE PELLE	(i)	279,229	62,000	1,836	20,580	16,877	380,522	0
	(ii)	0	0	0	0	0	0	0
ADAM LAWRENCE HENICK	(i)	448,162	97,000	16,940	20,580	38,122	620,804	0
	(ii)	0	0	0	0	0	0	0
KENNETH HOLDEN	(i)	405,865	93,000	8,697	20,580	30,348	558,490	0
	(ii)	0	0	0	0	0	0	0
ERIC POGUE	(i)	205,359	100,000	42,359	0	9,652	357,370	0
	(ii)	0	0	0	0	0	0	0
HENRY BODENHEIMER	(i)	629,653	0	495	20,580	22,568	673,296	0
	(ii)	0	0	0	0	0	0	0
MARY WALSH	(i)	334,750	55,000	6,178	20,580	10,724	427,232	0
	(ii)	0	0	0	0	0	0	0
ALEJANDRO BERENSTEIN	(i)	2,978,249	3,445	3,176	20,580	23,031	3,028,481	0
	(ii)	0	0	0	0	0	0	0
ANDREW CASDEN	(i)	2,387,689	0	666	20,580	25,665	2,434,600	0
	(ii)	0	0	0	0	0	0	0
MARK SULTAN	(i)	4,928,173	0	7,280	20,580	22,905	4,978,938	0
	(ii)	0	0	0	0	0	0	0
MARK URKEN	(i)	3,660,635	43,985	1,136	20,580	25,905	3,752,241	0
	(ii)	0	0	0	0	0	0	0
MILTON WANER	(i)	2,613,187	0	1,738	17,640	22,883	2,655,448	0
	(ii)	0	0	0	0	0	0	0
MARVIN RUSSELL	(i)	0	0	207,692	0	0	207,692	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
BETH ISRAEL MEDICAL CENTER

Employer identification number  
13-5564934

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	3	128,777	FMV
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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

Yes

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 non-cash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

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



Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization BETH ISRAEL MEDICAL CENTER	Employer identification number 13-5564934
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Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 1	EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE CONSISTS ONLY OF MEMBERS OF THE GOVERNING BODY IT IS AUTHORIZED TO ACT ON BEHALF OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD AND TO TAKE ANY ACTION OTHER THAN THOSE ITEMS SPECIFICALLY PROHIBITED BY NEW YORK LAW
FORM 990, PART VI, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS	1 JOAN G SARNOFF, ARTHUR SARNOFF & WILLIAM SARNOFF FAMILY RELATIONSHIP 2 ANDREW S KOMAROFF AND STANLEY KOMAROFF FAMILY RELATIONSHIP 3 DAVID PICKET AND JOEL PICKET BUSINESS AND FAMILY RELATIONSHIP 4 SUZANNE KARPAS AND PATRICIA KARPAS FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 6	MEMBERS OF THE ORGANIZATION	THE ORGANIZATION HAS A SINGLE CORPORATE MEMBER, CONTINUUM HEALTH PARTNERS, INC , WHICH IS A NOT-FOR-PROFIT CORPORATION
FORM 990, PART VI, LINE 7A	ELECTION OF THE GOVERNING BODY	THE SOLE CORPORATE MEMBER ELECTS THE GOVERNING BODY OF THE ORGANIZATION IN ADDITION, THREE MEMBERS OF THE GOVERNING BODY ARE DESIGNATED BY THE NEW YORK EYE AND EAR INFIRMARY, A NOT-FOR-PROFIT AFFILIATE OF THE ORGANIZATION
FORM 990, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY	THE MEMBER MUST APPROVE ANY AMENDMENTS TO THE BY LAWS OF THE ORGANIZATION
FORM 990, PART VI, LINE 11A	REVIEW PROCESS FOR FORM 990	PRIOR TO FILING, A DRAFT OF FORM 990 IS PROVIDED FOR REVIEW TO THE CENTRALIZED MANAGEMENT TEAM OF CONTINUUM HEALTH PARTNERS, INC WHICH INCLUDES THE SENIOR VICE PRESIDENT OF FINANCIAL REPORTING, IN-HOUSE GENERAL LEGAL COUNSEL, AND THE CHIEF FINANCIAL OFFICER UPON APPROVAL OF THE CENTRALIZED MANAGEMENT TEAM AND PRIOR TO FILING, THE DRAFT FORM 990 IS PROVIDED FOR REVIEW TO THE CENTRALIZED AUDIT COMMITTEE AND EACH MEMBER OF THE GOVERNING BODY
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	ANNUALLY, EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT THE DISCLOSURE STATEMENT IS REVIEWED BY THE CORPORATE COMPLIANCE OFFICER ALONG WITH GENERAL COUNSEL AND A DETERMINATION IS MADE AS TO WHETHER A CONFLICT EXISTS THE PRESIDENT OF THE ORGANIZATION AND THE CHAIR OF THE CENTRALIZED FINANCE/AUDIT COMMITTEE PARTICIPATE IN REVIEW OF CONFLICTS CONFLICTS DISCLOSED BY TRUSTEES ARE REVIEWED WITH THE CHAIRMAN OF THE BOARD ANY PERSON DETERMINED TO HAVE A CONFLICT OF INTEREST MUST RECUSE HIMSELF FROM ANY DECISION MAKING OR VOTING ON THE INTEREST THAT GAVE RISE TO THE CONFLICT
FORM 990, PART VI, LINE 15A & 15B	COMPENSATION POLICY	THE EXECUTIVE COMPENSATION POLICY OF THE HEALTH SYSTEM REQUIRES THAT COMPENSATION FOR THE FOLLOWING INDIVIDUALS BE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES AT LEAST ANNUALLY ANY PERSON WITH THE TITLE OF CEO, PRESIDENT, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER, EXECUTIVE VICE PRESIDENT OR SENIOR VICE PRESIDENT, ANY PERSON WITH THE TITLE OF CORPORATE VICE PRESIDENT WHOSE TOTAL COMPENSATION IS IN EXCESS OF \$300,000, ANY PHYSICIAN WITH THE TITLE OF CHAIRMAN, ANY PHYSICIAN WITH THE TITLE OF CHIEF WHOSE BASE SALARY PLUS GUARANTEE TOGETHER ARE IN EXCESS OF \$750,000 AND ANY PERSON WHO IS A FAMILY MEMBER OF ANY OF THE ABOVE INDIVIDUALS
FORM 990, PART VI, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART VII	AVERAGE HOURS	AVERAGE HOURS PER WEEK REPORTED ON PART VII REPRESENT TOTAL AVERAGE HOURS FOR THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	UNREALIZED LOSS ON INVESTMENTS (\$5,073,722) TRANSFER OF NET ASSETS FROM BETH ISRAEL FDN (AFFILIATE) \$7,764,462 INCOME FROM INV IN CAPTIVE INS COMPANIES-EQUITY-METHOD (\$9,410,320) FPP DIFFERENTIAL (\$237,655) PRIOR PERIOD ADJUSTMENTS (\$1,538)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
BETH ISRAEL MEDICAL CENTER

Employer identification number  
13-5564934

Part I

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

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

Part II

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

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

Part III

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

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

Part IV

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

(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
(1) ATLANTIC HEIGHTS PHARMACY 339 HICKS STREET BROOKLYN, NY 11201 11-2738539	PHARMACY	NY	NA	C			
(2) GREATER METROPOLITAN IPA II 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3977019	INACTIVE	NY	BIMCSLR	C			50 000 %
(3) GREATER METROPOLITAN IPA V 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-4141695	INACTIVE	NY	BIMCSLR	C		1,587	50 000 %
(4) MANHATTAN MANAGEMENT SERVICES 1780 BROADWAY 7TH FL NEW YORK, NY 10019 13-3618543	MGMT SERVICES	NY	SLR	C			
(5) SLR MANAGEMENT SERVICES 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3853145	MGMT SERVICES	NY	SLR	C			
(6) WEST CARE MEDICAL PC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3811203	INACTIVE	NY	SLR	C			

