

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020**

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

**C** Name of organization  
WINCHESTER HOSPITAL

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
WINCHESTER, MA 018900000

**D** Employer identification number  
04-2104434

**E** Telephone number  
(781) 744-9536

**G** Gross receipts \$ 299,721,668

**F** Name and address of principal officer:  
DR RICHARD WEINER  
41 HIGHLAND AVENUE  
WINCHESTER, MA 018900000

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.WINCHESTERHOSPITAL.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1906 **M** State of legal domicile: MA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
THE MISSION OF WINCHESTER HOSPITAL IS "TO CARE. TO HEAL. TO EXCEL." THIS ETHOS PROVIDES EACH AND EVERY STAFF MEMBER WITH CLEAR EXPECTATIONS, PROMOTING TEAMWORK AND RESPECT WHILE ENSURING SAFETY, QUALITY AND EMPATHY FOR PATIENTS. WINCHESTER HOSPITAL'S SUCCESS IS BASED ON THIS SHARED COMMITMENT TO EXCELLENCE. THE HOSPITAL AND ITS STAFF TAKE PRIDE IN OFFERING AN EXCEPTIONAL PATIENT CARE EXPERIENCE, PROVIDING SAFE, HIGH-QUALITY, COMMUNITY-BASED HEALTH CARE AND ACCESS TO TERTIARY CARE IN CLOSE COLLABORATION WITH ITS AFFILIATES IN THE BETH ISRAEL LAHEY HEALTH NETWORK WITH THE ULTIMATE GOAL OF IMPROVING THE HEALTH OF THE HOSPITAL'S PATIENTS AND THE COMMUNITIES SERVED.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	29
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	22
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,614
<b>6</b> Total number of volunteers (estimate if necessary)	680
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	4,651,565
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	296,724

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	21,115,366
<b>9</b> Program service revenue (Part VIII, line 2g)	281,262,984	269,304,309
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,449,439	5,148,317
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,120,543	3,130,123
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	287,832,966	298,698,115
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	170,309	107,494
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	135,503,512	137,283,534
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	144,024,757	141,345,599
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	279,698,578	278,736,627
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,134,388	19,961,488
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	449,193,408	501,799,446
<b>21</b> Total liabilities (Part X, line 26)	152,061,918	182,156,768
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	297,131,490	319,642,678

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-08-16

MATTHEW J WOODS PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00743140
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ TWO JERICHO PLAZA JERICHO, NY 11753			Phone no. (516) 918-7000	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 118,108,018 including grants of \$ 107,494 ) (Revenue \$ 102,706,033 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 94,154,577 including grants of \$ ) (Revenue \$ 143,478,539 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 18,672,311 including grants of \$ ) (Revenue \$ 23,119,737 )  
See Additional Data

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

**4e Total program service expenses** ▶ 230,934,906

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
<b>3</b>	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		No
<b>4</b>	<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	Yes	
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	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	Yes	
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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	Yes	
<b>c</b>	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		No
<b>d</b>	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	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

<b>2a</b> 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 . . . . .	<table border="1"> <tr> <td data-bbox="888 72 948 147"><b>2a</b></td> <td data-bbox="948 72 1189 147">2,614</td> </tr> </table>	<b>2a</b>	2,614			
<b>2a</b>	2,614					
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>			<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .			<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>					
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>			
<b>10 Section 501(c)(7) organizations. Enter:</b>						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>					
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>					
<b>11 Section 501(c)(12) organizations. Enter:</b>						
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>					
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>					
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>					
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>					
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>					
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>			<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.			<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a (29), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MATTHEW J WOODS 41 HIGHLAND AVENUE WINCHESTER, MA 01890 (781) 744-9536

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							2,632,469	10,465,626	3,520,363	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **716**

	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? If "Yes," complete Schedule J for such individual	3 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? If "Yes," complete Schedule J for such individual	4 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? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW ENGLAND INPATIENT SPECIALISTS 47 HIGH STREETSUITE 101 NORTH ANDOVER, MA 01845	HOSPITALISTS	1,481,152
CLINICAL FINANCIAL RESOURCE INC PO BOX 100 SEEKONK, MA 02771	BILLING SERVICES	1,250,796
SODEXO OPERATIONS LLC PO BOX 360170 PITTSBURGH, PA 152516170	FOOD/SUPPLIES AND MANAGEMENT OF CAFETERI	1,218,471
ANGELICA HEALTHCARE SVC GROUP PO BOX 532268 ATLANTA, GA 191823283	LAUNDRY SERVICES	1,096,027
CHILLER TECHNOLOGY 22 6TH ROAD WOBURN, MA 01801	MAINTENANCE REPAIR SERVICES	844,825

**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 ▶ **58**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	21,115,366		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		21,115,366		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> INPATIENT PROGRAM		900099	143,478,539	143,478,539		
	<b>b</b> OUTPATIENT PROGRAM		621400	99,223,139	99,223,139		
	<b>c</b> EMERGENCY PROGRAM		900099	23,119,737	23,119,737		
	<b>d</b> LABORATORY		621500	3,447,894		3,447,894	
	<b>e</b> RELATED ORG. RENT		531110	35,000			35,000
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .			269,304,309			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,368,675			3,368,675	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
				2,265,421				
	<b>b</b> Less: rental expenses	<b>6b</b>		1,023,553				
	<b>c</b> Rental income or (loss)	<b>6c</b>		1,241,868				
	<b>d</b> Net rental income or (loss) . . . . .			1,241,868		301,790	940,078	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities		1,778,642	1,000		
			(ii) Other					
					0	0		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>						
	<b>c</b> Gain or (loss)	<b>7c</b>		1,778,642	1,000			
	<b>d</b> Net gain or (loss) . . . . .			1,779,642			1,779,642	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue		Business Code						
<b>11a</b> CAFETERIA		722514	772,273			772,273		
<b>b</b> LOAN STAFF		621110	750,147		750,147			
<b>c</b>								
<b>d</b> All other revenue . . . . .			365,835		151,734	214,101		
<b>e Total.</b> Add lines 11a-11d . . . . .			1,888,255					
<b>12 Total revenue.</b> See instructions . . . . .			298,698,115	265,821,415	4,651,565	7,109,769		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	107,494	107,494		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,677,731	1,677,731		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	107,691,938	100,138,876	7,553,062	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	3,233,727	2,538,799	694,928	
<b>9</b> Other employee benefits . . . . .	16,876,023	13,249,366	3,626,657	
<b>10</b> Payroll taxes . . . . .	7,804,115	6,127,011	1,677,104	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	1,496,057		1,496,057	
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	-35,002		-35,002	
<b>d</b> Lobbying . . . . .	56,626		56,626	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	259,031		259,031	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,055,396	19,028,226	4,027,170	
<b>12</b> Advertising and promotion . . . . .	470,377		470,377	
<b>13</b> Office expenses . . . . .	53,351,911	51,887,149	1,464,762	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,830,615	3,792,516	1,038,099	
<b>17</b> Travel . . . . .	94,231	73,981	20,250	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	2,684,322	2,107,461	576,861	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	17,197,598	8,894,189	8,303,409	
<b>23</b> Insurance . . . . .	-473,639	-562,063	88,424	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ADMINISTRATIVE AND GENE	19,797,374	14,274,295	5,523,079	
<b>b</b> HEALTH SAFETY NETWORK A	5,288,242		5,288,242	
<b>c</b> BILH ASSESSMENT	4,771,392	3,746,020	1,025,372	
<b>d</b> CONSULTING FEES	2,602,766		2,602,766	
<b>e</b> All other expenses	5,898,302	3,853,855	2,044,447	
<b>25</b> Total functional expenses. Add lines 1 through 24e	278,736,627	230,934,906	47,801,721	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	39,679,301	<b>1</b>	83,253,079
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	29,302,296	<b>4</b>	26,012,859
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,072,072	<b>7</b>	1,594,438
	<b>8</b> Inventories for sale or use . . . . .	3,398,754	<b>8</b>	3,744,179
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,136,447	<b>9</b>	1,275,524
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 240,404,714		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 103,093,985	138,075,609	<b>10c</b> 137,310,729
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	190,255,552	<b>12</b>	201,629,470
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	46,273,377	<b>15</b>	46,979,168
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	449,193,408	<b>16</b>	501,799,446	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	39,725,493	<b>17</b>	44,355,879
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	86,583,369	<b>20</b>	82,452,094
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25,753,056	<b>25</b>	55,348,795
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	152,061,918	<b>26</b>	182,156,768
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	271,036,543	<b>27</b>	291,721,691
	<b>28</b> Net assets with donor restrictions . . . . .	26,094,947	<b>28</b>	27,920,987
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	297,131,490	<b>32</b>	319,642,678	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	449,193,408	<b>33</b>	501,799,446	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	298,698,115
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	278,736,627
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,961,488
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	297,131,490
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,759,285
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,209,585
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	319,642,678

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>		No
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2104434

**Name:** WINCHESTER HOSPITAL

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

OUTPATIENT SERVICESWINCHESTER HOSPITAL'S TREMENDOUS PRESENCE AND COMMITMENT IN THE COMMUNITY IS EXEMPLIFIED BY THE VARIOUS OUTPATIENT FACILITIES THROUGHOUT THE NORTH-OF-BOSTON AREA, INCLUDING WOBURN, STONEHAM, WILMINGTON AND MEDFORD.THE AMBULATORY SURGERY CENTER IN WINCHESTER IS A STATE-OF-THE-ART OUTPATIENT SURGERY CENTER OFFERING ADVANCED DAY SURGERY. THE CENTER FEATURES REDUCED WAIT TIMES FOR SURGICAL CARE, EXPANDED CAPACITY AND SERVICES TO ADDRESS PATIENT NEEDS, AND A FACILITY THAT WILL ALLOW FOR FUTURE EXPANSION. THE FACILITY IS ALSO HOME TO THE HOSPITAL'S CENTER FOR CANCER CARE, WHICH WAS CREATED BASED ON THE VISION TO DEVELOP A STATE-OF-THE ART, COMMUNITY-BASED CENTER DEDICATED TO AN INTEGRATED MODEL OF CANCER CARE. WINCHESTER HOSPITAL IS PROUD TO OFFER PATIENTS DIAGNOSED WITH CANCER EASY ACCESS TO THE MOST ADVANCED CLINICAL CARE IN AN ENVIRONMENT UNIQUELY DEDICATED TO MEETING THEIR MEDICAL AND EMOTIONAL NEEDS. DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2020, WINCHESTER HOSPITAL PERFORMED 2,325 SURGERIES AND HAD APPROXIMATELY 18,000 ONCOLOGY VISITS AT THE AMBULATORY CENTER.WINCHESTER HOSPITAL IN CONJUNCTION WITH THE MEDICAL STAFF PROVIDES OUTPATIENT PRIMARY CARE AS WELL AS ENDOSCOPIC, CHEMOTHERAPEUTIC AND CANCER MANAGEMENT, CARDIAC REHABILITATION AND DIABETES MANAGEMENT SERVICES, WOUND CARE AND HYPERBARIC PROGRAMS, AND SLEEP CLINIC SERVICES. WINCHESTER HOSPITAL ALSO OFFERS OCCUPATIONAL, PHYSICAL, AND SPEECH HEALTH SERVICES AND NUTRITIONAL COUNSELING. DIAGNOSTIC FACILITIES INCLUDE CT SCANNING, ULTRASOUND, MRI, MAMMOGRAPHY AND INTERVENTIONAL RADIOLOGY. ADDITIONALLY, THROUGH THE CENTER FOR HEALTHY LIVING, WINCHESTER HOSPITAL HELPS COMMUNITY MEMBERS TAKE RESPONSIBILITY FOR THEIR HEALTH AND WELLBEING BY OFFERING EDUCATION AND RESOURCES THAT FOCUS ON HEALTHY LIVING, YOGA, WELLNESS, AND CHILDBIRTH (INCLUDING LACTATION). DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2020, WINCHESTER HOSPITAL HAD APPROXIMATELY 337,000 OUTPATIENT ENCOUNTERS.

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**Form 990, Part III, Line 4b:**

INPATIENT SERVICES WINCHESTER HOSPITAL PROVIDES A WIDE RANGE OF INPATIENT CARE INCLUDING PEDIATRICS, OBSTETRICS AND MATERNITY INCLUDING A SPECIAL CARE NURSERY, GENERAL SURGICAL SERVICES, INTENSIVE CARE AND COMPLETE DIAGNOSTIC FACILITIES. THE HOSPITAL'S INPATIENT FACILITIES INCLUDE MEDICAL/SURGICAL BEDS, OBSTETRIC BEDS AND AN INTENSIVE CARE UNIT. SURGICAL SERVICES ARE AVAILABLE 24 HOURS A DAY FOR CRITICALLY ILL OR INJURED PATIENTS REQUIRING IMMEDIATE SURGICAL INTERVENTION, OR FOR OTHER PATIENTS ON A NON-EMERGENT OR ELECTIVE BASIS. THE HOSPITAL'S HIGHLY QUALIFIED SURGEONS PERFORM ORTHOPEDIC PROCEDURES AND IMPLANTS, PLASTIC, GENERAL SURGICAL (INCLUDING BREAST), GYNECOLOGIC, AND UROLOGICAL PROCEDURES. OTHER SURGICAL SPECIALTIES INCLUDE COLON AND RECTAL, ENT, DERMATOLOGIC, ORAL, AND THORACIC AND WEIGHT LOSS SURGERY. PATIENTS ARE UNDER THE CARE OF THE MEDICAL STAFF, HOSPITALISTS AND/OR GENERAL SURGEONS ALONG WITH NURSES WHO ARE TRAINED IN CARING FOR PATIENTS WITH COMPLEX MEDICAL NEEDS. THE HOSPITAL WAS THE FIRST COMMUNITY HOSPITAL IN EASTERN MASSACHUSETTS TO PERFORM ROBOTIC SURGERY WITH THE DA VINCI SURGICAL SYSTEM, AND THE FIRST COMMUNITY HOSPITAL IN MASSACHUSETTS TO ACHIEVE MAGNET RECOGNITION. THE MAGNET PROGRAM WAS ESTABLISHED BY THE AMERICAN NURSES CREDENTIALING CENTER TO RECOGNIZE HEALTH CARE ORGANIZATIONS THAT PROVIDE THE VERY BEST IN NURSING CARE AND UPHOLD THE TRADITION OF PROFESSIONAL NURSING PRACTICE. IT IS THEIR HIGHEST HONOR FOR NURSING EXCELLENCE. THE NURSING CARE TEAM CONSISTS OF REGISTERED NURSES, SURGICAL TECHNICIANS AND QUALIFIED ANCILLARY PERSONNEL WORKING COLLABORATIVELY WITH SURGICAL AND ANESTHESIA PHYSICIANS. THE SCOPE OF NURSING PRACTICE IN THE PERIOPERATIVE AREA INCLUDES PREOPERATIVE ASSESSMENT AND PLANNING, INTRA-OPERATIVE INTERVENTION, POSTOPERATIVE ASSESSMENT AND INTERVENTION, DISCHARGE PLANNING AND DOCUMENTATION TO ENSURE HIGH QUALITY PATIENT CARE AND SAFETY. DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2020, WINCHESTER HOSPITAL HAD 13,960 INPATIENT DISCHARGES WITH 49,271 PATIENT DAYS, 2,848 OBSERVATION PATIENTS AND PERFORMED 5,463 OUTPATIENT SURGERIES AND 1,569 INPATIENT SURGERIES AND DELIVERED 2,553 BABIES.

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**Form 990, Part III, Line 4c:**

EMERGENCY ROOM SERVICES WINCHESTER'S HOSPITAL'S EMERGENCY DEPARTMENT OFFERS ADVANCED EMERGENCY MEDICINE SERVICES TO LOCAL COMMUNITIES NORTH OF BOSTON. THE HOSPITAL IS STAFFED BY BOARD-CERTIFIED, EMERGENCY MEDICINE PHYSICIANS AND NURSES WHO ARE EXTENSIVELY TRAINED IN EMERGENCY MEDICINE AND CERTIFIED IN ADVANCED CARDIAC LIFE SUPPORT (ACLS) AND PEDIATRIC ADVANCED LIFE SUPPORT (PALS). WINCHESTER HOSPITAL IS ALSO A PRIMARY STROKE SERVICE HOSPITAL, AS DESIGNATED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, PROVIDING LEADING-EDGE STROKE CARE. THE HOSPITAL ALSO OFFERS SPECIALIZED PEDIATRIC CARE PROVIDED BY AN ON-SITE PEDIATRICIAN FROM BOSTON CHILDREN'S HOSPITAL SPECIALIZING IN EMERGENCY MEDICINE. ON-SITE PEDIATRIC EMERGENCY PHYSICIANS ARE AVAILABLE EVERY DAY FROM NOON TO MIDNIGHT AND 24-HOUR PEDIATRICIAN CONSULTATION COVERAGE IS ALSO AVAILABLE. DURING THE FISCAL YEAR COVERED BY THIS FILING, WINCHESTER HOSPITAL HAD 39,447 ADULT AND PEDIATRIC EMERGENCY DEPARTMENT VISITS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TABB MD KEVIN ..... CEO (EX-OFFICIO)	1.00 ..... 64.00	X		X				0	2,488,251	789,051
WEINER MD RICHARD ..... TTE (EX-OF), PRES; FMR CEO WIN	52.00 ..... 9.00	X		X				381,279	56,973	39,308
TAYLOR MD JOSEPH ..... TRUSTEE	1.00 ..... 41.00	X						0	293,800	39,509
ADLER MD JOHNATHAN ..... TRUSTEE, PHYSICIAN	1.00 ..... 1.00	X						0	181,971	19,244
SMITH KEVIN F ..... TTEE, VICE CHR; FMR CEO WIN	1.00 ..... 2.00	X		X				0	0	0
TARBY JD JOSEPH III ..... TRUSTEE, ASST. CLERK	1.00 ..... 1.00	X		X				0	0	0
WALSH JANE ..... TRUSTEE, CHAIR	1.00 ..... 2.00	X		X				0	0	0
ANDREWS PAUL ..... TRUSTEE	1.00 ..... 1.00	X						0	0	0
BECKWOLDT MD WILLIAM ..... TTEE EX OF PRES MED STAFF/PHY	1.00 ..... 0.00	X						0	0	0
BERTOCHI MARGARET ..... TTEE (EX-OF), PRES WINS CLUB	1.00 ..... 1.00	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONWAY JAMES ..... TRUSTEE	1.00 .....	X						0	0	0
CORNELL KELLEY MD ..... TRUSTEE, PHYSICIAN	1.00 .....	X						0	0	0
DEROSA CINDY ..... TTE EX-OF/PRES-FRDS OF WIN HOS	1.00 .....	X						0	0	0
FICOCIELLO DDS JAMES ..... TRUSTEE	1.00 .....	X						0	0	0
FORTUNATO MD ROBERT ..... TRUSTEE	1.00 .....	X						0	0	0
FULLER MD ARLAN ..... TRUSTEE	1.00 .....	X						0	0	0
HAYDEN ERIC W ..... TRUSTEE	1.00 .....	X						0	0	0
HOUGHTON JANICE ..... TRUSTEE	1.00 .....	X						0	0	0
HUTCHESON MD JOHN J ..... TTEE (EX-OFF) - MED STAFF PRES	1.00 .....	X						0	0	0
LITTLE MD ARTHUR ..... TRUSTEE	1.00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MANGANARO PAUL ..... TRUSTEE	1.00 .....	X						0	0	0
MARTINI JOHN C ..... TRUSTEE	1.00 .....	X						0	0	0
MCCANCE WILLIAM ..... TRUSTEE	1.00 .....	X						0	0	0
MCCORMACK ROSEMARY ..... TTEE (EX OF)/PRES-WINST CLUB	1.00 .....	X						0	0	0
MCDONOUGH DEBORAH ..... TRUSTEE	1.00 .....	X						0	0	0
MUNI INDU ..... TRUSTEE	1.00 .....	X						0	0	0
OCKERBLOOM RICHARD ..... TRUSTEE	1.00 .....	X						0	0	0
ROTOLO MD PETER J ..... TRUSTEE	1.00 .....	X						0	0	0
SAYRE RICHARD ..... TRUSTEE	1.00 .....	X						0	0	0
FISCHER STEVEN P ..... TREASURER (EX-OFF)	1.00 ..... 61.00			X				0	1,311,136	430,191

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATZ JAMIE ..... CLERK (EX-OFF)	1.00 ..... 29.00			X				0	934,650	294,544
WOODS MATTHEW J ..... VP FIN (WIN), ASST TREAS	40.00 ..... 20.00			X				391,286	58,468	62,254
SCHULER KATHY ANN ..... COO & CNO - WIN HOSP	40.00 ..... 1.00				X			397,302	0	32,715
ZITKOVSKY DANA ..... CHIEF MEDICAL OFFICER	40.00 ..... 0.00				X			349,212	0	37,578
CROWLEY SMITH JOANNE ..... VP HUMAN RESOURCES	1.00 ..... 41.00				X			0	248,497	65,765
SACHETTI NANCY L ..... DIRECTOR, HIGHLAND HEALTH IPA	40.00 ..... 0.00					X		236,994	0	40,454
ROBERTSON CATHARINE A ..... VP, PHYSICIAN SERVICES	40.00 ..... 0.00					X		254,370	0	17,621
GREGA JOANNE M ..... ADMIN DIRECTOR, RADIOLOGY	40.00 ..... 0.00					X		220,976	0	35,656
BEYERMANKATHLEEN ..... ACNO NURSING STAFF DEVELOPMENT	40.00 ..... 0.00					X		206,695	0	32,506
SHERRILLDONNA M ..... ASSOC CHIEF NURSING OFFICER	40.00 ..... 0.00					X		194,355	0	32,701

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
O'CONNOR TIMOTHY P ..... FORMER TREASURER, EVP, CFO	1.00 ..... 57.00						X	0	2,028,890	1,135,564
NESTO MD RICHARD ..... FORMER PRESIDENT	1.00 ..... 58.00						X	0	1,753,540	140,737
SPACKMAN JD DAVID G ..... FMR SVP GOV AFF, GEN COUN/CLK	1.00 ..... 57.00						X	0	483,369	230,340
ISEKE MD RICHARD ..... FORMER CMO	1.00 ..... 40.00						X	0	409,746	44,625
GRANT MD JD HOWARD R ..... FMR TTEE, PRESIDENT & CEO	0.00 ..... 0.00						X	0	216,335	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
WINCHESTER HOSPITAL

**Employer identification number**  
04-2104434

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2104434

**Name:** WINCHESTER HOSPITAL

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.**  
**▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization WINCHESTER HOSPITAL	Employer identification number 04-2104434
---	--

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

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

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

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

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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th><b>If the amount on line 1e, column (a) or (b) is:</b></th> <th><b>The lobbying nontaxable amount is:</b></th> </tr> </thead> <tbody> <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> </tbody> </table>		<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	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.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b> Media advertisements? .....	Yes		
<b>d</b> Mailings to members, legislators, or the public? .....	Yes		
<b>e</b> Publications, or published or broadcast statements? .....	Yes		
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		56,626
<b>j</b> Total. Add lines 1c through 1i .....			56,626
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	WINCHESTER HOSPITAL ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER NETWORK AFFILIATES AND/OR PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS \$56,626 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
WINCHESTER HOSPITAL  
**Employer identification number**  
04-2104434

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

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance . . . . .
  - d** Additions during the year . . . . .
  - e** Distributions during the year . . . . .
  - f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	24,968,323	24,701,561	24,924,879	21,823,910	22,475,805
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	1,583,462	266,762	-223,318	3,100,969	-651,895
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	26,551,785	24,968,323	24,701,561	24,924,879	21,823,910

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

- a** Board designated or quasi-endowment ▶ 68.000 %
  - b** Permanent endowment ▶ 32.000 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		16,524,129		16,524,129
<b>b</b> Buildings . . . . .		92,363,933	32,341,110	60,022,823
<b>c</b> Leasehold improvements		11,256,887	6,451,307	4,805,580
<b>d</b> Equipment . . . . .		109,540,092	61,592,499	47,947,593
<b>e</b> Other . . . . .		10,719,673	2,709,069	8,010,604
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				137,310,729

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INVESTMENTS, OTHER 457B	440,919	F
(B) AWUL TEMP RESTR INVESTMENTS	14,838,946	F
(C) AWUL PERM RESTR INVESTMENTS	1,790,975	F
(D) TRUST - PERM RESTR IRREV TRUST	4,549,399	F
(E) LT INVESTMENTS - OTHER	180,009,231	F
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	201,629,470	

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	46,979,168

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF LONG TERM DEBT	3,429,041
(3) ESTIMATED SETTLEMENT AMOUNT	38,438,086
(4) OTHER LONG TERM LIABILITIES	5,532,613
(5) PROFESSIONAL LIABILITY RESERVES	7,949,055
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	55,348,795

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	6,325,856,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	5,600,417
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	6,022,590,565
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,028,190,982
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	297,665,018
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,033,097
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,033,097
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	298,698,115

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	6,252,825,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	5,974,734,478
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,974,734,478
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	278,090,522
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	646,105
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	646,105
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	278,736,627

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2104434

**Name:** WINCHESTER HOSPITAL

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
NOTE RECEIVABLE-INTERNATIONAL FAMILY CHURCH	2,500,000
RESERVE NOTE RECEIVABLE	-2,500,000
SPLIT-DOLLAR LIFE EQUITIES	1,167,338
INVESTMENT IN CAPTIVE INSURANCE	894,158
BENE. INT. IN NET ASSETS	6,744,413
RADIATION THERAPY OF WIN	619,000
RAD. THERAPY OF WIN-VAL. ADJ.	2,020,000
INVESTMENT IN JP-SHIELDS MRI	7,993,300
SHIELDS MRI-VALUATION ADJ.	-1,368,800
INDEPENDENT PHYSICIAN NETWORK	2,100,000
CERTIFICATE OF NEED VALUATION	7,000,000
CLINICAL RELATIONSHIP BCH	712,211
TRADE NAME VALUATION	5,700,000
PROFESSIONAL INSURANCE RECEIVABLE	12,352,842
LEASEHOLD VALUATION	1,023,903
MORTGAGE RECEIVABLE	20,803

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	WINCHESTER HOSPITAL ENDOWMENTS ARE FOR GENERAL HOSPITAL OPERATIONS.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	<p>BETH ISRAEL LAHEY HEALTH, INC., WHICH SERVES AS THE PARENT OF THE SYSTEM, HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT THE OTHER ENTITIES IN THE SYSTEM, EXCLUDING ITS FOR-PROFIT SUBSIDIARIES, QUALIFY AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, MEET THE CODE'S REQUIREMENTS UNDER SECTION 509(A), AND THEREFORE ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN 2020 AND 2019, RESPECTIVELY.</p>

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET ASSETS RELEASED FROM RESTRICTIONS 1,170,492. TRANSFERS TO AFFILIATES -5,660,257. CONSOLIDATED AFFILIATES NET ELIMINATIONS 6,027,080,330.



# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RESTRICTED REVENUE 386,992. INVESTMENT EXPENSE RECLASS 646,105.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATES NET ELIMINATIONS 5,974,734,478.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	NON-OPERATING MANAGEMENT FEES 646,105.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 WINCHESTER HOSPITAL

**Hospitals**

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 04-2104434

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			3,043,783	154,142	2,889,641	1.040 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			24,762,188	15,644,824	9,117,364	3.270 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			27,805,971	15,798,966	12,007,005	4.310 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			3,283,263	1,193,659	2,089,604	0.750 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			28,119,950	19,121,617	8,998,333	3.230 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			132,401		132,401	0.050 %
<b>j Total.</b> Other Benefits . . . . .			31,535,614	20,315,276	11,220,338	4.030 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			59,341,585	36,114,242	23,227,343	8.340 %

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	7,699,268
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	91,039,384
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	127,445,186
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-36,405,802
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 checked="" 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? . . . . .	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

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

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

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

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

**1**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

WINCHESTER HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>200.000000000000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

WINCHESTER HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

WINCHESTER HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 22

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**

Provide the following information.