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

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

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

No

No

No

Yes

Yes

Yes

No

Yes

Yes

No

Yes

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 13-5564934

Name: BETH ISRAEL MEDICAL CENTER

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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
CONTINUUM HEALTH PARTNERS INC  555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3939476	HOLDING CO	NY	501(C)(3)	11A - I	NA	Yes	
BETH ISRAEL FOUNDATION INC  555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3255377	FUNDRAISING	DE	501(C)(3)	11A - I	BIMC	Yes	
BIMC HOLDING CORPORATION  FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-3444730	HOLDING CO	NY	501(C)(3)	11A - I	BIMC	Yes	
BETH ISRAEL AMBULATORY CARE SERVICES  555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3838460	SURGICENTER	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
BI NURSING HOME COMPANY  327 EAST 17TH STREET NEW YORK, NY 10003 13-3627753	NURSING HOME	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
EAST 17TH STREET PROPERTIES INC  555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3547502	REAL ESTATE	NY	501(C)(3)	9	BIMC HOLDCO	Yes	
THE LONG ISLAND COLLEGE HOSPITAL  339 HICKS STREET BROOKLYN, NY 11201 11-1018985	HOSPITAL	NY	501(C)(3)	3	CHP	Yes	
ST LUKE'S-ROOSEVELT HOSPITAL CENTER  1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2997301	HOSPITAL	NY	501(C)(3)	3	CHP	Yes	
AUGUSTUS & JAMES CORPORATION  555 WEST 57TH STREET NEW YORK, NY 10019 13-3392851	REAL ESTATE	NY	501(C)(3)	11B - II	SLR	Yes	
ST LUKE'S-ROOSEVELT INSTITUTE FOR HEALTH  1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2914343	RESEARCH	NY	501(C)(3)	4	SLR	Yes	
NEW YORK EYE AND EAR INFIRMARY  310 EAST 14TH STREET NEW YORK, NY 10003 13-5562304	HOSPITAL	NY	501(C)(3)	3	CHP	Yes	
NEW YORK EYE & EAR INFIRMARY FOUNDATION  310 EAST 14TH STREET NEW YORK, NY 10003 13-4012469	PRIVATE FDN	NY	501(C)(3)	PF	NYEE	Yes	
NYEEI HOUSING COMPANY INC  317-327 EAST 13TH STREET NEW YORK, NY 10003 31-1696826	REAL ESTATE	NY	501(C)(2)	N/A	NYEE	Yes	
BETH ISRAEL MEDICAL CENTER FDN INC  555 WEST 57TH STREET NEW YORK, NY 10019 30-0571387	FUNDRAISING	NY	501(C)(3)	7	BIMC	Yes	
ST LUKE'S-ROOSEVELT HOSPITAL CENTER FDN  555 WEST 57TH STREET NEW YORK, NY 10019 30-0571390	FUNDRAISING	NY	501(C)(3)	7	SLR	Yes	



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

<b>(a)</b> Name of other organization		<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	ST LUKE'S ROOSEVELT HOSPITAL	R	1,227,022	FMV
<b>(2)</b>	ST LUKE'S HOSPITAL ROOSEVELT CENTER	I	7,835,016	FMV
<b>(3)</b>	ST LUKE'S ROOSEVELT HOSPITAL	D	1,600,000	FMV
<b>(4)</b>	LONG ISLAND COLLEGE HOSPITAL	I	1,811,060	FMV
<b>(5)</b>	AUGUSTUS AND JAMES CORPORATION	J	165,557	FMV
<b>(6)</b>	EAST 17TH STREET PROPERTIES INC	J	461,856	FMV
<b>(7)</b>	BIMC HOLDING CORPORATION	Q	325,000	FMV
<b>(8)</b>	BETH ISRAEL FOUNDATION INC	R	7,764,461	FMV
<b>(9)</b>	BI NURSING HOME COMPANY	K	532,783	FMV
<b>(10)</b>	NEW YORK EYE AND EAR INFIRMARY	K	261,198	FMV

Additional Data

Software ID:

Software Version:

EIN: 13-5564934

Name: BETH ISRAEL MEDICAL CENTER

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BOBBIE ABRAMS BOARD MEMBER	1 0	X						0	0	0
THOMAS ACOSTA BOARD MEMBER	1 0	X						0	0	0
MORRELL AVRAM MD BOARD MEMBER	1 0	X						0	0	0
ALAN R BATKIN BOARD MEMBER	1 0	X						0	0	0
PHILIP BERNEY BOARD MEMBER	1 0	X						0	0	0
FRANK BISIGNANO BOARD MEMBER	1 0	X						0	0	0
HOWARD BLITMAN BOARD MEMBER	1 0	X						0	0	0
DAVID BOIES BOARD MEMBER	1 0	X						0	0	0
JOSEPH BROADWIN ESQ BOARD MEMBER	1 0	X						0	0	0
PATRICK BURNS BOARD MEMBER	1 0	X						0	0	0
MILTON S COHN BOARD MEMBER	1 0	X						0	0	0
STEVEN COHN BOARD MEMBER	1 0	X						0	0	0
FRANK J CRACOLICI BOARD MEMBER	40 0	X						0	888,462	38,725
MICHAEL CRAMES BOARD MEMBER	1 0	X						0	0	0
MARY DEBARE BOARD MEMBER	1 0	X						0	0	0
FRANK DIPILLO MD BOARD MEMBER	40 0	X						0	210,977	11,456
FRED FARKOUH BOARD MEMBER	1 0	X						0	0	0
JAMES E FLYNN BOARD MEMBER	1 0	X						0	0	0
PETER FRELINGHUYSEN BOARD MEMBER	1 0	X						0	0	0
JANE FRIEDMAN BOARD MEMBER	1 0	X						0	0	0
OSCAR GARFEIN MD BOARD MEMBER	1 0	X						0	0	0
DAVID A GOLDBERG BOARD MEMBER	1 0	X						0	0	0
JEROME R GOLDSTEIN BOARD MEMBER	1 0	X						0	0	0
RICHARD A GOLDSTEIN BOARD MEMBER	1 0	X						0	0	0
JANET GREEN BOARD MEMBER	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SHELLEY HARRISON BOARD MEMBER	10	X						0	0	0
DANIEL HEBERT BOARD MEMBER	10	X						0	0	0
LENORE HECHT BOARD MEMBER	10	X						0	0	0
ELIE HIRSCHFELD BOARD MEMBER	10	X						0	0	0
STEPHEN A HOCHMAN ESQ BOARD MEMBER	10	X						0	0	0
DAVID HOLBROOK BOARD MEMBER	10	X						0	0	0
PATRICIA KARPAS BOARD MEMBER	10	X						0	0	0
SUZANNE T KARPAS BOARD MEMBER	10	X						0	0	0
DONALD KESSLER BOARD MEMBER	10	X						0	0	0
RICHARD W KIMBALL BOARD MEMBER	10	X						0	0	0
BRADFORD KLATT BOARD MEMBER	10	X						0	0	0
KENNETH C KNUCKLES BOARD MEMBER	10	X						0	0	0
ANDREW S KOMAROFF BOARD MEMBER	10	X						0	0	0
STANLEY KOMAROFF ESQ BOARD MEMBER	10	X						0	0	0
WILLIAM LERNER BOARD MEMBER	10	X						0	0	0
EDWIN LEVY BOARD MEMBER	10	X						0	0	0
W BRIAN MAILLIAN BOARD MEMBER	10	X						0	0	0
MARTIN MARCUS BOARD MEMBER	10	X						0	0	0
CAROL MASLOW BOARD MEMBER	10	X						0	0	0
EUGENE MERCY BOARD MEMBER	10	X						0	0	0
FAY MILEA BOARD MEMBER	10	X						0	0	0
MORGAN MILLER BOARD MEMBER	10	X						0	0	0
WILLIAM MILLER BOARD MEMBER	10	X						0	0	0
ALAN MIRKEN BOARD MEMBER	10	X						0	0	0
BRUCE MOSLER BOARD MEMBER	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES NEARY BOARD MEMBER	1 0	X						0	0	0
CLIVE NEIL REV DR BOARD MEMBER	1 0	X						0	0	0
RUTH NERKEN BOARD MEMBER	1 0	X						0	0	0
ALICE NETTER BOARD MEMBER	1 0	X						0	0	0
ROBERT G NEWMAN MD BOARD MEMBER	1 0	X						0	0	0
LEW PELL BOARD MEMBER	1 0	X						0	0	0
DIANE PERSON MD BOARD MEMBER	1 0	X						0	0	0
DAVID PICKET BOARD MEMBER	1 0	X						0	0	0
RUSSELL PORTENOY MD BOARD MEMBER	40 0	X						585,504	0	46,985
BURTON P RESNICK BOARD MEMBER	1 0	X						0	0	0
IRA S RIMERMAN BOARD MEMBER	1 0	X						0	0	0
JOHN ROMANELLI BOARD MEMBER	1 0	X						0	14,808	0
ARTHUR SARNOFF BOARD MEMBER	1 0	X						0	0	0
JOAN G SARNOFF BOARD MEMBER	1 0	X						0	0	0
WILLIAM SARNOFF BOARD MEMBER	1 0	X						0	0	0
ROBERT SAVAGE BOARD MEMBER	1 0	X						0	0	0
DONALD SCHNABEL BOARD MEMBER	1 0	X						0	0	0
SHELDON SIMON BOARD MEMBER	40 0	X						548,567	0	25,140
PAUL SMITH REV DR BOARD MEMBER	1 0	X						0	0	0
MAURY L SPANIER BOARD MEMBER	1 0	X						0	0	0
DOMINIC STANZIONE BOARD MEMBER	40 0	X						0	538,885	32,738
WHITNEY STEVENS BOARD MEMBER	1 0	X						0	0	0
ELGIN WATKINS REV DR BOARD MEMBER	1 0	X						0	0	0
SAMUEL WEINBERG BOARD MEMBER	1 0	X						0	0	0
DANIEL WIENER MD BOARD MEMBER	40 0	X						0	623,691	42,129