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

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	<p>COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROU PSWINCHESTER HOSPITAL AFFILIATIONBETH ISRAEL LAHEY HEALTH (BILH) IS THE SOLE MEMBER OF WIN CHESTER HOSPITAL. THE BILH NETWORK OF AFFILIATES IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION . THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. THE BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. AT THE HEART OF BILH IS THE BELIEF THAT EVERYONE DESERVES HIGH-QUALITY, AFFORDABLE HEALTH CARE AND THIS BELIEF IS WHAT DRIVES EACH AFFILIATE TO WORK WITH COMMUNITY PARTNERS ACROSS THE REGION TO PROMOTE HEALTH, EXPAND ACCESS AND DELIVER THE BEST CARE IN THE COMMUNITIES BILH SERVES. BILH'S COMMUNITY BENEFITS STAFF IS COMMITTED TO WORKING COLLABORATIVELY WITH BILH'S COMMUNITIES TO ADDRESS THE LEADING HEALTH ISSUES AND CREATE A HEALTHY FUTURE FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES.WINCHESTER HOSPITAL COMMUNITY BENEFITS MISSION STATEMENT WINCHESTER HOSPITAL'S MISSION IS TO TREAT PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. THIS MISSION IS SUPPORTED BY THE HOSPITAL'S COMMITMENT TO PERSONALIZED, EXCELLENT CARE FOR PATIENTS; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT, AND COLLABORATION; AND A COMMITMENT TO MAINTAINING FINANCIAL HEALTH. WINCHESTER HOSPITAL IS ALSO COMMITTED TO BEING ACTIVE IN THE COMMUNITY. SERVICE TO COMMUNITY IS AT THE CORE OF WINCHESTER HOSPITAL'S MISSION. THE WINCHESTER HOSPITAL FOUNDERS MADE A COVENANT TO CARE FOR THE UNDERSERVED IN THE HOSPITAL'S SERVICE AREA, ATTEND TO UNMET NEEDS, AND ADDRESS DISPARITIES IN ACCESS TO CARE AND HEALTH OUTCOMES. WINCHESTER HOSPITAL'S COMMITMENT TO THIS COVENANT AND THE PEOPLE IT SERVES REMAINS STEADFAST TODAY. IN 2013, WINCHESTER HOSPITAL'S COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF TRUSTEES AGREED UPON OUR MISSION: WINCHESTER HOSPITAL IS COMMITTED TO BENEFIT ALL OF THE COMMUNITIES WE SERVE BY COLLABORATING WITH COMMUNITY PARTNERS TO IDENTIFY HEALTH NEEDS, IMPROVE THE HEALTH STATUS OF COMMUNITY RESIDENTS, ADDRESS HEALTH DISPARITIES, AND EDUCATE COMMUNITY MEMBERS ABOUT PREVENTION AND SELF-CARE.WINCHESTER HOSPITAL'S COMMUNITY BENEFITS MISSION IS FULFILLED BY: INVOLVING WINCHESTER HOSPITAL'S STAFF, INCLUDING ITS LEADERSHIP AND DOZENS OF COMMUNITY PARTNERS IN THE COMMUNITY HEALTH ASSESSMENT PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION, AND OVERSIGHT OF THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY (IS). ENGAGING AND LEARNING FROM RESIDENTS THROUGHOUT WINCHESTER HOSPITAL'S SERVICE AREA IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, INCLUDING ASSESSMENT, PLANNING, IMPLEMENTATION, AND EVALUATION. THE HOSPITAL PAYS SPECIAL ATTENTION TO ENGAGING THOSE COMMUNITY MEMBERS WHO ARE NOT PATIENTS OF WINCHESTER HOSPITAL AND THOSE WHO ARE OFTEN LEFT OUT OF ASSESSMENT, PLANNING, AND PROGRAM IMPLEMENTATION PROCESSES. ASSESSING UNMET COMMUNITY NEED BY COLLECTING PRIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) IN ORDER TO CHARACTERIZE THOSE IN THE COMMUNITY WHO ARE MOST VULNERABLE AND FACE DISPARITIES IN ACCESS AND OUTCOMES. IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES IN WINCHESTER HOSPITAL'S CBSA THAT ARE GEARED TOWARD IMPROVING THE CURRENT AND FUTURE HEALTH STATUS OF INDIVIDUALS, FAMILIES, AND COMMUNITIES BY REMOVING BARRIERS TO CARE, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, STRENGTHENING THE HEALTH CARE SYSTEM, AND WORKING TO DECREASE THE BURDEN OF LEADING HEALTH ISSUES; PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUITIES, RACISM, AND BIGOTRY AND ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVED WITH RESPECT AND HAVE ACCESS TO CULTURALLY RESPONSIVE CARE; AND FACILITATING COLLABORATION AND PARTNERSHIP WITHIN AND ACROSS SECTORS (E.G., PUBLIC HEALTH, HEALTH CARE, SOCIAL SERVICES, BUSINESS, ACADEMIC, AND COMMUNITY HEALTH) TO ADVOCATE FOR, SUPPORT, AND IMPLEMENT EFFECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS, AND SERVICES.COMMUNITY BENEFITS FINANCIAL SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, WINCHESTER HOSPITAL PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFITS OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$2,222,005 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNITY BENEFITS LEADERSHIP/ TEAMTHE MEMBERSHIP OF WINCHESTER HOSPITAL'S CBAC ASPIRES TO BE REPRESENTATIVE OF THE CIRCUMSTANCES AND PRIORITY POPULATIONS SERVED BY WINCHESTER HOSPITAL'S PROGRAMMATIC ENDEAVORS, INCLUDING THOSE FROM DIVERSE RACIAL AND ETHNIC BACKGROUND.</p>

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	<p>CKGROUNDS AND OF DIVERSE AGE, GENDER, SEXUAL ORIENTATION, AND GENDER IDENTITY, AS WELL AS THOSE FROM CORPORATE AND NONPROFIT COMMUNITY ORGANIZATIONS. SENIOR MANAGEMENT IS ACTIVELY ENGAGED IN THE DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY BENEFITS PLAN, ENSURING THAT HOSPITAL POLICIES AND RESOURCES ARE ALLOCATED TO SUPPORT PLANNED ACTIVITIES. WINCHESTER HOSPITAL FY20 CBAC MEMBERS: RICHARD WEINER, PRESIDENT, WINCHESTER HOSPITAL JANE WALSH, WINCHESTER BOARD OF TRUSTEES CHAIR, MEMBER OF BILH BOARD AND COMMUNITY BENEFITS COMMITTEE PAUL ANDREWS, WINCHESTER HOSPITAL BOARD OF TRUSTEES MICHAEL BALDASARRE, ASSISTANT SUPERINTENDENT, WOBURN PUBLIC SCHOOLS CARLA BEAUDOIN, DIRECTOR OF DEVELOPMENT, METRO HOUSING BOSTON D OT BUTLER, WINCHESTER SAFER COALITION DENISE FLYNN, VICE PRESIDENT OF PHILANTHROPY, WINCHESTER HOSPITAL MARYLOU HARDY, REGIONAL MANAGER, COMMUNITY BENEFITS AND COMMUNITY RELATIONS, WINCHESTER HOSPITAL CHRISTINE HEALEY, DIRECTOR OF COMMUNITY BENEFITS/COMMUNITY RELATIONS, BILH KAREN KEANEY, ASSOCIATE CHIEF NURSING OFFICER, EMERGENCY DEPARTMENT, AND CASE MANAGEMENT DEB MCDONOUGH, WINCHESTER HOSPITAL BOARD OF TRUSTEES JENNIFER MURPHY, DIRECTOR OF HEALTH, WINCHESTER HEALTH DEPARTMENT LAUREN REID, DIRECTOR OF COMMUNITY PROGRAMS, MYSTIC VALL EY ELDER SERVICES ADAM ROGERS, EXECUTIVE DIRECTOR, BOYS &amp; GIRLS CLUB OF STONEHAM &amp; WAKEFIELD KATHY SCHULER, CHIEF OPERATING OFFICER, CHIEF NURSING OFFICER, WINCHESTER HOSPITAL DEAN SOLOMON, EXECUTIVE DIRECTOR, COUNCIL OF SOCIAL CONCERN, WOBURN JOSEPH TARBY, WINCHESTER HOSPITAL BOARD OF TRUSTEES MATTHEW WOODS, VICE PRESIDENT OF FINANCE, WINCHESTER HOSPITAL SUE POWERS, ASSOCIATE DIRECTOR OF THE WINCHESTER HOSPITAL CENTER FOR HEALTHY LIVING AND NURSING STAFF DEVELOPMENT IT IS NOT ONLY THE BOARD MEMBERS AND SENIOR LEADERSHIP WHO ARE HELD ACCOUNTABLE FOR FULFILLING WINCHESTER HOSPITAL'S COMMUNITY BENEFITS MISSION. AMONG WINCHESTER HOSPITAL'S CORE VALUES IS THE RECOGNITION THAT THE MOST SUCCESSFUL COMMUNITY BENEFITS PROGRAMS ARE IMPLEMENTED ORGANIZATION WIDE AND INTEGRATED INTO THE VERY FABRIC OF THE HOSPITAL'S CULTURE, POLICIES, AND PROCEDURES. A COMMITMENT TO COMMUNITY BENEFITS IS A FOCUS AND VALUE MANIFESTED THROUGHOUT WINCHESTER HOSPITAL'S STRUCTURE AND REFLECTED IN HOW IT PROVIDES CARE AT THE HOSPITAL AND IN AFFILIATED PRACTICES. WINCHESTER HOSPITAL IS A MEMBER OF BILH. WHILE WINCHESTER HOSPITAL OVERSEES LOCAL COMMUNITY BENEFITS PROGRAMMING AND COMMUNITY ENGAGEMENT EFFORTS, COMMUNITY BENEFITS IS UNDER THE PURVIEW OF THE BILH CHIEF STRATEGY OFFICER. THIS STRUCTURE ENSURES THAT COMMUNITY BENEFITS EFFORTS, PRIORITIZATION, PLANNING, AND STRATEGY ALIGN AND ARE INTEGRATED WITH LOCAL AND SYSTEM STRATEGIC AND REGULATORY PRIORITIES. THE WINCHESTER HOSPITAL COMMUNITY BENEFITS PROGRAM IS SPEARHEADED BY THE BILH COMMUNITY BENEFITS/COMMUNITY RELATIONS REGIONAL MANAGER. THE REGIONAL MANAGER HAS DIRECT ACCESS AND IS ACCOUNTABLE TO THE WINCHESTER HOSPITAL PRESIDENT AND THE BILH VICE PRESIDENT OF COMMUNITY BENEFITS AND COMMUNITY RELATIONS, THE LATTER OF WHOM REPORTS DIRECTLY TO THE BILH CHIEF STRATEGY OFFICER. IT IS THE RESPONSIBILITY OF THESE LEADERS TO ENSURE THAT COMMUNITY BENEFITS IS ADDRESSED BY THE ENTIRE ORGANIZATION AND THAT THE NEEDS OF UNDERSERVED POPULATIONS ARE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES, AND PROGRAM DEVELOPMENT. THIS IS THE STRUCTURE AND METHODOLOGY EMPLOYED TO ENSURE THAT COMMUNITY BENEFITS IS NOT THE PURVIEW OF ONE OFFICE ALONE AND TO MAXIMIZE EFFORTS ACROSS THE ORGANIZATION TO FULFILL THE MISSION AND GOALS OF COMMUNITY BENEFITS.</p>

Form and Line Reference	Explanation
<p>COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY</p>	<p>MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT- INTERNAL REVENUE CODE SECTION 501(R) INTERNA L REVENUE CODE SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CA RE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER TO M AINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENU E CODE (IRC) OF 1986, AS AMENDED. WINCHESTER HOSPITAL COMPLETED ITS MOST RECENT NEEDS ASSE SMENT IN FY19. THAT CHNA WAS APPROVED BY THE WINCHESTER HOSPITAL BOARD OF TRUSTEES ON SEP TEMBER 18, 2019. THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALS O APPROVED BY THE BOARD ON SEPTEMBER 18, 2019, WHICH IS WITHIN THE TIMELINE REQUIRED BY TH E TREASURY REGULATIONS UNDER 501(R). THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED IMPLEMENTATION STRATEGY (IS) REPRESENT THE CULMINATION OF A YEAR OF WORK AND WE RE BORNE LARGELY OF WINCHESTER HOSPITAL COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HE ALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED. THE PROJECT ALSO FULFILLS THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT WINCHESTER HOSPITAL ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW WINCHESTER HOSPIT AL, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT(S), WILL ADDRESS THE N EEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA.2019 COMMUNITY HEALTH NEEDS ASSESSMENT- TAR GETED GEOGRAPHY AND POPULATIONAS NOTED ABOVE, WINCHESTER HOSPITAL COMPLETED ITS LAST ASSES SMENT IN SEPTEMBER 2019. THE GEOGRAPHICAL FOCUS OF WINCHESTER HOSPITAL'S MOST RECENTLY COM PLETED COMMUNITY HEALTH NEEDS ASSESSMENT ENCOMPASSES MEDFORD, NORTH READING, READING, STON EHAM, TEWKSBURY, WAKEFIELD, WILMINGTON, WINCHESTER, AND WOBURN. TARGET POPULATIONS FOR WIN CHESTER HOSPITAL'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS AND A CHNA THAT IS CONDUCTED EVERY THREE YEAR S IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R). WINCHESTER HOSPITAL'S TARG ET POPULATIONS FOCUS ON MEDICALLY UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES IN THE WIN CHESTER HOSPITAL COMMUNITY BENEFITS CBSA, AS FOLLOWS: OLDER ADULTS YOUTH AND ADOLESCENTS L OW-RESOURCE INDIVIDUALS AND FAMILIES INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS2019 COMMU NITY HEALTH NEEDS ASSESSMENT-SUMMARY OF APPROACH AND METHODSWINCHESTER HOSPITAL CONDUCTED THEIR CHNAS IN THREE PHASES, WHICH ALLOWED THEM TO: COMPILE AN EXTENSIVE AMOUNT OF QUANTI TATIVE AND QUALITATIVE DATA. ENGAGE AND INVOLVE KEY STAKEHOLDERS, WINCHESTER HOSPITAL CLIN ICAL AND ADMINISTRATIVE STAFF AND THE COMMUNITY AT-LARGE. DEVELOP A REPORT AND DETAILED ST RATEGIC PLAN; AND COMPLY WITH ALL COMMONWEALTH ATTORNEY GENERAL AND FEDERAL IRS COMMUNITY BENEFITS REQUIREMENTSTHE CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEAL TH IN ITS BROADEST CONTEXT. THE COLLABORATIVE PROCESS INCLUDED SYNTHESIZING EXISTING REGIO NAL DATA ON SOCIAL, ECONOMIC AND HEALTH INDICATORS AS WELL AS INFORMATION FROM KEY INFORMA NT INTERVIEWS, COMMUNITY SURVEYS, FOCUS GROUPS AND COMMUNITY MEETINGS CONDUCTED WITH INDIV IDUALS FROM THE NINE CITIES AND TOWNS IN WINCHESTER HOSPITAL'S CBSA, AND WITH A RANGE OF P EOPLE REPRESENTING DIFFERENT AUDIENCES, INCLUDING LEADERS IN EMERGENCY RESPONSE, EDUCATION , HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS (E.G., O LDER ADULTS) (SCHEDULE H, PART V, SECTION B, QUESTIONS 3 AND 5). ULTIMATELY, THE QUALITATI VE RESEARCH ENGAGED APPROXIMATELY 1,061 PEOPLE.- KEY INFORMANT INTERVIEWS WITH WINCHESTER HOSPITAL/BILH STAFF - 28- KEY INFORMANT INTERVIEWS WITH COMMUNITY PARTNERS 20- FOCUS GROUP S (4) - 95 ATTENDEES- COMMUNITY LISTENING SESSIONS (2) - 100 ATTENDEES - COMMUNITY SURVEYS 806 RESPONDENTS- CBAB MEETINGS (2) - 35 ATTENDEES TOTAL - PAC MEETINGS 25 ATTENDEES2019 C OMMUNITY HEALTH NEEDS ASSESSMENT PROCESS- DETAIL OF APPROACH AND METHODSTHE ASSESSMENT BEG AN IN DECEMBER 2018 AND WAS CONDUCTED IN THREE PHASES, ALLOWING FOR THE COLLECTION OF AN E XTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA:PHASE 1 PRELIMINARY ASSESSMENT AND EN GAGEMENTPHASE 2 TARGETED ENGAGEMENTPHASE 3 STRATEGIC PLANNING AND REPORTINGHUNDREDS OF IND IVIDUALS FROM ACROSS WINCHESTER HOSPITAL'S SERVICE AREA WERE ENGAGED IN THE ASSESSMENT AND PLANNING PROCESS, INCLUDING HEALTH AND SOCIAL SERVICES PROVIDERS, PUBLIC HEALTH OFFICIALS , ELECTED OFFICIALS, PUBLIC SCHOOL NURSES AND ADMINISTRATORS, FIRST RESPONDERS, LEADERS OF FAITH-BASED ORGANIZATIONS, BILH SENIOR LEADERSHIP, STAFF, AND BOARD MEMBERS, AND COMMUNIT Y RESIDENTS. QUANTITATIVE DATA SOURCES: AN EXTENSIVE AMOUNT OF DEMOGRAPHIC AND SOCIOECONOM IC DATA, HEALTH STATUS, UTILIZATION RATES, AND RIS</p>



Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY	K SURVEY DATA WAS COLLECTED FROM A BROAD RANGE OF SOURCES AND ANALYZED TO MEASURE HEALTH AND UNDERSTAND HEALTH ISSUES. EXAMPLES OF DATA SOURCES WINCHESTER HOSPITAL LEVERAGED INCLUDED: U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2013-2017) MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: SCHOOL AND DISTRICT PROFILES FBI UNIFORM CRIME REPORTS (2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2015) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, ANNUAL REPORTS ON BIRTHS (2016) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, OPIOID RELATED EMS INCIDENTS (2018) MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2017) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL PROFILES (FY 2013-2017) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL DISCHARGES (2017) MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2018) MIDDLESEX LEAGUE YOUTH RISK BEHAVIOR SURVEY (2019) CHANGING FACES OF GREATER BOSTON, BOSTON FOUNDATION (2019)

Form and Line Reference	Explanation
<p>PART V, SECTION B, LINE 5: 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS</p>	<p>KEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS TO OBTAIN TARGETED DATA AND UNDERSTAND THE CURRENT ISSUES FACING THE COMMUNITY. QUALITATIVE DATA WAS COLLECTED THROUGH A VARIETY OF SOURCES INCLUDING 48 KEY INFORMANT INTERVIEWS THAT ENGAGED INSTITUTIONAL, ORGANIZATIONAL AND COMMUNITY LEADERS AND FRONT-LINE STAFF ACROSS SECTORS. DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND OPPORTUNITIES FOR FUTURE ALIGNMENT, COORDINATION AND EXPANSION OF SERVICES, INITIATIVES, AND POLICIES. A LIST OF KEY INFORMANTS IS INCLUDED IN APPENDIX H OF THE CHNA REPORT THAT IS POSTED ON WINCHESTER HOSPITAL'S WEBSITE. THESE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENCE NECESSARY TO PROVIDE INSIGHT ON THE HEALTH OF COMMUNITIES IN WINCHESTER HOSPITAL'S CBSA. INTERVIEWS WERE CONDUCTED IN PERSON AND ON THE PHONE USING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSUES, INCLUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS, AND TARGET POPULATIONS. WHILE IT WAS NOT POSSIBLE FOR THE CHNA TO INVOLVE ALL COMMUNITY STAKEHOLDERS, EVERY EFFORT WAS MADE TO BE AS INCLUSIVE AS POSSIBLE AND PROVIDE A BROAD RANGE OF OPPORTUNITIES FOR PARTICIPATION. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5) FOCUS GROUPS: WINCHESTER HOSPITAL CONDUCTED COMMUNITY FOCUS GROUPS IN WINCHESTER HOSPITAL'S CBSA, TO GATHER CRITICAL COMMUNITY INPUT FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. THE FOCUS GROUPS WERE CONDUCTED FOR THREE DIFFERENT VULNERABLE SEGMENTS OF THE POPULATION, ALONG WITH A SESSION FOR THOSE WHO SPECIALIZE IN SUBSTANCE MISUSE PREVENTION AND WERE ORGANIZED IN COLLABORATION WITH COMMUNITY PARTNERS REPRESENTING THESE POPULATIONS. THE FOCUS GROUP SESSIONS INCLUDED: YOUTH/ADOLESCENTS BOYS &amp; GIRLS CLUB OF STONEHAM AND WAKEFIELD SUBSTANCE USE DISORDER WINCHESTER SAFER COALITION INDIVIDUALS WITH HOUSING/ECONOMIC INSECURITY WINCHESTER HOUSING AUTHORITY OLDER ADULTS LOCAL COAST FOCUS GROUPS WERE HELD AT LOCATIONS THAT WERE CONSIDERED SAFE SPACES AND ACCESSIBLE TO PARTICIPANTS FROM ACROSS THE CBSA. JSI FACILITATED ALL THE FOCUS GROUPS EXCEPT THOSE FOCUSED-ON YOUTH, WHICH WERE CONDUCTED BY THE BOYS &amp; GIRLS CLUB OF STONEHAM &amp; WAKEFIELD, WHO SHARED THEIR FINDINGS WITH JSI. FOCUS GROUPS ALLOWED FOR THE COLLECTION OF INFORMATION TO AUGMENT FINDINGS FROM SECONDARY DATA AND KEY INFORMANT INTERVIEWS, AND FOR THE EXPLORATION OF STRATEGIC AND PROGRAMMATIC OPTIONS TO ADDRESS IDENTIFIED HEALTH ISSUES, SERVICE GAPS, AND/OR BARRIERS TO CARE. PARTICIPANTS WERE RECRUITED BY WINCHESTER HOSPITAL, WORKING IN COLLABORATION WITH COMMUNITY PARTNERS. COMMUNITY FORUMS: WINCHESTER HOSPITAL FACILITATED TWO COMMUNITY LISTENING SESSIONS, ONE OF WHICH WAS CONDUCTED JOINTLY WITH MELROSE-WAKEFIELD HOSPITAL SINCE THERE IS OVERLAP BETWEEN WINCHESTER HOSPITAL'S AND MELROSE-WAKEFIELD HOSPITAL'S COMMUNITY BENEFITS SERVICE AREAS. THE LISTENING SESSIONS WERE PUBLICIZED AND OPEN TO THE PUBLIC. AT THE LISTENING SESSIONS, A SUMMARY OF KEY QUANTITATIVE AND QUALITATIVE DATA FINDINGS TO DATE WERE PRESENTED, AND FEEDBACK AND INPUT FROM COMMUNITY MEMBERS ON PRIORITY POPULATIONS AND HEALTH NEEDS WAS SOLICITED. THE SESSIONS WERE ALSO USED TO SHARE INFORMATION AND SOLICITED. THE SESSIONS ALLOWED FOR THE CAPTURE OF INFORMATION DIRECTLY FROM COMMUNITY RESIDENTS, REPRESENTATIVES FROM LOCAL COMMUNITY ORGANIZATIONS, AND LOCAL SERVICE PROVIDERS. TWO LOCATIONS WITH COMFORTABLE AND ACCESSIBLE SPACE WITH AMPLE PUBLIC PARKING WERE SELECTED IN WINCHESTER AND STONEHAM. COMMUNITY SURVEYS: WINCHESTER HOSPITAL HAS BEEN INTENTIONAL IN ENSURING THAT VARIED EXPERIENCES AND PERSPECTIVES, REFLECTIVE OF WINCHESTER HOSPITAL'S CBSA AND THE COMMUNITY AT LARGE, WERE SHARED THROUGHOUT THE CHNA AND IS PROCESS. TO REACH A BROAD RANGE OF COMMUNITY MEMBERS, ALL COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH A FOCUS ON COMMUNITY REPRESENTATIVENESS. FOR EXAMPLE, THE COMMUNITY SURVEY WAS DISTRIBUTED THROUGH COMMUNITY PARTNERS AND WAS ADMINISTERED ONLINE AND VIA HARD COPY IN ENGLISH AS WELL AS SEVEN ADDITIONAL LANGUAGES INCLUDING TRADITIONAL CHINESE, HAITIAN CREOLE, HINDI, ITALIAN, KHMER, PORTUGUESE, AND SPANISH. FURTHERMORE, EXTENSIVE OUTREACH WAS CONDUCTED VIA SOCIAL MEDIA, INSTITUTIONAL NEWSLETTERS, EMAILS TO LARGE NETWORKS, WAITING ROOMS, LOCAL LIBRARIES, COMMUNITY EVENTS AND LARGE APARTMENT BUILDINGS TO HELP ENSURE DIVERSE REPRESENTATION IN THE CHNA. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS REVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTS AS NOTED ABOVE, THE CHNA PROCESS WAS DIVIDED INTO THREE PHASES. THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS: REVIEW OF THE ASSESSMENT'S MAJOR FINDINGS. IDENTIFY WINCHESTER HOSPITAL'S COMMUNITY BENEFITS PRIORITY POPULATIONS, GEOGRAPHIC FOCUS, AND COMMUNITY HEALTH PRIORITIES. ANALYZE WINCHESTER HOSPITAL'S EXISTING COMMU</p>

Form and Line Reference	Explanation
<p>PART V, SECTION B, LINE 5: 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS</p>	<p>NITY BENEFITS ACTIVITIES WHICH WERE INFORMED BY THE 2016 CHNA AND SUBSEQUENT IMPLEMENTATIO N STRATEGY THAT WERE COMPLETED BY WINCHESTER HOSPITAL DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015). DETERMINE IF THE RANGE OF COMMUNITY BENEFITS ACTIVITIES ESTABLISHED DURING THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHANGED TO RESPOND TO THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-KEY FINDINGSBELOW IS A HIGH-LEVEL SUMMARY OF HEALTH-RELATED FINDINGS THAT WERE IDENTIFIED AFTER A COMPREHENSIVE REVIEW OF ALL THE QUANTITATIVE AND QUALITATIVE INFORMATION COLLECTED: SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, TRANSPORTATION, ACCESS TO CARE, HOUSING FOOD IN SECURITY) IMPACT MANY SEGMENTS OF THE POPULATION. A KEY THEME FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS, FOCUS GROUPS, LISTENING SESSIONS, AND COMMUNITY HEALTH SURVEY WAS THE CONTINUED IMPACT THAT THE SOCIAL DETERMINANTS OF HEALTH HAVE ON RESIDENTS OF WH'S SERVICE AREA, ESPECIALLY THOSE WHO ARE LOW TO MODERATE INCOME, ARE FRAIL OR HOMEBOUND, HAVE MENTAL HEALTH OR SUBSTANCE USE ISSUES, OR LACK A CLOSE SUPPORT SYSTEM. THE INCREASING COST OF HOUSING IN AREAS OUTSIDE BOSTON WAS ALSO NOTED AS CONTRIBUTING TO HOUSING/FINANCIAL INSTABILITY.CERTAIN POPULATIONS ARE MORE VULNERABLE TO HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACTS THAT MASSACHUSETTS HAS ONE OF THE HIGHEST RATES OF HEALTH INSURANCE ENROLLMENT AND THE COMMUNITIES THAT MAKE UP WH'S CBSA ARE GENERALLY INSURED AND EMPLOYED, THERE WAS CONCERN THAT FAMILIES FACE FINANCIAL STRESS BECAUSE OF HIGH OUT-OF-POCKET COSTS FOR HEALTH CARE SERVICES AND NOT BEING ELIGIBLE FOR PUBLIC BENEFITS, OR, IF THEY ARE ELIGIBLE, THEY ARE NOT ENROLLING BECAUSE OF THE STIGMA OF ACCEPTING PUBLIC ASSISTANCE. IN ADDITION, THERE ARE GROUPS THAT FACE LANGUAGE AND CULTURAL BARRIERS TO ACCESSING SERVICES.MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY/STRESS, ACCESS TO TREATMENT, STIGMA) UNDERLIE MANY HEALTH AND SOCIAL CONCERNS. NEARLY EVERY KEY INFORMANT INTERVIEW, FOCUS GROUP, AND LISTENING SESSION INCLUDED DISCUSSIONS ON THE IMPACT OF MENTAL HEALTH ISSUES. FROM A REVIEW OF THE QUANTITATIVE AND QUALITATIVE INFORMATION, DEPRESSION, ANXIETY/STRESS, AND SOCIAL ISOLATION WERE THE LEADING CONCERNS. THERE WERE PARTICULAR CONCERNS ABOUT THE IMPACT OF DEPRESSION, ANXIETY, AND E-CIGARETTES/VAPING ON YOUTH AND OF SOCIAL ISOLATION AMONG OLDER ADULTS. ACCESS TO MENTAL HEALTH SERVICES WAS LIMITED BY THE GENERAL LACK OF PROVIDERS AND THE LOW NUMBER ACCEPTING EVEN PRIVATE HEALTH INSURANCE.SUBSTANCE DEPENDENCY CONTINUES TO IMPACT INDIVIDUALS, FAMILIES, AND COMMUNITIES. THE OPIOID EPIDEMIC CONTINUES TO BE AN AREA OF FOCUS. BEYOND OPIOIDS, KEY INFORMANTS WERE ALSO CONCERNED WITH WINCHESTER HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019 ALCOHOL MISUSE, CHANGING COMMUNITY NORMS IN LIGHT OF THE LEGALIZATION OF RECREATIONAL MARIJUANA USE, AND E-CIGARETTES/VAPING AMONG ADOLESCENTS.CHRONIC DISEASES (E.G., CARDIOVASCULAR DISEASE, CANCER, DIABETES, ASTHMA) REQUIRE MORE EDUCATION, SCREENING/EARLY INTERVENTION, AND MANAGEMENT AND A FOCUS ON RISK FACTORS. ALTHOUGH THERE WAS MAJOR EMPHASIS ON BEHAVIORAL HEALTH ISSUES, MANY KEY INFORMANTS, FOCUS GROUP PARTICIPANTS, AND LISTENING SESSION PARTICIPANTS IDENTIFIED A NEED TO ADDRESS THE MANY RISK FACTORS ASSOCIATED WITH CHRONIC AND COMPLEX HEALTH CONDITIONS. PHYSICAL INACTIVITY AND POOR NUTRITION/LIFESTYLE WERE DISCUSSED BY MANY, WITH SOME OF THESE ISSUES BEING ASSOCIATED WITH AGE (MOBILITY ISSUES AMONG OLDER ADULTS), EDUCATION/HEALTH LITERACY (LACK OF UNDERSTANDING ABOUT HEALTHY EATING), AND EASE OF ACCESS TO HIGH CALORIE /UNHEALTHY FOOD CHOICES, AND A LACK OF WALKABLE STREETS IN NEIGHBORHOODS. ADDRESSING THE LEADING RISK FACTORS IS AT THE ROOT OF MANY CHRONIC DISEASE PREVENTION AND MANAGEMENT</p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>STRATEGIES. AN INTEGRATED ANALYSIS OF ALL ASSESSMENT ACTIVITIES FRAMED THE LEADING COMMUNITY HEALTH ISSUES INTO THE FOLLOWING PRIORITY AREAS AND TARGET POPULATIONS: PRIORITY AREAS: MENTAL HEALTH &amp; SUBSTANCE USE DISORDERS; CHRONIC COMPLEX CONDITIONS; SOCIAL DETERMINANTS OF HEALTH &amp; ACCESS TO CARE; TARGET POPULATIONS: YOUTH AND ADOLESCENTS OLDER ADULTS LOW-RESOURCE INDIVIDUALS AND FAMILIES INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AND THE ASSOCIATED IMPLEMENTATION STRATEGY ADOPTED FROM THIS PROCESS WERE DESIGNED TO INFORM WINCHESTER HOSPITAL'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2020; SEPTEMBER 30, 2021; AND SEPTEMBER 30, 2022. INTERIM CHANGES AND UPDATES TO IMPLEMENTATION STRATEGY BASED ON NEWLY IDENTIFIED COMMUNITY NEEDS COVID PANDEMICS PREVIOUSLY NOTED IN THIS FILING, IRC SECTION 501(R)(3) AND THE PROMULGATED REGULATIONS REQUIRE THAT A TAX-EXEMPT HOSPITAL CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ADOPT AN IMPLEMENTATION STRATEGY ADDRESSING COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA AT LEAST ONCE EVERY THREE YEARS. THE PREAMBLE TO THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R)(3) NOTES THAT THE TREASURY AND THE IRS INTENDED FOR THE CHNA AND IMPLEMENTATION STRATEGY REQUIREMENT TO ESTABLISH CONTINUAL FEEDBACK ON CHNA REPORTS AND A HOSPITAL IS REQUIRED TO CONSIDER COMMENTS RECEIVED RELATED TO THE EXISTING CHNA AND IMPLEMENTATION STRATEGY WHEN ENGAGING IN THE NEXT CHNA PROCESS NOT MORE THAN THREE YEARS AFTER ADOPTION. IN ADDITION, FINAL REGULATIONS DO NOT PROHIBIT IMPLEMENTATION STRATEGIES FROM DISCUSSING HEALTH NEEDS IDENTIFIED THROUGH MEANS OTHER THAN A CHNA, PROVIDED THAT THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA ARE ALSO DISCUSSED. FINALLY, THERE IS NOTHING IN THE REGULATIONS THAT PROHIBITS A HOSPITAL FROM UPDATING ITS IMPLEMENTATION STRATEGY BASED ON AN OFF-CYCLE CHANGE TO THE COMMUNITY HEALTH NEEDS THAT ARISE. DURING THE PERIOD COVERED BY THIS FILING, OCTOBER 1, 2019 TO SEPTEMBER 30, 2020, THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY WINCHESTER HOSPITAL WERE IMPACTED BY AN UNEXPECTED GLOBAL PANDEMIC. ON JANUARY 9, 2020, THE WORLD HEALTH ORGANIZATION (WHO) ANNOUNCED THE IDENTIFICATION OF A NEW AND NOVEL CORONAVIRUS-RELATED PNEUMONIA IN WUHAN, CHINA. ON JANUARY 21, 2020 THE UNITED STATES CENTER FOR DISEASE CONTROL CONFIRMED THE FIRST CASE OF THIS NEW CORONA VIRUS IN THE UNITED STATES. ON JANUARY 31, 2020, THE WHO ISSUED A GLOBAL HEALTH EMERGENCY AND ON FEBRUARY 3 THE UNITED STATES DECLARED A PUBLIC HEALTH EMERGENCY BECAUSE OF THE COVID-19 VIRUS. ON MARCH 11, 2020, THE WHO DECLARED COVID-19 A PANDEMIC AND TWO DAYS LATER, THE PRESIDENT OF THE UNITED STATES DECLARED COVID-19 A NATIONAL EMERGENCY. THE HEALTH OF THE COMMUNITIES SERVED BY WINCHESTER HOSPITAL WAS IMPACTED BY THIS UNFORESEEN HEALTH CRISIS AND IN THE ABSENCE OF REGULATORY GUIDANCE TO THE CONTRARY. WINCHESTER HOSPITAL NEEDED TO QUICKLY REASSESS AND PIVOT TO MEET THE NEW AND PREVIOUSLY UNEXPECTED COMMUNITY NEEDS. IN RESPONSE TO THE COVID-19 CRISIS WINCHESTER HOSPITAL'S COMMUNITY BENEFITS STAFF ALONG WITH THE HOSPITAL'S COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) EXPANDED GOALS RELATED TO ACCESS TO CARE AND SOCIAL DETERMINANTS OF HEALTH TARGETED PRIMARILY AT LOW INCOME AND MINORITY POPULATIONS WHO HAVE BEEN DISPROPORTIONATELY IMPACTED BY COVID-19. THE ADDITIONAL AND NEWLY URGENT HEALTH NEEDS IN RESPONSE TO COVID-19 INCLUDED: INCREASED DEMAND FOR FOOD ACCESS INCREASED DEMAND/NEED FOR MENTAL HEALTH SERVICES ACCESS TO PREVENTIVE MEASURES, TESTING, SCREENING AND TREATMENT FOR THOSE AT-RISK OR EXPOSED TO COVID-19 SDOH IMPACTS DUE TO THE PANDEMIC (FINANCIALS, HOUSING, MENTAL HEALTH, ETC.). THE ACTIONS TAKEN TOWARD ADDRESSING THESE NEEDS ARE INCLUDED FURTHER IN THIS NARRATIVE SUPPORT ALONG WITH WINCHESTER HOSPITAL'S DETAILED DESCRIPTION OF ACTIVITIES UNDERTAKEN TO MEET THE COMMUNITY NEEDS. COMMUNITY HEALTH NEEDS ASSESSMENT MAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVAILABLE WINCHESTER HOSPITAL STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY. BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS IN PART III FOR FURTHER DETAILS REGARDING BILH'S COVID-19 RESPONSE IN FY20. AS NOTED ABOVE, WINCHESTER HOSPITAL COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). THAT CHNA IS AVAILABLE ON THE WINCHESTER HOSPITAL WEBSITE AT: <a href="https://www.winchesterhospital.org/file%20library/unassigned/wh-2019-chna-091319.pdf">HTTPS://WWW.WINCHESTERHOSPITAL.ORG/FILE%20LIBRARY/UNASSIGNED/WH-2019-CHNA-091319.PDF</a> IN ADDITION TO THE CHNA, WINCHESTER HOSPITAL COMPLETED ITS MOST RECENT IMPLEMENTATION STRATEGY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE WINCHESTER HOSPITAL WEBSITE AT: <a href="https://www.winchesterhospital.org/our-promise/supporting-o">HTTPS://WWW.WINCHESTERHOSPITAL.ORG/OUR-PROMISE/SUPPORTING-O</a></p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>UR-COMMUNITYIN ADDITION, AS NOTED ABOVE, WINCHESTER HOSPITAL COMPLETED ITS PREVIOUS CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015). THAT CHNA IS AVAILABLE ON THE WINCHESTER HOSPITAL WEBSITE</p> <p>AT:HTTPS://WWW.WINCHESTERHOSPITAL.ORG/FILE%20LIBRARY/WINCH ESTER%20HOSPITAL/OUR%20PROMISE/WINCHESTER-HOSPITAL-2016-COMMUNITY-HEALTH-ASSESSMENT.PDFFIN ALLY, THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE CHNA COMPLETED DURING WINCHESTER HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015) IS AVAILABLE ON THE WINCHESTER HOSPITAL WEBSITE AT:HTTPS://WWW.WINCHESTERHOSPITAL.ORG/FILE%20LIBRARY/WINCHESTER%20HOSPI TAL/OUR%20PROMISE/WINCHESTER-HOSPITAL-2016-COMMUNITY-HEALTH-ASSESSMENT.PDFFEACH OF THESE DO CUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A).</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11-COMMUNITY HEALTH NEEDS ASSESSMENT</p>	<p>ADDRESSING COMMUNITY HEALTH NEEDS AS NOTED ABOVE, WINCHESTER HOSPITAL'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. THAT CHNA AND IMPLEMENTATION STRATEGY INFORMED THE COMMUNITY BENEFITS MISSION AND ACTIVITIES OF WINCHESTER HOSPITAL FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 AND WILL CONTINUE TO INFORM THE HOSPITAL'S COMMUNITY BENEFITS MISSION AND ACTIVITIES FOR THE FISCAL YEARS ENDING SEPTEMBER 30, 2021 AND SEPTEMBER 30, 2022. A SUMMARY OF WINCHESTER HOSPITAL'S COMMUNITY BENEFITS ACTIVITIES THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND PRIORITIZED IN THE RELATED IMPLEMENTATION STRATEGY ARE PROVIDED HERE ALONG WITH THE ENTITIES THAT THE HOSPITAL PARTNERS WITH ON THESE EFFORTS. GIVEN THE COMPLEX HEALTH ISSUES IN THE COMMUNITY, WINCHESTER HOSPITAL HAS BEEN STRATEGIC IN IDENTIFYING ITS PRIORITY AREAS IN ORDER TO MAXIMIZE THE IMPACT OF ITS COMMUNITY BENEFITS PROGRAM AND WORK TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF RESIDENTS IN ITS CBSA. THE PRIORITY AREAS AND GOALS ARE LISTED BELOW: PRIORITY AREA 1: MENTAL HEALTH AND SUBSTANCE USE DISORDER GOAL: ADDRESS THE PREVALENCE AND IMPACT, STIGMA, RISK/PROTECTIVE FACTORS, AND ACCESS ISSUES ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE DISORDER. PRIORITY AREA 2: CHRONIC COMPLEX CONDITIONS AND RISK FACTORS GOAL: PREVENT, DETECT, AND MANAGE CHRONIC DISEASE AND COMPLEX CONDITIONS AND ENHANCE ACCESS TO TREATMENT AND SUPPORT ACTIVITIES. PRIORITY AREA 3: SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE GOAL: ADDRESS SOCIAL DETERMINANTS OF HEALTH AND BARRIERS TO CARE. COMMUNITY HEALTH NEEDS ASSESSMENT APPROACH TO ADDRESSING HEALTH NEEDS (SCHEDULE H, PART V, SECTION B, LINE 11) THE FY19 COMMUNITY HEALTH NEEDS ASSESSMENT ALONG WITH THE ASSOCIATED FY20-22 IMPLEMENTATION STRATEGY WAS DEVELOPED OVER A 10-MONTH PERIOD FROM OCTOBER 2018 TO AUGUST 2019. THESE COMMUNITY HEALTH ASSESSMENT, PLANNING, AND IMPLEMENTATION EFFORTS FULFILL THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS. MORE SPECIFICALLY, THESE ACTIVITIES FULFILL WINCHESTER HOSPITAL'S NEED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, INVENTORY COMMUNITY ASSETS, ASSESS IMPACT, AND DEVELOP AN IMPLEMENTATION STRATEGY. HOWEVER, THESE ACTIVITIES ARE DRIVEN PRIMARILY BY WINCHESTER HOSPITAL'S DEDICATION TO ITS MISSION, ITS COVENANT TO CARE FOR THE UNDERSERVED, AND ITS COMMITMENT TO COMMUNITY HEALTH IMPROVEMENT. BELOW IS A SUMMARY DESCRIPTION OF THE FY19 CHNA APPROACH, METHODS, AND KEY FINDINGS. APPROACH AND METHODS: THE ASSESSMENT BEGAN IN DECEMBER 2018 AND WAS CONDUCTED IN THREE PHASES, ALLOWING FOR THE COLLECTION OF AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA: PHASE 1 PRELIMINARY ASSESSMENT AND ENGAGEMENT PHASE 2 TARGETED ENGAGEMENT PHASE 3 STRATEGIC PLANNING AND REPORTING HUNDREDS OF INDIVIDUALS FROM ACROSS WINCHESTER HOSPITAL'S SERVICE AREA WERE ENGAGED IN THE ASSESSMENT AND PLANNING PROCESS, INCLUDING HEALTH AND SOCIAL SERVICES PROVIDERS, PUBLIC HEALTH OFFICIALS, ELECTED OFFICIALS, PUBLIC SCHOOL NURSES AND ADMINISTRATORS, FIRST RESPONDERS, LEADERS OF FAITH-BASED ORGANIZATIONS, BILH SENIOR LEADERSHIP, STAFF, AND BOARD MEMBERS, AND COMMUNITY RESIDENTS. QUANTITATIVE DATA SOURCES: AN EXTENSIVE AMOUNT OF DEMOGRAPHIC AND SOCIOECONOMIC DATA, HEALTH STATUS, UTILIZATION RATES, AND RISK SURVEY DATA WAS COLLECTED FROM A BROAD RANGE OF SOURCES AND ANALYZED TO MEASURE HEALTH AND UNDERSTAND HEALTH ISSUES: U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2013 -2017) MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: SCHOOL AND DISTRICT PROFILES FBI UNIFORM CRIME REPORTS (2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2015) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, ANNUAL REPORTS ON BIRTHS (2016) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, OPIOID RELATED EMS INCIDENTS (2018) MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2017) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL PROFILES (FY 2013-2017) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL DISCHARGES (2017) MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2018) MIDDLESEX LEAGUE YOUTH RISK BEHAVIOR SURVEY (2019) CHANGING FACES OF GREATER BOSTON, BOSTON FOUNDATION (2019) QUALITATIVE DATA SOURCES: TO OBTAIN TARGETED DATA AND UNDERSTAND THE CURRENT ISSUES FACING THE COMMUNITY, THE FOLLOWING WAS DONE: 28 INTERNAL STAKEHOLDER INTERVIEWS (BOARD MEMBERS, SENIOR LEADERS, AND SERVICE LINE LEADERS) 20 EXTERNAL STAKEHOLDER INTERVIEWS 1,022 HOUSEHOLD SURVEYS TWO COMMUNITY LISTENING SESSIONS (100 ATTENDEES) INDIVIDUALS PROVIDED INPUT THROUGH INTERVIEWS, FOCUS GROUPS, COMMUNITY LISTENING SESSIONS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11-COMMUNITY HEALTH NEEDS ASSESSMENT	<p>IONS, AND A WIDELY DISTRIBUTED COMMUNITY HEALTH SURVEY. WHILE IT WAS NOT POSSIBLE FOR THE CHNA TO INVOLVE ALL COMMUNITY STAKEHOLDERS, EVERY EFFORT WAS MADE TO BE AS INCLUSIVE AS POSSIBLE AND PROVIDE A BROAD RANGE OF OPPORTUNITIES FOR PARTICIPATION. WINCHESTER HOSPITAL'S COMMUNITY BENEFITS PROGRAM IS BUILT ON PARTNERSHIP AND DIALOGUE WITH OUR MANY COMMUNITIES . OUR UNDERSTANDING OF THESE COMMUNITIES' NEEDS IS DERIVED FROM DISCUSSIONS WITH AND OBSERVATIONS BY HEALTH CARE AND HEALTH-RELATED WORKERS IN THE NEIGHBORHOODS AS WELL AS FROM MORE FORMAL ASSESSMENTS OF PUBLIC HEALTH DATA AND THROUGH FOCUS GROUPS, SURVEYS, ETC. THIS DATA WAS THEN AUGMENTED BY DEMOGRAPHIC AND HEALTH STATUS INFORMATION FROM A VARIETY OF SOURCES INCLUDING THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, FEDERAL RESOURCES SUCH AS THE INSTITUTE OF MEDICINE AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND REVIEW OF LITERATURE RELEVANT TO A PARTICULAR COMMUNITY'S NEEDS. AN ARTICULATION OF EACH SPECIFIC COMMUNITY'S NEEDS (CRAFTED JOINTLY BY WINCHESTER HOSPITAL AND COMMUNITY PARTNERS) INFORMS WINCHESTER HOSPITAL'S DECISION-MAKING ABOUT PRIORITIES FOR COMMUNITY BENEFITS EFFORTS. WE WORK IN CONCERT WITH COMMUNITY RESIDENTS AND LEADERS TO DESIGN SPECIFIC ACTIONS TO BE UNDERTAKEN EACH YEAR. EACH COMPONENT OF THE PLAN IS WOVEN INTO THE GOALS AND AGENDA FOR WINCHESTER HOSPITAL'S COMMUNITY BENEFITS IMPLEMENTATION STRATEGY, ADOPTED BY THE BOARD OF TRUSTEES.</p>