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	(C) Position (check all that apply)						(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			
WILLIAM H WRIGHT II BOARD MEMBER	1 0	X						0	0	0
BETTY YARMON BOARD MEMBER	1 0	X						0	0	0
MICHAEL ZIMMERMAN BOARD MEMBER	1 0	X						0	0	0
MORTON P HYMAN CHAIRMAN EMERITUS/BOARD MEMBER	1 0	X		X				0	0	0
STANLEY BREZENOFF CEO AND BOARD MEMBER	40 0	X		X				2,057,983	0	42,131
MERRIL M HALPERN VICE CHAIRMAN, BOARD MEMBER	1 0	X		X				0	0	0
LAWRENCE S HUNTINGTON CHAIR,CHAIRMAN EMERI, BRD MEMB	1 0	X		X				0	0	0
SORRELL MATHES VICE CHAIRMAN, BOARD MEMBER	1 0	X		X				0	0	0
HARRIS NAGLER MD PRESIDENT AND BOARD MEMBER	40 0	X		X				1,073,093	0	59,021
JOEL I PICKET VICE CHAIRMAN, BOARD MEMBER	1 0	X		X				0	0	0
STEVEN HOCHBERG CHAIRMAN,V CHAIRMAN,BRD MEMBER	1 0	X		X				0	0	0
DAVID BERNARD SVP/CHIEF MEDICAL OFFICER	40 0			X				401,059	0	51,543
JILL CLAYTON ASSISTANT SECRETARY	40 0			X				367,913	0	56,309
BETH ESSIG EVP/GEN COUNSEL,SECRETARY	40 0			X				217,741	0	11,716
KATHRYN C MEYER ESQ EVP/GEN COUNSEL,SECRETARY	40 0			X				486,170	0	31,577
JOHN COLLURA EVP, CFO, TREASURER	40 0			X				1,241,971	0	39,194
GAIL DONOVAN SENIOR EVP FOR SYSTEM AFFAIRS	40 0			X				1,078,825	0	52,432
KATHLEEN MCGOVERN-KEARNS SVP DEVELOPMENT	40 0			X				625,229	0	46,823
KEVIN MOLLOY SVP/COO	40 0			X				697,697	0	62,331
MICHAEL BRUNO SVP, FINANCE	40 0			X				682,220	0	51,498
MICHELLE LEONE SVP, REVENUE CYCLE MANAGEMENT	40 0			X				713,090	0	41,451
RUTH LEVIN SVP, MANAGED CARE	40 0			X				160,602	0	25,029
BRENDAN LOUGHLIN SVP,STRATEGIC FINANCE PLANNING	40 0			X				725,634	0	56,217
DENISE PELLE SVP, CORPORATE INITIATIVES	40 0			X				343,065	0	37,457
ADAM LAWRENCE HENICK SVP, MEDICAL ENTERPRISE	40 0			X				562,102	0	58,702

**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	(C) Position (check all that apply)						(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			
KENNETH HOLDEN SVP, REAL ESTATE	40 0			X				507,562	0	50,928
ERIC POGUE SVP, HUMAN RESOURCES	40 0			X				347,718	0	9,652
HENRY BODENHEIMER CHIEF OF GENERAL MEDICINE	40 0				X			630,148	0	43,148
MARY WALSH VP NURSING	40 0				X			395,928	0	31,304
ALEJANDRO BERENSTEIN PHYSICIAN	40 0					X		2,984,870	0	43,611
ANDREW CASDEN PHYSICIAN	40 0					X		2,388,355	0	46,245
MARK SULTAN PHYSICIAN	40 0					X		4,935,453	0	43,485
MARK URKEN PHYSICIAN	40 0					X		3,705,756	0	46,485
MILTON WANER PHYSICIAN	40 0					X		2,614,925	0	40,523
MARVIN RUSSELL FORMER OFFICER							X	207,692	0	0

# **Beth Israel Medical Center and Affiliates**

**Consolidated Financial Statements  
December 31, 2011 and 2010**

**Beth Israel Medical Center and Affiliates**  
**Index**  
**December 31, 2011 and 2010**

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## Report of Independent Auditors

To the Board of Trustees  
Beth Israel Medical Center and Affiliates

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of Beth Israel Medical Center and its Affiliates ("BIMC") as of December 31, 2011 and 2010, and the results of their operations, their changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of BIMC's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these financial statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP".

April 19, 2012

**Beth Israel Medical Center and Affiliates**  
**Consolidated Balance Sheets**  
**December 31, 2011 and 2010**

<i>(in thousands of dollars)</i>	<b>2011</b>	<b>2010</b>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 190,065	\$ 161,205
Marketable securities and other short-term investments	28,351	26,053
Receivables for patient care, less allowance for doubtful accounts of \$129,429 in 2011 and \$106,769 in 2010	204,098	199,152
Inventories	11,293	9,413
Prepaid expenses and other current assets	28,122	13,986
Due from affiliated organizations	2,259	2,678
Current portion of pledges receivable, net	4,721	5,995
Current portion of assets limited as to use	520	2,223
Total current assets	469,429	420,705
Assets limited as to use	12,573	20,736
Long-term investments	16,816	16,797
Reinsurance receivables	283,091	284,260
Deferred employee compensation plan assets	519	599
Investments in captive insurance companies	60,852	57,595
Pledges receivable, net	3,656	4,628
Property, plant and equipment, net	464,515	480,699
Due from affiliated organizations	5,673	5,432
Deferred financing costs, net	5,089	5,320
Other assets	57,863	56,054
Total assets	<u>\$ 1,380,076</u>	<u>\$ 1,352,825</u>
<b>Liabilities and Net Assets</b>		
Current liabilities		
Accounts payable and accrued expenses	\$ 98,410	\$ 94,200
Accrued salaries and related liabilities	106,813	111,831
Current portion of long-term debt and capitalized leases	42,005	40,887
Other current liabilities	53,281	39,362
Total current liabilities	300,509	286,280
Insured liabilities	283,091	284,260
Long-term debt and capitalized leases	237,643	268,303
Deferred employee compensation	519	599
Other non-current liabilities	155,541	133,672
Total liabilities	977,303	973,114
Commitments and contingencies		
Net assets		
Unrestricted	362,720	339,298
Temporarily restricted	16,562	18,875
Permanently restricted	23,491	21,538
Total net assets	402,773	379,711
Total liabilities and net assets	<u>\$ 1,380,076</u>	<u>\$ 1,352,825</u>

The accompanying notes are an integral part of these consolidated financial statements

**Beth Israel Medical Center and Affiliates**  
**Consolidated Statements of Operations**  
**Years Ended December 31, 2011 and 2010**

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<i>(in thousands of dollars)</i>	<b>2011</b>	<b>2010</b>
<b>Operating revenue</b>		
Net patient service revenue	\$ 1,197,558	\$ 1,108,437
Faculty practice revenue	192,907	179,819
Net assets released from restriction	8,140	11,003
Investment income	2,729	5,852
Other revenue	120,759	106,649
Total operating revenue	<u>1,522,093</u>	<u>1,411,760</u>
<b>Operating expenses</b>		
Salaries and wages	706,648	652,348
Employee benefits	191,691	173,007
Supplies and other expenses	454,443	433,986
Depreciation and amortization	71,146	73,710
Provision for bad debts	53,977	41,222
Interest	13,952	13,210
Total operating expenses	<u>1,491,857</u>	<u>1,387,483</u>
Operating income before other items	<u>30,236</u>	<u>24,277</u>
(Loss) gain from investments in captive insurance companies under the equity method	<u>(9,410)</u>	<u>2,121</u>
Operating gain	<u>20,826</u>	<u>26,398</u>
Unrestricted contributions	<u>6,219</u>	<u>7,862</u>
Excess of revenue over expenses	<u>27,045</u>	<u>34,260</u>
Change in fair value of interest rate swap	(3,623)	(2,666)
Discontinued operations	<u>-</u>	<u>3,216</u>
Increase in unrestricted net assets	<u>\$ 23,422</u>	<u>\$ 34,810</u>

The accompanying notes are an integral part of these consolidated financial statements

**Beth Israel Medical Center and Affiliates**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended December 31, 2011 and 2010**

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<i>(in thousands of dollars)</i>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Net assets at December 31, 2009</b>	\$ 304,488	\$ 23,508	\$ 21,770	\$ 349,766
Change in net assets				
Excess of revenue over expenses	34,260	-	-	34,260
Change in fair value of interest rate swap	(2,666)	-	-	(2,666)
Discontinued operations	3,216	-	(550)	2,666
Gifts, grants, bequests and other items	-	6,370	318	6,688
Net assets released from restriction	-	(11,003)	-	(11,003)
Total change in net assets	34,810	(4,633)	(232)	29,945
<b>Net assets at December 31, 2010</b>	339,298	18,875	21,538	379,711
Change in net assets				
Excess of revenue over expenses	27,045			27,045
Change in fair value of interest rate swap	(3,623)			(3,623)
Gifts, grants, bequests and other items		5,827	1,953	7,780
Net assets released from restriction		(8,140)		(8,140)
Total change in net assets	23,422	(2,313)	1,953	23,062
<b>Net assets at December 31, 2011</b>	<u>\$ 362,720</u>	<u>\$ 16,562</u>	<u>\$ 23,491</u>	<u>\$ 402,773</u>

The accompanying notes are an integral part of these consolidated financial statements

**Beth Israel Medical Center and Affiliates**  
**Consolidated Statements of Cash Flows**  
**Years Ended December 31, 2011 and 2010**

<i>(in thousands of dollars)</i>	<b>2011</b>	<b>2010</b>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ 23,062	\$ 29,945
Adjustments to reconcile the change in net assets to net cash provided by operating activities		
Depreciation and amortization	70,573	73,710
Change in fair value of interest rate swap	3,623	2,666
Provision for bad debts	53,977	41,222
Restricted contributions for capital	(1,953)	(318)
Net unrealized and realized gains (losses) from investments	866	(3,750)
Loss (gain) from investments in captive insurance companies	9,410	(2,121)
Gain on sale of discontinued operations	-	(6,803)
Increase (decrease) in cash resulting from a change in		
Receivables for patient care, net	(58,923)	(59,421)
Accounts payable and accrued expenses	4,487	23,838
Other current liabilities	(5,259)	6,314
Net effect of increases and decreases in other assets and liabilities	5,336	6,599
Net cash provided by operating activities	<u>105,199</u>	<u>111,881</u>
<b>Cash flows from investing activities</b>		
Acquisitions of property, plant and equipment, net	(42,632)	(42,596)
Proceeds from gain on sale of discontinued operations, net		5,050
Acquisition of business		(5,000)
Decrease in assets limited as to use	8,147	11,120
Decrease in marketable securities and investments	(3,183)	(659)
Net cash used in investing activities	<u>(37,668)</u>	<u>(32,085)</u>
<b>Cash flows from financing activities</b>		
Proceeds from long-term debt	26,115	15,007
Payments of long-term debt	(66,917)	(35,902)
Decrease in amounts due from related parties	178	790
Restricted contributions	1,953	318
Net cash used in financing activities	<u>(38,671)</u>	<u>(19,787)</u>
Net increase in cash and cash equivalents	28,860	60,009
<b>Cash and cash equivalents</b>		
Beginning of year	<u>161,205</u>	<u>101,196</u>
End of year	<u>\$ 190,065</u>	<u>\$ 161,205</u>
<b>Supplemental disclosure of cash flow information</b>		
Cash paid for interest	\$ 14,840	\$ 12,503
Assets acquired under capital leases	5,041	12,673

The accompanying notes are an integral part of these consolidated financial statements

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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*(in thousands of dollars)*

#### **1. Organization and Significant Accounting Policies**

##### **Organization**

Beth Israel Medical Center ("BIMC") is a not-for-profit membership corporation located in New York City. BIMC is a tertiary care teaching hospital with 1,106 licensed acute care beds in two campuses, the Petrie Division (894 beds) located in Manhattan and the Kings Highway Division (212 beds) located in Brooklyn. In addition, BIMC includes several ambulatory care locations throughout the metropolitan area. Operating revenues include those generated from direct patient care, investment income, reimbursement of research and educational activities and the revenues related to the operation of BIMC's facilities. BIMC is the sole corporate member of or controls the following entities: Beth Israel Ambulatory Services Corporation, Inc., B I Nursing Home Company (the "Nursing Home"), East 17<sup>th</sup> Street Properties, Inc., East 88<sup>th</sup> Street Properties, Inc. and Beth Israel Foundation Inc. BIMC completed the sale of the Jacob Perlow Hospice Corporation (Hospice) with a local area health care system in May 2010. Additionally, BIMC owns or controls various other entities whose operations were effectively dormant for the years ended December 31, 2011 and 2010.

Continuum Health Partners, Inc. ("CHP") is the sole member of BIMC. In addition, CHP is the sole corporate member of St. Luke's-Roosevelt Hospital Center ("SLR") and New York Eye and Ear Infirmary ("NYEE"). SLR controls two other not-for-profit corporations, St. Luke's-Roosevelt Institute for Health Sciences, a research organization, and Augustus & James Corporation ("A&J"), which owns and operates two residential buildings, and two for-profit corporations, 425 West 59th Street Condominium, LLC which owns and operates a commercial condominium building and Manhattan Management Services Inc. ("MMS"), a physician practice management organization, which is accounted for using the equity method. NYEE is the sole corporate member of NYEE Housing Company, Inc., which provides housing and ancillary facilities to staff members and employees of NYEE, and the New York Eye and Ear Infirmary Foundation, whose sole purpose is to financially support NYEE.

CHP was the sole corporate member of Long Island College Hospital ("LICH") until May 29, 2011. On May 29, 2011, LICH closed on an Asset Purchase Agreement ("APA") with The State University of NY at Downstate ("SUNY"). Under the terms of the APA, SUNY acquired essentially all of the physical plant assets of LICH as well as the prepaid assets, inventory, other assets and temporary restricted funds of LICH. In addition, SUNY assumed all the long term debt and other non-current liabilities of LICH excluding those liabilities related to medical and professional liabilities. Approximately \$85,700 of Assets limited as to use, primarily from the Othmer endowment, was transferred to a Trust created by an order of the NYS Surrogate Court. The Trust is established to satisfy all medical and professional liabilities of LICH, which were also transferred to the Trust as part of the APA. Cash and patient care receivables were retained by LICH to be used to pay down accounts payable and certain accrued expenses, which also remain with LICH. Upon satisfaction of the remaining liabilities of LICH, the residual assets, if any, are to be transferred to SUNY by May 28, 2013 in accordance with the terms of the APA.

BIMC has entered into a Transition Services Agreement ("TSA") with SUNY to provide certain business services to SUNY as they relate to the operations of the Hospital by SUNY under the APA for an initial period of three years. Some of the services provided under the TSA are IT and Telecom, Payroll Processing, Patient Revenue Cycle and Professional Billing and General Accounting and General Ledger Systems.

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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*(in thousands of dollars)*

The hospitals of CHP currently deliver care through four major inpatient facilities in Manhattan and Brooklyn, as well as through ambulatory health centers and group and private practice settings throughout New York City

BIMC and its consolidated affiliate organizations are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes related to these entities has been made.

#### **Basis of Accounting and Principles of Consolidation**

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting and include the accounts of BIMC and its affiliates. All significant intercompany accounts and transactions have been eliminated in consolidation. BIMC has performed an evaluation of subsequent events through April 19, 2012, which is the date the financial statements were issued.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. The most significant estimates relate to patient accounts receivable allowances, amounts due (to) from third-party payors, and estimated employee benefit costs. Actual results may differ from those estimates.

#### **Cash and Cash Equivalents**

Cash and cash equivalents include investments in highly liquid financial instruments with a maturity, when purchased, of three months or less, excluding those held in its investment portfolio and assets whose use is limited. Substantially all of BIMC's cash and cash equivalents are deposited with four financial institutions at December 31, 2011 and 2010. Included in cash and cash equivalents are amounts in excess of \$250 at December 31, 2011 and, 2010 which is the maximum amount insured by the Federal Deposit Insurance Company. However, management believes that these institutions are viable entities and therefore risk of loss is minimized.

#### **Investments**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. Fair value, as determined in accordance with fair value measurement and disclosure authoritative guidance, is the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs, as further described in Note 3.

Other investments for which a readily determinable fair value is not available are accounted for using the equity method or cost method, depending on BIMC's ownership percentage. Earnings and losses on equity method investments are included in excess (deficiency) of revenues over expenses. Investment income earned on permanently restricted net assets, upon which restrictions have been placed by donors, is added to temporarily restricted net assets and is reported within gifts, grants, bequests and other items.

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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*(in thousands of dollars)*

#### **Inventories**

Inventories, principally drugs and medical supplies, are stated at the lower of cost, determined on a first-in, first-out method, or market

#### **Assets Limited as to Use**

Assets limited as to use primarily include assets held by trustees under indenture agreements, and cash used as collateral for a credit agreement and line of credit (Notes 3 and 5) Amounts required to meet BIMC's current liabilities have been classified as current assets in the consolidated balance sheets at December 31, 2011 and 2010 Fair value of assets limited as to use is determined in accordance with fair value measurement and disclosure authoritative guidance, as further discussed in Note 3

#### **Property, Plant and Equipment**

Property, plant and equipment is carried at cost and those assets acquired by gifts and bequests are carried at appraised or fair value established at the date of contribution Depreciation expense is computed utilizing the straight-line method over the estimated useful lives of the assets which range from 3 to 40 years In accordance with BIMC's policy, one-half year's depreciation is recorded in the year of asset acquisition, and in the final year of the asset's useful life

Equipment under capital leases is recorded at the present value of the minimum lease payments at the inception of the leases and is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment The amortization of assets recorded under capital leases is included in depreciation and amortization expense in the accompanying consolidated statement of operations Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring these assets When assets are retired or otherwise disposed of, the cost and the related depreciation are reversed from the accounts, and any gain or loss is reflected in current operations Repairs and maintenance expenditures are expensed as incurred

#### **Impairment of Long-Lived Assets**

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable If such assets are deemed to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell There were no long-lived asset impairment losses for the years ended December 31, 2011 and 2010

#### **Conditional Asset Retirement Obligations**

Asset retirement obligations, reported in other noncurrent liabilities, are legal obligations associated with the retirement of long-lived assets These liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability Asset retirement costs are subsequently depreciated over the useful lives of the related assets Subsequent to initial recognition, BIMC records changes in the liability resulting from the passage of time and revisions to either the timing or the amount of the original estimate of undiscounted cash flows BIMC reduces their liabilities when the related obligations are settled



# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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*(in thousands of dollars)*

#### **Deferred Financing Costs**

Deferred financing costs represent costs incurred to obtain financing. Amortization of these costs is recorded over the term of the applicable indebtedness and is provided for on the interest method. Gross deferred financing costs at December 31, 2011 and 2010 were \$9,964 and \$9,090 for each year. Total accumulated amortization at December 31, 2011 and 2010 was \$4,575 and \$3,770, respectively.