Form and Line Reference	Explanation
<p>FY20 SCHEDULE IMPLEMENTATION STRATEGY UPDATE</p>	<p>WINCHESTER HOSPITAL'S FY20-22 IMPLEMENTATION STRATEGY FOCUSES ON THE FOLLOWING THREE PRIORITY AREAS IDENTIFIED IN THE CHNA THAT ADDRESS THE BROAD RANGE OF HEALTH AND SOCIAL ISSUES FACING RESIDENTS WHO HAVE THE GREATEST HEALTH DISPARITIES: BASELINE-2019, YEAR 1-2020, YEAR 2-2021, YEAR 3 - 2022 PRIORITY AREA #1 - MENTAL HEALTH AND SUBSTANCE USE DISORDERS. MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY, STRESS, STIGMA, AND ACCESS TO TREATMENT) UNDERLIE MANY HEALTH AND SOCIAL CONCERNS. CONCERNS INCLUDE DEPRESSION, ANXIETY/STRESS, SOCIAL ISOLATION AMONG OLDER ADULTS, SUBSTANCE DEPENDENCY (PARTICULARLY USE OF E-CIGARETTES/VAPING AND ALCOHOL BY YOUTH), AND THE OPIOID EPIDEMIC, WHICH CONTINUES TO IMPACT INDIVIDUALS, FAMILIES, AND COMMUNITIES. GOAL: ADDRESS THE PREVALENCE AND IMPACT, STIGMA, RISK/PROTECTIVE FACTORS, AND ACCESS ISSUES ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE USE DISORDER. TARGET POPULATION: CHILDREN, YOUTH, ADULTS, OLDER ADULTS.</p> <p>1.1 PROGRAMMATIC OBJECTIVE: REDUCE ISOLATION AND DEPRESSION: 1.2 PROGRAMMATIC OBJECTIVE: REDUCE ENVIRONMENTAL RISK FACTORS ASSOCIATED WITH DEVELOPING MENTAL HEALTH ISSUES 1.3 PROGRAMMATIC OBJECTIVE: PROMOTE COLLABORATION, SHARE KNOWLEDGE, AND COORDINATE ACTIVITIES WITH INTERNAL AND EXTERNAL PARTNERS 1.4 PROGRAMMATIC OBJECTIVE: INCREASE AWARENESS OF THE IMPACTS AND RISK FACTORS FOR DEVELOPING SUBSTANCE USE DISORDERS 1.5 PROGRAMMATIC OBJECTIVE: INCREASE AWARENESS OF THE SIGNS, SYMPTOMS, RISKS, AND STIGMA OF DEVELOPING MENTAL HEALTH ISSUES AND PROMOTE ACCESS TO TREATMENT 1.6 INCREASE ACCESS TO APPROPRIATE MENTAL HEALTH AND SUBSTANCE USE TREATMENT AND SUPPORT SERVICES: COMMUNITY ACTIVITIES/STRATEGIES: ORGANIZE AND/OR SUPPORT INITIATIVES THAT INCREASE OPPORTUNITIES FOR SOCIAL ENGAGEMENT ORGANIZE AND/OR SUPPORT COMMUNITY-BASED INITIATIVES THAT INCREASE AWARENESS, PREVENT, AND/OR IDENTIFY INDIVIDUALS AT RISK FOR DEVELOPING SUBSTANCE USE DISORDERS, INCLUDING VAPING. (E.G. BOYS &amp; GIRLS CLUB SBIRT) ORGANIZE AND/OR SUPPORT INITIATIVES THAT REDUCE ENVIRONMENTAL RISK FACTORS ASSOCIATED WITH DEVELOPING MENTAL HEALTH ISSUES SUCH AS HOARDING, ETC. (E.G. SAFE HOME INITIATIVE) SUPPORT AND/OR PARTICIPATE IN TASK FORCES AND COMMUNITY COLLABORATIVES THAT DISCUSS STRATEGIES TO ADDRESS MENTAL HEALTH/SUBSTANCE USE ISSUES ENHANCE ACCESS TO INTEGRATED BEHAVIORAL HEALTH SERVICES PROVIDE SUPPORT/REFERRALS TO INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE USE ISSUES WITHIN THE EMERGENCY DEPARTMENT METRICS/STATUS UPDATE: THE SAFE HOME INITIATIVE IMPLEMENTED FY19 IN COLLABORATION WITH THE WOBURN COUNCIL ON AGING WAS PUT ON HOLD IN FY20 DUE TO COVID RESTRICTIONS. MORE THAN 100 HOURS OF STAFF TIME WAS DEDICATED TO PARTICIPATION IN LOCAL AND REGIONAL SUBSTANCE USE TASK FORCES AND COALITIONS IN FY20. WINCHESTER HOSPITAL PROVIDED A GRANT TO THE BOYS &amp; GIRLS CLUB OF STONEHAM &amp; WAKEFIELD TO CONTINUE PROVIDING THE SBIRT PROGRAM ONSITE AT THE CLUB. IN FY20, 220 YOUTH WERE SCREENED. IN ADDITION, 8 NEW STAFF MEMBERS RECEIVED TRAINING IN EARLY RECOGNITION, BASIC TREATMENT, AND SBIRT METHODOLOGY, SCREENING TECHNIQUES, MOTIVATIONAL INTERVIEWING, TREATMENT OF SUBSTANCE USE DISORDERS, AND SUICIDE PREVENTION. WINCHESTER HOSPITAL PROVIDED SUPPORT TO MYSTIC VALLEY ELDER SERVICES (MVES) TO CONTINUE THE MOBILE MENTAL HEALTH PROGRAM, WHICH PROVIDES HOME-BASED MENTAL HEALTH SERVICES TO OLDER ADULTS IN MEDFORD, NORTH READING, READING, STONEHAM, AND WAKEFIELD. DESPITE THE PANDEMIC, THE MOBILE MENTAL HEALTH PROGRAM PROVIDED SERVICES TO A TOTAL OF 329 COMMUNITY MEMBERS IN FY20, 34% (114) IN THE WINCHESTER HOSPITAL CBSA: MEDFORD (46), STONEHAM (25), NORTH READING (6), READING (20), AND WAKEFIELD (17). WINCHESTER HOSPITAL PROVIDED A GRANT TO THE WINCHESTER HEALTH DEPARTMENT AND THE SAFER COALITION TO SUPPORT THE INTERFACE MENTAL HEALTH REFERRAL SERVICE, LAUNCHED IN JANUARY 2020. IN FY20, 85 RESIDENTS RECEIVED ASSISTANCE. OF THE 82 RESIDENTS SERVED IN FY20, THE LEADING ISSUES WERE ANXIETY, DEPRESSION, AND COVID RELATED ISSUES. MORE THAN 50% WERE FEMALE, AND THE MAJORITY REQUESTING ASSISTANCE WAS BETWEEN THE AGES OF 6-17. LAHEY HEALTH PRIMARY CARE ADOPTED THE COLLABORATIVE CARE MODEL (COCM) AND INTEGRATED BEHAVIORAL HEALTH SERVICES INTO PRIMARY CARE OFFICES IN WINCHESTER HOSPITAL'S CBSA. BEHAVIORAL HEALTH SERVICES WERE PROVIDED TO 624 PATIENTS IN THREE PRIMARY CARE OFFICES LOCATED IN STONEHAM, TEWKSBURY, AND WINCHESTER. COMMUNITY PARTNERS: BOYS &amp; GIRLS CLUB OF STONEHAM/ WAKEFIELD, STONEHAM COALITION FOR A HEALTH COMMUNITY, MYSTIC VALLEY ELDER SERVICES, WINCHESTER HEALTH DEPARTMENT, WINCHESTER SAFER COALITION. PRIORITY AREA #2 - CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS. THE CHNA FINDINGS REVEALED A NEED TO ADDRESS THE MANY RISK FACTORS ASSOCIATED WITH CHRONIC AND COMPLEX HEALTH CONDITIONS, INCLUDING PHYSICAL INACTIVITY AND POOR NUTRITION/LIFESTYLE, PARTICULARLY FOR OLDER ADULTS, PEOPLE WITH LOWER LEVELS OF EDUCATION/HEALTH LITERACY, AND THOSE WITH ACCESS ISSUES. ADDRESSING THE LEADING RISK FACTORS IS THE KEY TO MANY CHRONIC DISEASE PREVENTION AND MANAGEMENT.</p>



Form and Line Reference	Explanation
FY20 SCHEDULE HIMPLEMENTATION STRATEGY UPDATE	<p>             GEMENT STRATEGIES.GOAL: PREVENT, DETECT AND MANAGE CHRONIC DISEASE AND COMPLEX CONDITIONS AND ENHANCE ACCESS TO TREATMENT AND SUPPORT SERVICESTARGET POPULATION: OLDER ADULTS, INDIV IDUALS WITH CHRONIC/COMPLEX CONDITIONS, LOW-RESOURCE INDIVIDUALS AND FAMILIES, YOUTH AND A DOLESCENTS2.1 PROGRAMMATIC OBJECTIVE: CREATE AWARENESS OF/EDUCATE COMMUNITY MEMBERS ABOUT THE PREVENTABLE RISK FACTORS ASSOCIATED WITH CHRONIC AND COMPLEX HEALTH CONDITIONS.2.2 PRO GRAMMATIC OBJECTIVE: HELP COMMUNITY MEMBERS DETECT CHRONIC DISEASE ANDPROVIDE LINKAGES TO SERVICES2.3 PROGRAMMATIC OBJECTIVE: ENGAGE INDIVIDUALS IN EVIDENCE-BASED/EVIDENCE-INFORMED PROGRAMS THAT HELP THEM BETTER MANAGE THEIR CHRONIC DISEASE2.4 PROGRAMMATIC OBJECTIVE: EDU CATE INDIVIDUALS ABOUT ACHIEVING A HEALTHY DIET2.5 PROGRAMMATIC OBJECTIVE: INCREASE ACCESS TO SUPPORTIVE SERVICES THAT REDUCE THE STRESS AND ANXIETY ASSOCIATED WITH CHRONIC ILLNESS :COMMUNITY ACTIVITIES/STRATEGIES: ORGANIZE AND/OR SUPPORT PROGRAMS AND ACTIVITIES IN CLINI CAL OR COMMUNITY-BASED SETTINGS TO PROVIDE EDUCATION (E.G. BREAST CANCER EDUCATION &amp; OUTRE ACH, STROKE AWARENESS, BACK TO SCHOOL EVENT). ORGANIZE AND/OR SUPPORT HEALTH SCREENINGS IN CLINICAL OR NON-CLINICAL SETTINGS TO DETECT CHRONIC/COMPLEX CONDITIONS AND REFER TO AND/O R COORDINATE CARE (E.G. BREAST CANCER RISK ASSESSMENT, HOME BLOOD DRAW PROGRAM) ORGANIZE A ND/OR SUPPORT PROGRAMS AND ACTIVITIES THAT REFER, EDUCATE AND SUPPORT INDIVIDUALS IN BETTE R MANAGING THEIR CHRONIC/COMPLEX CONDITIONS (E.G. CHRONIC DISEASE MANAGEMENT PROGRAM, CHAM P PEDIATRIC ASTHMA PROGRAM, FIGHTING FATIGUE, ETC.) ORGANIZE AND/OR SUPPORT PROGRAMS IN CL INICAL AND NON-CLINICAL SETTINGS THAT EDUCATE ON HOW TO CHOOSE AND/OR PREPARE HEALTHY FOOD S PROVIDE OR SUPPORT PROGRAMS AND SERVICES THAT HELP INDIVIDUALS AND FAMILY MEMBERS ALLEVI ATE THE BURDEN(S) ASSOCIATED WITH CHRONIC/COMPLEX CONDITIONSMETRICS/STATUS UPDATE: IN FY20 , WINCHESTER HOSPITAL CONDUCTED 3,342 FREE BREAST CANCER RISK ASSESSMENTS. IN FY20, 72 ADU LTS WITH CHRONIC DISEASES PARTICIPATED IN WINCHESTER HOSPITAL'S CHRONIC DISEASE MANAGEMENT PROGRAM DUE TO COVID-19, CHAMP WAS PUT ON HOLD FROM MARCH TO SEPTEMBER 2020. HOWEVER, 85 CHILDREN ENROLLED. TRAINING SESSIONS WERE PROVIDED TO 37 NURSES AT FOUR DIFFERENT SCHOOLS. 56 HOME VISITS AND 163 ASTHMA ACTION PLANS WERE COMPLETED. PHYSICAL THERAPISTS FROM WINCH ESTER HOSPITAL DEVELOPED AND LAUNCHED THE FIGHTING FATIGUE PROGRAM. IN FY20, A TOTAL OF 94 CLASSES WERE HELD, WITH 13 PARTICIPANTS COMPLETING THE 12-WEEK PROGRAM. IN FY20 AN AVERAG E OF 85 COMMUNITY MEMBERS PER MONTH PARTICIPATED IN WINCHESTER HOSPITAL'S HMR WEIGHT MANAG EMENT PROGRAM. IN FY20, WINCHESTER HOSPITAL PROVIDED 584 FREE INTEGRATIVE THERAPY SESSIONS TO MORE THAN 500 PATIENTS UNDERGOING CANCER TREATMENT. IN ADDITION, 13 YOGA CLASSES WERE OFFERED TO CANCER PATIENTS IN TREATMENT OR RECOVERY, REACHING APPROXIMATELY 50 PARTICIPANT S. COMMUNITY PARTNERS: AMERICAN CANCER SOCIETY           </p>