#### **Reinsurance Receivables**

Reinsurance receivables as required under ASU 2010-24, represents amounts due from commercial and captive insurance companies for medical malpractice liabilities that are reported under Insured Liabilities on the balance sheet. BIMC's reinsurance receivables are due from fully funded captive companies and A+ rated commercial carriers and as such there is no provision for uncollectibility.

#### **Other Assets**

BIMC has invested in various health care entities, and these amounts are classified as other assets in the accompanying consolidated balance sheets certain of which are accounted for using the cost method. For the entities accounted for on the cost method, if these entities are unable to generate sufficient cash flow in the future, BIMC may be required to write down the carrying value of these investments to an estimated net realizable value.

Included in other assets in the consolidated balance sheets is approximately \$65,515 and \$65,774 at December 31, 2011 and 2010 of gross goodwill recorded in connection with purchases of healthcare organizations. Goodwill related to acquisitions in years prior to 2010 was being amortized on a straight-line basis over 20 years and accumulated amortization of goodwill recorded at December 31, 2011 and 2010 is approximately \$21,122 for both years. Starting in 2010, in accordance with current authoritative guidance, BIMC no longer amortizes goodwill but rather reviews such for impairment. There were no impairment losses for the year ended December 31, 2011 and 2010.

#### **Interest Rate Swap**

BIMC utilizes an interest rate swap, also known as a risk management or derivative instrument, to effectively create a fixed rate of interest on a mortgage loan. BIMC designates at inception whether the swap agreement is considered hedging or nonhedging for accounting purposes in accordance with derivatives and hedging authoritative guidance. Interest rate swaps are recorded in the consolidated balance sheets at fair value. Hedging ineffectiveness, if any, is recorded in excess (deficiency) of revenues over expenses.

#### **Insured Liabilities**

Insured liabilities as required under authoritative guidance represent the amount of BIMC's medical malpractice liabilities that are reinsured from commercial and captive insurance companies. These amounts due are reported under Reinsurance Receivables on the balance sheet.

#### **Other Noncurrent Liabilities**

Other noncurrent liabilities in the accompanying consolidated balance sheets consist primarily of the long-term portion of estimated payables to third-party payors, swap interest rate liabilities and professional liability insurance.

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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*(in thousands of dollars)*

#### **Temporarily and Permanently Restricted Net Assets**

Net assets associated with restricted funds are classified and reported based on the existence or absence of donor-imposed restrictions. Unconditional promises to donate cash and other assets are reported at fair value at the date the promise is received. Conditional promises to donate and indications of intentions to donate are recognized when the condition is substantially met.

Temporarily restricted net assets are those whose use by BIMC is limited by donor-imposed restrictions to a specific time period or purpose. Once restrictions are satisfied, those temporarily restricted net assets are released from restrictions, except for temporarily restricted revenue earned and expended in the same fiscal year, which is recorded as unrestricted revenue.

Gifts of long-lived assets under specific restrictions that specify the use of assets and gifts of cash or other assets that must be used to acquire long-lived assets are reported as additions to temporarily restricted net assets if the assets are not placed in service during the year.

Permanently restricted net assets have been restricted by donors to be maintained by BIMC in perpetuity and these endowment funds are included in long term investments.

Consistent with ASC 958-205 Endowments of Not-for-Profit Organizations Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"), BIMC records as permanently restricted assets the original amount of gifts which donors have given to be maintained in perpetuity. For financial statement purposes, all subsequent accumulated gains on such donor restricted endowment funds that are not classified as permanently restricted net assets are classified as temporarily restricted net assets until appropriated for expenditure by the Board of Trustees of BIMC. BIMC's spending rule is to pay out, per annum, 5% of its rolling three-year average market value of the Endowment Fund assets. The Board of Trustees further understands its policies on retaining and spending from endowment to be consistent with the requirements of New York State law.

Under the policies established and approved by BIMC's Investment Committee, donor-restricted endowment funds are invested in income-generating investment vehicles to generate appreciation and preserve capital.

As a result of the unfavorable market fluctuations, the fair market value of assets associated with individual donor-restricted endowment funds have fallen below historic dollar value. The aggregate amounts by which fair value was below historic value was \$3,523 as of December 31, 2011 and \$3,249 as of December 31, 2010. These amounts were recorded in the unrestricted fund and no changes have been recorded in the permanently restricted fund. As the fair value was below historic value, BIMC did not distribute the income generated by the Endowment Fund assets in 2011 or 2010.

#### **Faculty Practice Revenue**

BIMC has a faculty practice plan ("FPP") which consists of employed multispecialty physicians. Based on the employment agreements, revenue generated from patient care services provided by the FPP are allocated to pay for physicians salaries, overhead and to fund education and other expenses of the specific department.

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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*(in thousands of dollars)*

#### **Statement of Operations and Performance Indicator**

BIMC differentiates its operating activities through the use of operating income before other items as an intermediate measure of operations. For the purposes of display, unrestricted donor contributions, which management does not consider to be components of BIMC's operating activities, are excluded from the income (loss) from operations and reported as nonoperating revenues in the statement of operations.

The consolidated statements of operations include excess (deficiency) of revenue over expenses as the performance indicator. Changes in unrestricted net assets, which are excluded from excess (deficiency) of revenue over expenses, include effective portions of changes in fair value of interest rate swap designated as a cash flow hedge and gain from discontinued operations.

#### **Charity Care**

In accordance with BIMC's charity care policy and New York State Department of Health Guidelines, BIMC provides care to all patients regardless of their ability to pay. As a matter of policy, BIMC provides significant amounts of partially or totally uncompensated patient care. For accounting purposes, such uncompensated care is treated either as charity care or bad debt expense. BIMC has defined charity care for accounting purposes as the difference between its customary charges and the sliding scale rates given to patients in need of financial assistance. Since payment of this difference is not sought, charity care allowances are not reported as revenue. Patients who do not qualify for sliding scale fees and all uninsured inpatients who do not qualify for Medicaid assistance are billed at BIMC's full rates. Uncollected balances for these patients are categorized as bad debts. The estimated cost of forgone charges related to the provision of charity care for all patient services is approximately \$8,268 and \$6,547 for the years ended December 31, 2011 and 2010, respectively, which is based on a ratio of cost to charges during the period.

#### **New Accounting Pronouncements**

In 2010, the FASB issued Accounting Standards Update No. 2010-06, Fair Value Measurements and Disclosures - Improving Disclosures about Fair Value Measurement which requires new disclosures and clarifies existing disclosure requirements about fair value measurements. The new guidance requires entities to disclose transfers of assets in and out of Levels 1 and 2 of the fair value hierarchy and the reasons for those transfers. The new standard is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. BIMC adopted this guidance during 2011. There were no significant transfers in and out of Levels 1 and 2 of the fair value hierarchy in 2011.

In August 2010, the FASB issued Accounting Standards Update No. 2010-23, Measuring Charity Care for Disclosure. The new standard requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided and also requires separate disclosure regarding the method used to identify or determine such costs. The new standard is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. BIMC adopted this guidance during 2011, and included the applicable disclosures within Note 1.

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

---

*(in thousands of dollars)*

In August 2010, the FASB issued Accounting Standards Update No. 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries. Under this new standard, anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities should be presented separately on the balance sheet. The standard is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. BIMC adopted this guidance during 2011, and included such presentation on the balance sheet at December 31, 2011 and December 2010 for comparability.

In July 2011, the FASB issued Accounting Standards Update No. 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. This new standard is intended to provide consistency in practice when preparing charity care disclosures. The amendments under this update require entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statements of operations. Therefore, the presentation of bad debt expense in the statement of operations moves from the expenses section to netting down revenues. The standard is effective for fiscal years with the first annual period ending after December 15, 2012. BIMC is currently evaluating the effect of this new standard on its financial statements in 2012.

#### **Reclassifications**

Certain reclassifications have been made to the amounts previously reported in order to conform to the current year's presentation.

## **2. Net Patient Service Revenue, Receivables for Patient Care and Allowance for Doubtful Accounts**

BIMC has agreements with third-party payors that provide for payments at amounts different from its established rates (i.e., gross charges). Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Billings relating to services rendered are recorded as net patient service revenue in the period in which the service is performed, net of contractual and other allowances which represent differences between gross charges and the estimated receipts under such programs. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Receivables for patient care are also reduced for allowances for uncollectible accounts.

The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. Account balances are written off against the allowance when management determines it is probable the receivable will not be recovered. The use of historical collection and payors reimbursement experience is an integral part of the estimation of reserves for uncollectible accounts. Changes in reserve for uncollectible accounts estimates are recorded as an adjustment to the provision for bad debts.

# **Beth Israel Medical Center and Affiliates**

## **Notes to Consolidated Financial Statements**

### **December 31, 2011 and 2010**

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A summary of the payment arrangements with major third-party payors is as follows

- *Medicare* Inpatient acute care and certain nonacute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Effective October 1, 2007, the Centers for Medicare and Medicaid Services ("CMS") revised the Medicare patient classification system. The new Medicare severity adjusted diagnosis related groups ("MS-DRGs") reflect changes in technology and current methods of care delivery. CMS has expanded the number of DRGs from 538 to 745 and requires identification of conditions that are present upon admission. Direct medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. BIMC is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary.
- *Nonmedicare Payments* The New York Health Care Reform Act of 1996, as updated, governs payments to hospitals in New York State (NYS). Under this system, hospitals and all nonmedicare payors, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospital's payment rates. If negotiated rates are not established, payors are billed at the hospitals established charges. Medicaid, workers' compensation and no-fault payors pay hospital rates promulgated by the New York State Department of Health ("NYSDOH") on a prospective basis. Adjustments to current and prior years' rates for these payors will continue to be made in the future. Effective December 1, 2009, NYSDOH implemented inpatient reimbursement reform. The reform updated the data utilized to calculate NYS DRG rates and service intensity weights ("SIWs"), in order to utilize refined data and more current information in NYSDOH promulgated rates. Similar type outpatient reforms were implemented effective December 1, 2008.

There are various proposals at the Federal and State levels that could, among other things, reduce payment rates and increase managed care penetration, including Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

Revenue from the Medicare and Medicaid programs accounted for approximately 60% of BIMC's net patient service revenue for the year ended December 31, 2011, and approximately 62% of BIMC's net patient service revenue for the year ended December 31, 2010.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. During 2011 and 2010, the net amounts recorded related to prior years decreased the performance indicator approximately \$3,741 and \$2,780, respectively, due to changes in estimates.

BIMC's cost reports have been audited and finalized by the Medicare fiscal intermediary through December 31, 2000.

# **Beth Israel Medical Center and Affiliates**

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### **3. Investments and Assets Limited as to Use**

Investments and Assets Limited as to Use with readily determinable values are recorded at fair value. Investments and Assets Limited as to Use for which a readily determinable value is not available are accounted for using the equity or cost method, depending upon BIMC's ownership percentage. The fair value of BIMC's investments in private partnership and equity funds is determined by the management of the respective fund. BIMC believes that the carrying amount of these investments is a reasonable estimate of fair value as of December 31, 2011. Because these investments are not marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investment existed and such differences could be material. The fair value hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value. The three levels of inputs are as follows:

- Level 1—Quoted prices in active markets for identical assets or liabilities
- Level 2—Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3—Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

The following is a description of the valuation techniques used for assets measured at fair value:

Cash and cash equivalents includes money market instruments that are valued at amortized cost which approximates fair value.

Marketable equities and fixed income consists of investments in publicly traded U.S. and foreign equities, funds that invest in equity and fixed income based strategies, and cash held in separate accounts committed to these strategies. The fair value of these investments is based on quoted market prices. Investments that are listed on an exchange are valued, in general, at the last reported sale price (or, if there is no sales price, at the last reported bid price, or, in the absence of reported bid prices, at the mean between the last reported bid and asked prices thereof). Fund investments in equity and fixed income based strategies are valued in accordance with valuations provided by the investment managers of the underlying funds.

U.S. government debt securities are valued on the basis of the quoted market prices at year-end. If quoted market prices are not available for the investments, these investments are valued based on yields currently available on comparable securities or issuers with similar credit ratings.

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Limited marketability investments include interests in absolute return strategy funds, private equity funds, and real asset funds. BIMC values these investments in accordance with valuations provided by the investment managers of the underlying funds. These funds may make investments in securities that are publicly traded, which are generally valued based on observable market prices, unless a restriction exists. In addition, interests in a private equity fund may be publicly traded and valued based on observable market prices. As a general rule, managers of funds invested in limited marketability investments value those investments based upon the best information available for a given circumstance and may incorporate assumptions that are the investment manager's best estimates after consideration of a variety of internal and external factors. Certain investments may be subject to restrictions that limit BIMC's ability to withdraw capital after the initial investment is made (lock ups ranging from 0 to 2 years and redemption notice periods that range from 0 days to 95 days).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different value measurement at the reporting date.

**Marketable Securities and Long-Term Investments**

The composition and fair value hierarchy of marketable securities and long-term investments measured at fair value on a recurring basis at December 31, 2011 and 2010 is set forth in the following table:

	December 31, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 2,242	\$ -	\$ -	\$ 2,242
U S government and fixed income	6,487	-	-	6,487
Marketable equity investments	15,790	-	-	15,790
Total marketable securities	<u>\$ 24,519</u>	<u>\$ -</u>	<u>\$ -</u>	24,519
Limited marketability investments				20,648
Total marketable securities and long term investments				45,167
Less: current portion				28,351
Total long term investments				<u>\$ 16,816</u>

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,195	\$ -	\$ -	\$ 1,195
U S government and fixed income	6,019	-	-	6,019
Marketable equity investments	14,458	-	-	14,458
Total marketable securities	<u>\$ 21,672</u>	<u>\$ -</u>	<u>\$ -</u>	21,672
Limited marketability investments				21,178
Total marketable securities and long term investments				42,850
Less: current portion				26,053
Total long term investments				<u>\$ 16,797</u>

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**Assets Limited as to Use**

The composition and fair value hierarchy of assets limited as to use at December 31, 2011 and 2010, is set forth in the following table

	December 31, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 10,406	\$ -	\$ -	\$ 10,406
U S Government and other obligations	2,687	-	-	2,687
Total assets limited as to use	<u>\$ 13,093</u>	<u>\$ -</u>	<u>\$ -</u>	<u>13,093</u>
Less Current portion				520
				<u>\$ 12,573</u>

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 21,685	\$ -	\$ -	\$ 21,685
U S Government and other obligations	1,274	-	-	1,274
Total assets limited as to use	<u>\$ 22,959</u>	<u>\$ -</u>	<u>\$ -</u>	<u>22,959</u>
Less Current portion				2,223
				<u>\$ 20,736</u>

Assets limited as to use and their specific designations as provided for under BIMC's debt structure are set forth in the following table

	December 31,	
	2011	2010
Debt service reserve funds	\$ 782	\$ 817
Revenue funds	550	483
Collateral for line of credit	8,512	18,728
Operating escrows	3,044	1,008
Tax exempt equipment lease escrow	205	1,923
	<u>\$ 13,093</u>	<u>\$ 22,959</u>

Investment income and gains on long-term investments, marketable securities, assets limited as to use, and cash and cash equivalents consist of the following

	Years Ended December 31,	
	2011	2010
Interest and dividends	\$ 3,596	\$ 2,102
Net realized gains (losses)	594	(746)
Net unrealized (losses) gains	(1,461)	4,496
Total investment income	<u>\$ 2,729</u>	<u>\$ 5,852</u>



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**4. Property, Plant and Equipment**

A summary of property, plant and equipment is as follows

	<b>December 31,</b>	
	<b>2011</b>	<b>2010</b>
Land and land improvements	\$ 14,058	\$ 14,058
Buildings and building improvements	436,550	412,726
Equipment held under capital leases	95,201	91,397
Equipment	907,222	871,862
	<u>1,453,031</u>	<u>1,390,043</u>
Less Accumulated depreciation	1,006,253	936,260
	<u>446,778</u>	<u>453,783</u>
Construction in progress	17,737	26,916
	<u>\$ 464,515</u>	<u>\$ 480,699</u>

Depreciation expense was \$70,341 and \$72,998 for the years ended December 31, 2011 and 2010, respectively. Accumulated amortization associated with equipment held under capital leases was \$56,965 and \$47,945 at December 31, 2011 and 2010, respectively. During 2011 and 2010, BIMC capitalized approximately \$1,021 and \$1,398, respectively, of interest expense related to various construction projects. Repairs and maintenance expenditures are expensed as incurred.

**5. Long-Term Debt and Capitalized Leases**

A summary of long-term debt and capitalized leases is as follows

	<b>December 31,</b>	
	<b>2011</b>	<b>2010</b>
Nursing Home insured mortgage loan (a)	\$ 650	\$ 950
Collateralized loans (b)	236,922	254,366
Capital leases with interest rates ranging from 5.00% to 12.60%	25,930	33,323
Other loans	16,146	20,551
	<u>279,648</u>	<u>309,190</u>
Less current portion	42,005	40,887
	<u>\$ 237,643</u>	<u>\$ 268,303</u>

- a. The Nursing Home has a mortgage loan agreement with the Dormitory Authority of the State of New York ("DASNY") which is collateralized by a first lien on the nursing facility. The mortgage loan bears an interest rate of 6.2% payable through 2013. In accordance with the mortgage agreement, the Nursing Home is required to comply with various financial and nonfinancial covenants, the most restrictive of which include the filing of monthly, quarterly and annual financial statements within specified time frames, and maintaining a Debt Service coverage ratio of at least 1.1. The outstanding amount at December 31, 2011 is collateralized by assets limited as to use.