Form and Line Reference	Explanation
<p>PRIORITY AREA # 3: SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE:</p>	<p>A DOMINANT THEME FROM THE ASSESSMENT WAS THE TREMENDOUS IMPACT THAT THE SOCIAL DETERMINANTS OF HEALTH, PARTICULARLY FINANCIAL INSECURITY, ADEQUATE HEALTH INSURANCE COVERAGE, HOUSING, TRANSPORTATION, AND ACCESS TO HEALTHY FOODS HAVE ON RESIDENTS WITHIN WHO'S CBSA. THE SOCIAL DETERMINANTS OF HEALTH ARE OFTEN THE DRIVERS OR UNDERLYING FACTORS THAT CREATE OR EXACERBATE MENTAL HEALTH ISSUES, SUBSTANCE MISUSE, AND CHRONIC/COMPLEX CONDITIONS. THESE SOCIAL DETERMINANTS OF HEALTH, PARTICULARLY FINANCIAL INSECURITY, ALSO UNDERLIE MANY OF THE ACCESS TO CARE ISSUES THAT WERE PRIORITIZED IN THE ASSESSMENT: NAVIGATING THE HEALTH SYSTEM (INCLUDING HEALTH INSURANCE), CHRONIC DISEASE MANAGEMENT, AND AFFORDING CARE. A KEY FINDING WAS THE CONTINUED IMPACT THAT THE SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, TRANSPORTATION, ACCESS TO CARE, HOUSING, FOOD SECURITY) HAVE ON RESIDENTS OF WINCHESTER HOSPITAL'S SERVICE AREA, ESPECIALLY THOSE WITH LOW TO MODERATE INCOME AND THOSE WHO ARE FRAIL OR HOMEBOUND, HAVE MENTAL HEALTH OR SUBSTANCE USE ISSUES, OR LACK A CLOSE SUPPORT SYSTEM. DESPITE THE FACT THAT PEOPLE IN WINCHESTER HOSPITAL'S SERVICE AREA ARE GENERALLY INSURED AND EMPLOYED, THE CHINA INDICATED CONCERN THAT FAMILIES FACE FINANCIAL STRESS BECAUSE OF HIGH OUT-OF-POCKET COSTS FOR HEALTH CARE SERVICES AND INELIGIBILITY FOR PUBLIC BENEFITS. IF ELIGIBLE, FAMILIES IN NEED OFTEN DON'T ENROLL BECAUSE OF THE STIGMA OF ACCEPTING PUBLIC ASSISTANCE. IN ADDITION, SOME GROUPS FACE LANGUAGE AND CULTURAL BARRIERS TO SERVICES. GOAL: ADDRESS SOCIAL DETERMINANTS OF HEALTH AND BARRIERS TO CARE TARGET POPULATION: OLDER ADULTS, INDIVIDUALS WITH CHRONIC/COMPLEX CONDITIONS, LOW-RESOURCE INDIVIDUALS AND FAMILIES, YOUTH AND ADOLESCENTS</p> <p>3.1 PROGRAMMATIC OBJECTIVE: INCREASE ACCESS TO AFFORDABLE AND SAFE TRANSPORTATION OPTIONS</p> <p>3.2 PROGRAMMATIC OBJECTIVE: EDUCATE PROVIDERS AND COMMUNITY MEMBERS ABOUT HOSPITAL AND/OR PUBLIC ASSISTANCE PROGRAMS THAT CAN HELP THEM IDENTIFY AND ENROLL IN APPROPRIATE HEALTH INSURANCE PLANS AND/OR REDUCE THEIR FINANCIAL BURDEN</p> <p>3.3 PROGRAMMATIC OBJECTIVE: ENHANCE AWARENESS ABOUT HOSPITAL/COMMUNITY RESOURCES THAT ADDRESS HEALTH ISSUES AND SOCIAL DETERMINANTS OF HEALTH</p> <p>3.4 PROGRAMMATIC OBJECTIVE: EXPLORE WAYS TO REDUCE/ADDRESS HOUSING INSTABILITY</p> <p>3.5 PROGRAMMATIC OBJECTIVE: INCREASE ACCESS TO CLINICAL SERVICES FOR HOMEBOUND PATIENTS</p> <p>3.6 PROGRAMMATIC OBJECTIVE: INCREASE ACCESS TO AFFORDABLE AND NUTRITIOUS FOODS AND AFFORDABLE PHYSICAL ACTIVITY</p> <p>3.7 PROGRAMMATIC OBJECTIVE: INCREASE AWARENESS ABOUT HOW TO CREATE A HEALTHY AND SAFE ENVIRONMENT FOR BABIES AND FAMILIES, AND PROMOTE HEALTHY CHILD DEVELOPMENT</p> <p>3.8 PROGRAMMATIC OBJECTIVE: ENSURE ACCESS TO PREVENTIVE MEASURES, TESTING, SCREENING AND TREATMENT FOR THOSE AT-RISK OR EXPOSED TO COVID-19 AND MITIGATE THE IMPACTS OF THE PANDEMIC ON THE SOCIAL DETERMINANTS OF HEALTH</p> <p>3.9 PROGRAMMATIC OBJECTIVE: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO FACE CULTURAL AND LINGUISTIC BARRIERS</p> <p>COMMUNITY ACTIVITIES/STRATEGIES: PROVIDE SUPPORT FOR PROGRAMS/INITIATIVES THAT ADDRESS ISSUES ASSOCIATED WITH TRANSPORTATION PROVIDE COUNSELING, SUPPORT, AND REFERRAL SERVICES TO COMMUNITY MEMBERS TO ENROLL AND REMAIN IN APPROPRIATELY DISTRIBUTE INFORMATION AT COMMUNITY EVENTS AND TO PHYSICIANS, CLINICAL STAFF, AND COMMUNITY PARTNERS. DEVELOP RELATIONSHIPS WITH COMMUNITY PARTNERS AND ORGANIZATIONS THAT ADDRESS ISSUES ASSOCIATED WITH HOUSING INSTABILITY PROVIDE OR SUPPORT PROGRAMS/INITIATIVES THAT ENHANCE ACCESS TO CLINICAL SERVICES ORGANIZE AND/OR SUPPORT PROGRAMS THAT PROVIDE ACCESS TO FREE OR LOW-COST HEALTHY FOODS AND PHYSICAL ORGANIZE AND/OR SUPPORT PROGRAMS THAT PROMOTE A HEALTHY AND SAFE ENVIRONMENT AND/OR FOSTER HEALTHY GROWTH AND DEVELOPMENT FOR INFANTS AND BABIES ORGANIZE AND/OR SUPPORT PROGRAMS/INITIATIVES THAT HELP PREVENT THE SPREAD OF COVID AND/OR INCREASE ACCESS TO SCREENING AND TREATMENT. PROVIDE LINGUISTICALLY AND CULTURALLY APPROPRIATE HEALTH EDUCATION AND CARE MANAGEMENT SUPPORT COMMUNITY-BASED INITIATIVES THAT ADDRESS LANGUAGE BARRIERS</p> <p>METRICS/STATUS UPDATE WINCHESTER HOSPITAL COLLABORATED WITH CHECKER CAB OF WOBURN TO PROVIDE FREE RIDES TO MEDICAL APPOINTMENTS FOR MORE THAN 90 PATIENTS. THROUGH A GRANT WINCHESTER HOSPITAL PROVIDED TO METRO HOUSING BOSTON, THE COLOCATION PROGRAM PROVIDED FREE COUNSELING TO 107 LOW- TO MODERATE- INCOME INDIVIDUALS AND FAMILIES TO HELP PREVENT THEM FROM BEING EVICTED AND INCREASE HOUSING STABILITY. IN FY20, WINCHESTER HOSPITAL LAB SERVICES PROVIDED 10,293 FREE IN-HOME BLOOD DRAWS. PROVIDED MORE THAN \$40,000 IN SUPPORT TO HELP LOCAL FOOD PANTRIES, SENIOR CENTERS, AND VARIOUS COMMUNITY ORGANIZATIONS REDUCE FOOD INSECURITY FOR OVER 20,000 COMMUNITY MEMBERS AND FAMILIES THE MEDFORD SNAP GAP PROGRAM ENROLLED 10 LOW-INCOME FAMILIES WITH YOUNG CHILDREN FACING FOOD INSECURITY INTO THE SNAP. 1,498 MEDFORD PUBLIC SCHOOL STUDENTS RECEIVED PANDEMIC ELECTRONIC BENEFITS TRANSFER (P-EBT) CARDS. IN FY20, INTERPRETERS ASSISTED 1,063 PATIENTS BY PROVIDING FREE INTERPRETER SERVICES</p>

Form and Line Reference	Explanation
PRIORITY AREA # 3: SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE:	SESSIONS, TOTALING 494 IN-PERSON AND 1007 REMOTE VIDEO SESSIONS. COMMUNITY PARTNERS: METRO HOUSING BOSTON, MINUTEMAN SENIOR SERVICES, NEW ENTRY SUSTAINABLE FARMING INITIATIVE, WINC HESTER HOUSING AUTHORITY

Form and Line Reference	Explanation
<p>FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION</p>	<p>THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW WINCHESTER HOSPITAL CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS. AS DEMONSTRATED IN THIS SCHEDULE H, 8.33% OF WINCHESTER HOSPITAL'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST. COMMUNITY BENEFITS ANNUAL COMMUNITY BENEFITS REPORT AS PREVIOUSLY NOTED IN THIS FILING, BIDMC'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7). THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT: <a href="https://www.winchesterhospital.org/our-promises/supporting-our-community">HTTPS://WWW.WINCHESTERHOSPITAL.ORG/OUR-PROMISE/SUPPORTING-OUR-COMMUNITY</a>. THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS. AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT WINCHESTER HOSPITAL FILED WITH THE ATTORNEY GENERAL'S OFFICE. EMERGENCY CARE ACCESS IN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, WINCHESTER HOSPITAL IS A GENERAL MEDICAL AND SURGICAL HOSPITAL, PROVIDING 24-HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMS FINANCIAL ASSISTANCE WINCHESTER HOSPITAL'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENCY SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$2,889,641 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A. AS PREVIOUSLY NOTED IN THIS FORM 990, WINCHESTER HOSPITAL IS ONE OF TEN HOSPITALS WITHIN THE BETH ISRAEL LAHEY HEALTH NETWORK. COMBINED THESE HOSPITALS' NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENCY SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$44M FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. DURING THE FISCAL YEAR COVERED BY THIS FILING, WINCHESTER HOSPITAL ADOPTED AN AMENDED WRITTEN FINANCIAL ASSISTANCE POLICY. AS REPORTED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, UNDER THAT POLICY, ELIGIBILITY FOR FREE CARE TO LOW-INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 400% FOR FULL FREE CARE AND 400% FOR PARTIAL FREE CARE. ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, INCLUDING MEDICAL HARDSHIP REVIEW. OTHER UNCOMPENSATED CHARITY CARE MEDICAID AND MEDICARE IN ADDITION TO THE CHARITY CARE REPORTED ABOVE, WINCHESTER HOSPITAL ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED. DURING THE FISCAL PERIOD COVERED BY THIS FILING, WINCHESTER HOSPITAL GENERATED \$15,644,823 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY WINCHESTER HOSPITAL FOR SUCH SERVICES BY \$9,117,365 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND WINCHESTER HOSPITAL PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM. DURING THE FISCAL PERIOD COVERED BY THIS FILING, WINCHESTER HOSPITAL GENERATED \$91,039,384 RELATED TO TREATING MEDICARE PATIENTS. THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY \$36,405,802. OF THESE AMOUNTS, REVENUE OF \$ 19,121,617 IS RELATED TO THE PROVISION OF CARDIOLOGY, GYNECOLOGY, HEMATOLOGY &amp; ONCOLOGY, AND RHEUMATOLOGY AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVICES BECAUSE THE COST OF THOSE SERVICES EXCEEDED REVENUES BY \$8,998,333. IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH WINCHESTER HOSPITAL CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMM</p>

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	UNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H. INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, WINCHESTER HOSPITAL HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED. HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE TO 17.37%.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBTS	<p>IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, WINCHESTER HOSPITAL ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF \$7,699,268 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2. AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7. RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED. THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 INCLUDE THE ACCOUNTS OF: BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION (LCF), LAHEY CLINIC (LCI), LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAST), ANNA JAQUES HOSPITAL (AJH) AND AFFILIATES. THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP). FINANCIAL STATEMENT FOOTNOTES THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR THE FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 INCLUDE THE ACCOUNTS OF: BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. THE BETH ISRAEL LAHEY HEALTH INC. CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE REGARDING BAD DEBT EXPENSE. EMERGENCY CARE ACCESS WINCHESTER HOSPITAL'S DEPARTMENT OF EMERGENCY MEDICINE PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HOURS A DAY, 7 DAYS A WEEK, AND 365 DAYS A YEAR.</p>

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY INTERNAL REVENUE CODE SECTION 501(R)(4)	<p>FINANCIAL ASSISTANCE POLICY PURPOSE WINCHESTER HOSPITAL IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THE WINCHESTER HOSPITAL FINANCIAL ASSISTANCE POLICY (FAP) IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE FREE AND/OR DISCOUNTED CARE FROM WINCHESTER HOSPITAL AS WELL AS PROVIDERS WHO FOLLOW WINCHESTER HOSPITAL'S FINANCIAL ASSISTANCE POLICY. A LIST OF ALL PROVIDERS WHO PROVIDE CARE WITHIN WINCHESTER HOSPITAL AS WELL AS INFORMATION INDICATING IF THE LISTED PROVIDERS FOLLOW WINCHESTER HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS INCLUDED IN APPENDIX 5 TO THE FINANCIAL ASSISTANCE POLICY. WINCHESTER HOSPITAL DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY. FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICIES REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) THAT APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY. (SCHEDULE H PART I QUESTIONS 1A AND 1B). DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD). (SCHEDULE H PART V SECTION B QUESTION 21). THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE. THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS. THE PROVIDER LIST IS UPDATED NOT LESS THAN QUARTERLY AND THE AMOUNTS GENERALLY BILLED (AGB) CALCULATION IS UPDATED NOT LESS THAN ANNUALLY. THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY. (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17). THE HOSPITAL'S FAP AND CREDIT &amp; COLLECTION POLICY, REVISED AUGUST 2020, WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R). FINANCIAL ASSISTANCE POLICY APPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP. THIS INFORMATION IS ALSO INCLUDED IN THE PLAIN LANGUAGE SUMMARY (PLS). IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE. (SCHEDULE H PART V SECTION B QUESTION 15) FINANCIAL ASSISTANCE POLICY ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE. (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13). IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3). FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM. OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP. (SCHEDULE H PART I QUESTIONS 3C). FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C) IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE.</p>