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- b In September 2004, BIMC entered into a credit agreement ("Credit Agreement") with a lender to provide up to \$165,000 of financing in the aggregate. The Credit Agreement was comprised of an \$87,500 sub-facility ("Sub-Facility A") based on accounts receivable and a \$77,500 sub-facility ("Sub-Facility B") which was based on cash collateral and is no longer outstanding. The sub-facility based on the accounts receivable was advanced in the amount of \$87,500 in September 2004. In August 2011, Sub-Facility A was amended and increased to \$90,000. It is collateralized by the patient receivables of BIMC, BICCC West and Beth Israel Ambulatory Services Corporation and a building located on the main campus. The loan is to be repaid over a fifteen year amortization period with quarterly payments of principal beginning in December 2004 and maturing March 2015 with an option to extend to March 2018 (balance outstanding at December 31, 2011 is \$88,875). Interest is payable monthly at LIBOR (with a LIBOR Floor of 1.5%) plus 3.5% (interest rate at December 31, 2011 was 5.0%). This rate is adjusted every 3 months. As part of this agreement, BIMC was required to establish a blocked lock box whereby all receipts from patient-related receivables must be deposited. The lender can only block their transfer to BIMC in the event of default. If no event of default exists, the lock box is transferred daily to BIMC. Since these amounts are not utilized for debt repayment and there are no subjective acceleration clauses in the agreement, Sub-Facility A has been classified as long-term. The proceeds were used to refinance an existing loan.

In accordance with the Credit Agreement, BIMC is required to comply with various financial and nonfinancial covenants, the most restrictive include the filing of monthly, quarterly and annual financial statements within specified time frames, maintaining fixed charge coverage ratio of at least 1.1, maintain days cash on hand of at least 22.5 days, have a maximum of days revenue in receivables of 67 days, as well as other financial covenants. For the year ended December 31, 2011, BIMC was in compliance with all covenants.

During 2007, certain lines of credit were refinanced with a mortgage loan note in the amount of \$66,500 at a rate equal to a LIBOR based rate plus 4.0%. This line of credit is fully drawn, and is payable in May 2012. In August of 2011, the loan was refinanced and reduced to \$40,000 at a rate equal to a LIBOR based rate plus 2.5% (interest rate at December 31, 2011 was 2.8%). The loan is collateralized by certain property of BIMC (balance outstanding at December 31, 2011 is \$39,523). In accordance with the loan, BIMC is required to comply with various covenants, the most restrictive include the filing of annual financial statements within 150 days, maintain days cash on hand of at least 20 days, maintain a debt service coverage ratio of at least 1.1 and the ratio of total liabilities to unrestricted net assets cannot exceed 3.1. For the year ended December 31, 2011, BIMC was in compliance with all covenants.

In October 2008, BIMC entered into a term loan agreement with a commercial bank in the amount of \$40,000 (balance outstanding at December 31, 2011 is \$8,511). The loan was collateralized with a cash account, included in assets limited as to use. Interest is payable monthly at the thirty day LIBOR plus 0.70% (interest rate at December 31, 2011 was 0.95%) is paid back monthly over 47 months at \$851 per month. The cash collateral account earns the thirty day LIBOR rate. In accordance with the term loan agreement, BIMC is required to comply with various covenants, the most restrictive include the filing of annual financial statements within 150 days, maintain days cash on hand of at least 20 days, maintain a debt service coverage ratio of at least 1.1 (excluding gains or losses of BIMC's captive insurance company) and the ratio of total liabilities to unrestricted net assets cannot exceed 3.1. As of December 31, 2011, BIMC was in compliance with all covenants.

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In February 2009, BIMC entered into a term loan agreement with a commercial bank in the amount of \$55,000 (balance outstanding at December 31, 2011 is \$50,084). The loan was collateralized by a first mortgage lien on four non-limited use properties. The mortgage has a 10 year term with a 20 year amortization. The loan has a call option that states upon five (5) years prior written notice, the commercial bank shall have the right to declare the Term Loan payable in full at the end of the tenth (10th) year. The term loan is a variable interest rate loan on which the interest rate is set monthly at the LIBOR rate plus 1.65%.

BIMC entered into an Interest Rate Swap Agreement with the commercial bank to effectively fix the interest rate at a fixed rate of 4.93% for 10 years. The interest payments for the loan agreement, including interest paid under the interest rate swap agreement, were \$2,545 and \$2,625 for the years ended December 31, 2011 and 2010, respectively, and have been included in interest expense in the consolidated statement of operations. During the term of the interest rate swap agreement, BIMC can terminate the agreement at any time upon payment of a pre-penalty fee. The commercial bank can terminate the interest rate swap agreement if specified adverse events occur. In the event of default, the lender can only seek repayment from the collateral and not from any other assets of BIMC.

The fair value of the interest rate swap agreement is the estimated amount that BIMC would currently receive if the swap agreement was terminated at December 31, 2011, taking into account the current credit worthiness of the swap counterparties and is considered a Level 3 measurement in accordance with the fair value hierarchy in accordance with authoritative guidance on fair value measurements and disclosures. The estimated fair value of the interest rate swap was a liability (included within other noncurrent liabilities in the consolidated balance sheet) of \$5,252 at December 31, 2011. The change in fair value for the year ended December 31, 2011 of \$3,623 is recorded as a decrease in unrestricted net assets in the consolidated statements of change in net assets since management concluded the swap qualified as an effective hedge. The change in the fair value of the interest rate swap arose from differences between the floating rate under the term loan agreement and the fixed rate under the interest rate swap agreement, including assessment of counter party credit risk.

In accordance with this term loan, BIMC is required to comply with various covenants, the most restrictive of which are the filing of annual financial statements within 150 days, maintain days cash on hand of at least 20 days, maintain a debt service coverage ratio of at least 1.1 (excluding gains or losses of BIMC's captive insurance company) and the ratio of liabilities to unrestricted net assets cannot exceed 3.1. For the year ended December 31, 2011, BIMC was in compliance with all covenants.

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In May 2010, BIMC acquired a Comprehensive Cancer Center from Aptium W New York, Inc (“Aptium”) and St Vincent’s Catholic Medical Centers of New York, to expand its cancer line of service BIMC entered into a term loan agreement with Aptium to be paid over a 10 year term which is collateralized by a first priority lien and security interest in the Cancer Center assets The loan outstanding at December 31, 2011 of \$49,930, which has been discounted at an interest rate of 5.25%, is included on the balance sheet in Current and Long term debt In connection with the acquisition, BIMC recorded \$38,373 of goodwill related to the service line expansion and turn-key status of the Cancer Center, which is included in Other Assets on the balance sheet Additionally, BIMC entered into a 10 year administrative services agreement with Aptium to provide management and day to day administrative services Refer to Note 15 for additional information on the Comprehensive Cancer Center

*Long-term debt (excluding capital leases)* The fair value of BIMC’s long term debt is estimated using discounted cash flow analyses, based on BIMC’s current incremental borrowing rates for similar types of borrowing arrangements The fair value of BIMC’s debt approximates its carrying amount

Scheduled principal repayments on long-term debt and payments on capital lease obligations are as follows

	Long-term Debt	Capital Lease Obligations
<b>Year Ending December 31</b>		
2012	\$ 32,225	\$ 10,980
2013	22,327	9,024
2014	20,885	4,482
2015	20,818	2,537
2016	18,183	585
Thereafter	139,280	779
	<u>\$ 253,718</u>	<u>28,387</u>
Less amount representing interest under capital lease obligations		<u>2,457</u>
		<u>\$ 25,930</u>

**6. Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets of \$16,562 and \$18,875 at December 31, 2011 and 2010, respectively, are available for health education, program improvement and medical research

Permanently restricted net assets of \$23,491 and \$21,538 at December 31, 2011 and 2010, respectively, are to be held in perpetuity, the income from which generally is expendable to support health care services

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For the years ended December 31, 2011 and 2010, net assets were released from restrictions by incurring expenses and satisfying the restricted purposes of health education and program improvement and research in the amount of approximately \$8,140 and \$11,003, respectively

#### 7. Professional and General Liability Insurance Program

BIMC participates in a pooled professional and general liability program with certain other health care facilities affiliated with the Federation of Jewish Philanthropies of New York ("FOJP") to cover medical malpractice and other claims. This participation is with captive and commercial insurance companies which provide occurrence based coverage. As of December 31, 2011, BIMC has ownership interests in three captive insurance companies affiliated with the FOJP program, which are accounted for under the equity method of accounting. Premiums are based on the experience of BIMC and other participating institutions. In connection with the pooled insurance program, BIMC has recognized its allocated share of a portion of the program's accumulated surplus. These carrying amounts are shown in the table below as of December 31, 2011 and 2010.

BIMC uses the equity method to account for its investment's captive insurance companies associated with its medical malpractice insurance program. The equity method reflects the relationship between BIMC and the captive insurance company and the results of the captive insurance company's operations. The total carrying amount is shown in the table below as of December 31, 2011 and 2010.

	<u>December 31, 2011</u>	<u>December 31, 2010</u>
	% Ownership	% Ownership
Briarwoods Insurance Company, Ltd	25.00% \$ 10,094	20.00% \$ 5,312
Hospitals Insurance Company, Inc	25.00% 44,060	20.59% 34,855
FH Insurance Company Limited	25.00% 6,698	25.00% 14,696
	<u>60,852</u>	<u>54,863</u>
Dividends Receivable	-	2,732
	<u>60,852</u>	<u>57,595</u>

#### 8. Pension and Similar Plans

##### Defined Contribution

BIMC provides pension and similar benefits to substantially all employees through several defined benefit multi-employer plans for union employees and tax sheltered annuity plans for nonunion employees. Contributions to these plans are generally based on gross salaries. It is BIMC's policy to fund accrued costs under these plans on a current basis.

The total cost relating to union multi-employer defined benefit plans amounted to \$27,441 and \$21,979 for the years ended December 31, 2011 and 2010, respectively. Contributions to tax sheltered annuity plans approximated \$15,776 and \$15,550 for the years ended December 31, 2011 and 2010, respectively.

Approximately 67% of BIMC's employees are union members. The most significant current union contracts expire during April 2015.

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**Deferred Employee Compensation Plan**

Pursuant to a deferred employee compensation plan in which certain former BIMC employees participate, BIMC deposits amounts with a trustee on behalf of the participating employees. Under the terms of the plan, BIMC is not responsible for investment gains or losses incurred. The assets are restricted for payments under the plan and may only revert to BIMC under certain specified circumstances. These funds totaled \$519 and \$599 at December 31, 2011 and 2010, respectively.

**9. Related Party Transactions**

BIMC conducts various transactions with other affiliated organizations of CHP. The following table summarizes amounts due from affiliated companies:

	<b>December 31,</b>	
	<b>2011</b>	<b>2010</b>
St. Luke's-Roosevelt Hospital Center	\$ 761	\$ 1,050
St. Luke's-Roosevelt Hospital Center Loan	6,947	6,575
New York Eye and Ear Infirmary	224	485
Due from affiliated organizations, net	7,932	8,110
Less: Current portion	2,259	2,678
Long-term portion due from affiliated organizations, net	\$ 5,673	\$ 5,432

BIMC funds certain intercompany transactions and provides services to SLR on an ongoing basis which constitutes the amounts due from SLR at each year-end. Certain transactions are paid directly to vendors by BIMC on behalf of SLR and other charges are allocated or billed for corporate type services, such as administrative, human resources, software applications, and information technology, based on agreed-upon estimates of usage of those services. Amounts due from affiliated companies are classified as current or noncurrent in the accompanying balance sheets based on when payment is expected.

In September 2004, SLR entered into a \$12,000 loan with BIMC, in order to meet certain pension funding requirements. Interest only is due for the first two years of the loan at LIBOR plus 1%, established annually every September 15. On September 15, 2006, SLR started paying principal and interest payments amortized over a ten-year period with interest set annually every September 15 at LIBOR plus 1%. During 2011, BIMC provided SLR with an additional loan in the amount of \$1,600 to fund the build out of certain clinical space. At December 31, 2011 and 2010, SLR owed \$6,947 and \$6,575 of the loan amount, respectively.

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During 2011 and 2010 BIMC charged SLR and LICH, now SUNY Downstate (for the first 5 months of 2011), for the use of a clinical management system ("Prism"). The assets related to the purchase and implementation of Prism were recorded by BIMC. These charges are paid in full on a monthly basis. Total amounts charged by BIMC to SLR, LICH and SUNY Downstate in the consolidated statements of operations were \$12,182 for the years ended December 31, 2011 and 2010.

**New York Eye and Ear Infirmary**

BIMC pays certain administrative expenses on behalf of the Infirmary. At December 31, 2011 and 2010, BIMC is owed \$224 and \$485, respectively.

**10. Commitments and Contingencies**

**Third-Party Reimbursement Programs**

The Nursing Home is reimbursed for Medicaid patients using a budgeted rate. The budgeted rates are subject to revision based on filed cost reports. To date, the budgeted rates paid to the Nursing Home have not been revised by Medicaid. Management has estimated and recorded in the accompanying consolidated balance sheets a liability of approximately \$18,816 and \$17,995 at December 31, 2011 and 2010, respectively, for potential rate revisions.

**Litigation**

BIMC is involved in litigation and claims in the normal course of business. The ultimate outcome of these cases cannot be predicted at this time. Management does not believe that the ultimate outcome of these matters will have a material adverse effect on the consolidated financial position of BIMC.

Professional liability claims have been asserted against BIMC by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. There are known incidents occurring through December 31, 2011 that may result in the assertion of additional claims and other claims may be asserted arising from services provided to patients in the past. It is the opinion of BIMC management, based on prior experience, that adequate insurance is maintained to provide for all significant professional liability losses.

**Operating Leases**

BIMC leases various equipment and facilities under operating leases expiring at various dates through 2017 and thereafter.

Total rental expense charged to operations approximated \$34,867 and \$33,746 in 2011 and 2010, respectively. Sublease income and contingent rentals during those years and amounts to be received after 2011 are not significant.

Future minimum payments required under noncancelable operating leases with initial or remaining terms of one year or more consisted of the following at December 31, 2011 (in thousands):

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*(in thousands of dollars)*

2012	\$	21,579
2013		21,033
2014		18,154
2015		17,208
2016		17,437
2017 and thereafter		110,490

**11. Concentrations of Credit Risk**

BIMC grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payors agreements. The mix of net receivables (net of contractual allowances, advances from certain third-parties and allowance for doubtful accounts) from patients and third-party payors was as follows:

	<b>December 31,</b>	
	<b>2011</b>	<b>2010</b>
Medicare	30 %	32 %
Medicaid	26	23
Managed care and other commercial insurance	37	37
Patients	7	8
	<u>100 %</u>	<u>100 %</u>

**12. Pledges Receivable**

Unconditional promises to give which are due more than one year from the balance sheet dates are discounted to reflect the present value of future cash flows. Pledges receivable consist of the following:

	<b>December 31,</b>	
	<b>2011</b>	<b>2010</b>
Amounts expected to be collected in		
Less than one year	\$ 4,721	\$ 5,995
One to four years	4,612	5,584
More than 4 years	202	206
	<u>9,535</u>	<u>11,785</u>
Discount to present value of future cash flows (at approximately 3%) and allowance for uncollectible amounts	<u>(1,158)</u>	<u>(1,162)</u>
Total pledges receivable, net	<u>8,377</u>	<u>10,623</u>
Less: Current portion	<u>4,721</u>	<u>5,995</u>
Long-term portion of pledges receivables, net	<u>\$ 3,656</u>	<u>\$ 4,628</u>



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**13. Functional Expenses**

The functional expenses related to BIMC providing its services are

	<b>Years Ended December 31,</b>	
	<b>2011</b>	<b>2010</b>
Direct patient care and services	\$ 1,369,579	\$ 1,273,760
Research	242	224
Other general and administrative	122,036	113,499
	<u>\$ 1,491,857</u>	<u>\$ 1,387,483</u>

**14. Discontinued Operations**

The sale of the Jacob Perlow Hospice Corporation (Hospice) was completed with a local area health care system in May 2010. BIMC accounted for this transaction in accordance with guidance for organizations that have discontinued operations. As a result, in BIMC's consolidated financial statements the operating results, assets and liabilities and cash flows of Hospice for the five months ended May 31, 2010 has been reported in discontinued operations.

The gain from discontinued operations for the year ended December 31, 2010 consists of the following:

Proceeds from sale of Hospice	\$ 5,500
Note receivable	2,300
Less: transaction costs	(450)
Add: Net book value of disposed assets under disposed liabilities	(547)
Gain on sale of assets	<u>6,803</u>
Less: Loss from operations of Hospice for the five months ended	<u>(3,587)</u>
Gain from discontinued operations	<u>\$ 3,216</u>

**15. Subsequent Event**

During January 2012, Beth Israel Medical Center completed the purchase of 100% of the ownership interest in the company with whom it contracted to acquire and provide operations services of the Beth Israel's Comprehensive Cancer Center – West Side Campus. This acquisition resulted in a reduction in the amount due the former owner, an acceleration of the pay off period, and is anticipated to reduce the total cost of operations.

Also during January 2012, BIMC reached agreement with the company administering its outpatient renal dialysis program. The agreement addressed or satisfied all outstanding obligations between the two organizations as of December 31, 2011. The two organizations continue to work together in an effort to transition BIMC's outpatient renal services in accordance with New York State regulations. The financial implications of this transaction have been appropriately recorded in these financial statements.

**Beth Israel Medical Center and Affiliates**  
**Notes to Consolidated Financial Statements**  
**December 31, 2011 and 2010**

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*(in thousands of dollars)*

In January 2012, BIMC reached a settlement with the Federal government for certain reimbursement issues. The settlement has been appropriately accrued and reported in these financial statements.