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICYINTERNAL REVENUE CODE SECTION 501(R)(4)	<p>CE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE.HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP). SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS.THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS. THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN. FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR. INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION.FINANCIAL ASSISTANCE POLICYTRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY, APPLICATION FOR FINANCIAL ASSISTANCE AND HARDSHIP APPLICATION (SEE DETAIL BELOW) HAVE ALL BEEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE IN THE HOSPITAL'S COMMUNITY WHO MAY COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH. THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS, 5% OF THE POPULATION OR 1000 PERSONS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R). BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES: ENGLISH, ARABIC, ARMENIAN, CAMBODIAN, FRENCH, GREEK, HAITIAN-CREOLE, HINDI, ITALIAN, JAPANESE, KOREAN, MON-KHMER, PORTUGUESE, PANJABI, RUSSIAN, SPANISH, VIETNAMESE, SIMPLIFIED AND TRADITIONAL CHINESE. (SCHEDULE H PART V SECTION B QUESTION 16I)</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>FINANCIAL ASSISTANCE POLICYWIDELY PUBLICIZING AND AVAILABILITY</p>	<p>COPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CHARGE AND/OR ON THE HOSPITAL'S WEBSITE: (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) AT <a href="https://www.winchesterhospital.org/file%20library/unassigned/wh---english-fap--jan.-2021_final-.pdf">HTTPS://WWW.WINCHESTERHOSPITAL.ORG/FILE%20LIBRARY/UNASSIGNED/WH---ENGLISH-FAP--JAN.-2021_FINAL-.PDF</a> IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE. (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3).THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS. SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE. IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED. THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMENTS. INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDES CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED. ADDITIONALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE AND/OR DISCHARGE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G). FINANCIAL ASSISTANCE POLICYPLAIN LANGUAGE SUMMARYAS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE. THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION, INCLUDING THE WEBSITE ADDRESS, THE LOCATION AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE. THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY. LINKS TO FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTSTHE FOLLOWING FINANCIAL ASSISTANCE POLICY (FAP) DOCUMENTS: CREDIT AND COLLECTION POLICY APPLICATION FOR FINANCIAL ASSISTANCE MEDICAL HARDSHIP APPLICATION FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY AS WELL AS ADDITIONAL INFORMATION ON PATIENT FINANCIAL ASSISTANCE AND BILLING, ALL IN [ENGLISH, ARABIC, ARMENIAN, CAMBODIAN, FRENCH, GREEK, HAITIAN-CREOLE, HINDI, ITALIAN, JAPANESE, KOREAN, MON-KHINER, PORTUGUESE, PANJABI, RUSSIAN, SPANISH, VIETNAMESE, SIMPLIFIED AND TRADITIONAL CHINESE, CAN BE FOUND ON THE WINCHESTER HOSPITAL WEBSITE AT<a href="https://www.winchesterhospital.org/file%20library/unassigned/wh---english-fap--jan.-2021_final-.pdf">HTTPS://WWW.WINCHESTERHOSPITAL.ORG/FILE%20LIBRARY/UNASSIGNED/WH---ENGLISH-FAP--JAN.-2021_FINAL-.PDF</a>LIMITATION ON CHARGESINTERNAL REVENUE CODE SECTION 501(R)(5)LIMITATION ON CHARGESAS REQUIRED BY IRC SECTION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASSISTANCE-ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE AMOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES. AMOUNTS GENERALLY BILLEDLOOK BACK METHODTHE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS FISCAL YEAR. CALCULATED AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE REGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SECTION 501(R)(5). (SCHEDULE H PART V SECTION B QUESTION 22). PATIENT REFUNDS FOR CHARGES IN EXCESS OF AMOUNTS GENERALLY BILLEDTHE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED \$5.00.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
BILLING AND COLLECTIONS501(R)(6)	<p>EXTRAORDINARY COLLECTION ACTIVITIES THE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE. IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS. (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19). APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE. BIDMC ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6) COMMUNITY BOARD AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. AFFILIATED HEALTH CARE SYSTEMS NOTED IN VARIOUS NARRATIVE DISCLOSURES THAT SUPPORT THIS FORM 990 AND RELATED SCHEDULES FOR THE PERIOD COVERED BY THIS FILING, BILH IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. BILH SERVES AS SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HOSPITAL SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKES HOSPITAL). LAHEY CLINIC FOUNDATION SERVES AS THE SOLE MEMBER OF LAHEY CLINIC, INC. AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER. EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES. FOR THE FISCAL YEAR 2020 THE BILH HOSPITALS NOTED ABOVE PROVIDED CARE TO MEDICAID PATIENTS AT COSTS WHICH EXCEEDED REVENUES BY OVER \$86 MILLION AND PROVIDED CARE TO MEDICARE PATIENTS AT COSTS WHICH EXCEEDED REVENUES BY \$117 MILLION. IN ADDITION, THE BILH HOSPITALS PROVIDED TOTAL COMMUNITY BENEFITS IN THE NATURE OF DIRECT SERVICES TO THE COMMUNITIES SERVED BY THE BILH NETWORK AS WELL AS FUNDS PROVIDED TO COMMUNITY PARTNERS IN THE AMOUNT OF \$93 MILLION BILH HOSPITALS ALSO INCURRED NET COSTS FOR SUBSIDIZED HEALTH SERVICES TO ENSURE THAT CARE WAS AVAILABLE WITHIN THE COMMUNITIES SERVED ACROSS BILH IN THE AMOUNT OF \$32 MILLION. FINALLY, BILH HOSPITALS ARE COMMITTED TO PROVIDING RESEARCH TO FURTHER ADVANCE CARE TO BILH PATIENTS AND TO THE GENERAL ADVANCEMENT TO HEALTHCARE TREATMENT BEYOND THE COMMUNITIES IMMEDIATELY SERVED BY BILH AND TO PROVIDING CUTTING EDGE TRAINING TO FUTURE HEALTHCARE PROVIDERS. BILH HOSPITALS INVESTED NET COSTS OF \$183 MILLION TOWARD THESE MISSIONS DURING THE FISCAL YEAR COVERED BY THIS FILING.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
IRC 501(R) REPORTING UNDER REVENUE PROCEDURE 2015-21:	<p>DURING A REVIEW OF WINCHESTER HOSPITAL, INC.'S SECTION 501(R) COMPLIANCE IN THE HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2019, IT WAS DETERMINED THAT CERTAIN INFORMATION IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), PLAIN LANGUAGE SUMMARY (PLS) AND CREDIT AND COLLECTIONS POLICY (CCP) AS THEN IN EFFECT REQUIRED CLARIFICATION OR CORRECTION. ALL CORRECTIONS AND CLARIFICATIONS WERE MADE AS REQUIRED PRIOR TO THE HOSPITAL'S FILING OF THE FORM 990 FOR THAT SAME FISCAL PERIOD. BECAUSE THE CORRECTIONS AND CLARIFICATIONS WERE MADE DURING THE FISCAL YEAR COVERED BY THE CURRENT FILING, THIS DISCLOSURE IS INCLUDED AGAIN IN THE FORM 990. IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN REVENUE PROCEDURE 2015-21, EACH OF THE IDENTIFIED ITEMS IS LISTED ALONG WITH THE METHOD OF CORRECTION. CORRECTION OCCURRED BY ADOPTION OF A REVISED FAP, PLS AND CCP BY THE HOSPITAL'S AUTHORIZED BODY PRIOR TO FILING THE RETURN FOR FISCAL YEAR 2019, WHICH WAS FILED DURING THE HOSPITAL'S FISCAL YEAR 2020. (1) WHILE THE FAP SPECIFIED THE PERCENTAGE OF DISCOUNTS AVAILABLE, IT DID NOT SPECIFICALLY REFER TO WHAT CHARGES THOSE DISCOUNTS WOULD BE APPLIED. THE FAP HAS BEEN REVISED TO CLARIFY THAT THE DISCOUNTS ARE APPLIED TO PATIENT GROSS CHARGES. (2) THE FAP DID NOT SPECIFY THE AMOUNTS GENERALLY BILLED (AGB) BY THE HOSPITAL OR SPECIFY THE METHODOLOGY FOR CALCULATING THE AGB. THIS INFORMATION WAS POSTED ON THE HOSPITAL'S WEBSITE BUT WAS NOT SPECIFICALLY INCLUDED IN THE FAP. THE FAP HAS BEEN REVISED TO INCLUDE THIS INFORMATION. (3) THE FAP DID NOT CLEARLY DESCRIBE INFORMATION OBTAINED FROM SOURCES OTHER THAN THE INDIVIDUAL SEEKING FINANCIAL ASSISTANCE TO PRESUMPTIVELY DETERMINE THAT THE INDIVIDUAL IS FAP-ELIGIBLE. THE FAP HAS BEEN REVISED TO CLARIFY SUCH INFORMATION. (4) THE LIST OF PROVIDERS OF EMERGENCY AND MEDICALLY NECESSARY CARE AT THE HOSPITAL DID NOT INCLUDE ALL PROVIDERS. THE LIST HAS BEEN UPDATED AND NOW REFLECTS ALL PROVIDERS. (5) THE PLS DID NOT INCLUDE INSTRUCTIONS ON HOW AN INDIVIDUAL CAN OBTAIN A FREE COPY OF THE FAP AND FAP INSTRUCTIONS BY MAIL AND DID NOT INCLUDE THE CONTACT INFORMATION, INCLUDING TELEPHONE NUMBER AND PHYSICAL LOCATION OF THE HOSPITAL'S OFFICE OR DEPARTMENT THAT CAN PROVIDE ASSISTANCE WITH THE FAP APPLICATION PROCESS. THE PLS HAS BEEN REVISED TO INCLUDE THIS INFORMATION. (6) THE HOSPITAL HAD NOT YET MADE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL ABOUT THE FAP IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE. THE HOSPITAL HAS SINCE MADE SUCH EFFORTS, INCLUDING BY DISTRIBUTING COPIES OF ITS FAP AND FAP APPLICATION TO REFERRING STAFF PHYSICIANS AND TO COMMUNITY HEALTH CENTERS SERVING THE HOSPITAL'S COMMUNITY. (7) THE HOSPITAL HAD NOT BEEN OFFERING A PAPER COPY OF ITS PLS TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS. THE HOSPITAL HAS NOW ENSURED THAT IT IS DOING SO. (8) WHILE THE HOSPITAL HAD NOT BEEN ENGAGING IN ANY EXTRAORDINARY COLLECTION ACTIONS (ECAS), ITS CCP DID NOT INCLUDE A DESCRIPTION OF THE OFFICE, DEPARTMENT OR COMMITTEE WITH FINAL AUTHORITY FOR DETERMINING THAT REASONABLE EFFORTS HAD BEEN MADE TO DETERMINE FAP ELIGIBILITY BEFORE ENGAGING IN ANY ECAS. THE CCP HAS BEEN REVISED TO [EXPLICITLY PROHIBIT THE HOSPITAL FROM ENGAGING IN ECAS / INCLUDE SUCH A DESCRIPTION]. FINALLY, THE HOSPITAL HAS ADOPTED PROCEDURES THAT REQUIRE THE HOSPITAL TO REVIEW, ON A REGULAR BASIS, THE HOSPITAL'S POLICIES AND PROCEDURE TO ENSURE COMPLIANCE WITH THE REQUIREMENTS OF SECTION 501(R) AND THE REGULATIONS ISSUED THEREUNDER. THOSE PROCEDURES INCLUDE REVIEWING A SECTION 501(R) COMPLIANCE CHECKLIST.</p>

**Additional Data****Software ID:****Software Version:****EIN:** 04-2104434**Name:** WINCHESTER HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	WINCHESTER HOSPITAL 41 HIGHLAND AVENUE WINCHESTER, MA 01890 WWW.WINCHESTERHOSPITAL.ORG	X								ACUTE CARE FACILITY	

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
WINCHESTER HOSPITAL	PART V, SECTION B, LINE 5: FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION
WINCHESTER HOSPITAL	PART V, SECTION B, LINE 11: FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION.

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - WINCHESTER HOSPITAL 1021 MAIN STREET WINCHESTER, MA 01890	ADMIN OFFICES, BILLING, DOCTOR OFFICES
<b>1</b> 2 - WINCHESTER HOSPITAL 200 UNICORN PARK WOBURN, MA 01801	COMMUNITY HEALTH, MRI, BREAST CANCER CENTER
<b>2</b> 3 - WINCHESTER HOSPITAL 620 WASHINGTON STREET WINCHESTER, MA 01890	RADIOLOGY/ONCOLOGY SERVICES FACILITY
<b>3</b> 4 - WINCHESTER HOSPITAL - BALDWIN PARK I 12 ALFRED STREET WOBURN, MA 01801	COMMUNITY HEALTH INST., SLEEP CARE & ADMIN OFFICES
<b>4</b> 5 - WINCHESTER HOSPITAL - BALDWIN PARK II 12 ALFRED STREET WOBURN, MA 01801	BREAST CARE, IMAGING HEMOTOLOGY/ONCOLOGY LAB, PHARMACY, CHIRO
<b>5</b> 6 - FAMILY MEDICAL SERVICES 500 SALEM STREET WILMINGTON, MA 01887	AUDIOLOGY, OB/GYN, CARDIO-PUL, LAB, PT, URGENT CARE, PEDI
<b>6</b> 7 - WINCHESTER HOSPITAL 262/264 W CUMMINGS PARK WOBURN, MA 01801	LAB & HOME CARE SERVICE
<b>7</b> 8 - WINCHESTER HOSPITAL RUSSELL HILL BUILDINGS 955 MAIN STREET WINCHESTER, MA 01890	LAB, RADIOLOGY & PHYSICAL THERAPY
<b>8</b> 9 - WINCHESTER HOSPITAL 150 PRUDENTIAL WAY WOBURN, MA 01801	MRI SERVICE
<b>9</b> 10 - READING HEALTH CENTER 20 POND MEADOW DRIVE READING, MA 01867	LAB
<b>10</b> 11 - PATIENT SPECIMEN COLLECTION & SERV CT 3 WOODLAND ROAD STONEHAM, MA 02180	LAB
<b>11</b> 12 - MONTVALE DIAGNOSTIC CENTER 88 MONTVALE AVENUE STONEHAM, MA 02180	LAB
<b>12</b> 13 - WINCHESTER HOSPITAL 790 BOSTON POST ROAD BILLERICA, MA 01821	LAB
<b>13</b> 14 - WINCHESTER HOSPITAL 100 BYPASS ROAD NORTH ANDOVER, MA 01845	LAB
<b>14</b> 15 - WINCHESTER HOSPITAL 101 CAMBRIDGE STREET BURLINGTON, MA 01803	LAB

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

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

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

Name and address

Type of Facility (describe)

**16** 16 - WINCHESTER HOSPITAL  
11 SHORE ROAD  
WINCHESTER, MA 01890

LAB

**1** 17 - WINCHESTER HOSPITAL  
75 RIVERSIDE AVENUE  
MEDFORD, MA 02155

LAB, WEIGHT MGMT, WOUND CARE CENTER

**2** 18 - WINCHESTER HOSPITAL  
10P COMMERCE WAY  
WOBURN, MA 01801

ENDOSCOPY CENTER

**3** 19 - WINCHESTER HOSPITAL  
21 MAIN STREET  
NORTH READING, MA 01864

DIAGNOSTIC CENTER

**4** 20 - PAIN MANAGEMENT CENTER  
444 WASHINGTON STREET  
WOBURN, MA 01801

PAIN CLINIC CENTER

**5** 21 - CHOATE MEDICAL CENTER  
23 WARREN AVENUE  
WOBURN, MA 01801

PHYSICAL THERAPY

**6** 22 - WINCHESTER HOSPITAL  
95 MAPLE STREET  
STONEHAM, MA 02180

STOREROOM/WAREHOUSE

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WINCHESTER HOSPITAL

Employer identification number

04-2104434

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 11
3 Enter total number of other organizations listed in the line 1 table. 0



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

Part III can be duplicated if additional space is needed.

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

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

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

**Additional Data****Software ID:****Software Version:****EIN:** 04-2104434**Name:** WINCHESTER HOSPITAL**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB STONEHAMWAKEFIELD 15 DALE COURT STONEHAM, MA 02180	23-7025777	501(C)(3)	5,000				\$5K WAS PART OF A TOTAL OF \$53,700. PROVIDED TO NINE DIFFERENT ORGANIZATIONS TO SUPPORT FOOD ACCESS INITIATIVES DURING COVID
CITY OF MEDFORD 85 GEIRGE P HASSETT DRIVE MEDFORD, MA 02155	04-6001400		15,000				\$15,000 GRANT AWARDED TO MEDFORD TO IMPLEMENT THE SNAP GAP PROGRAM IN MEDFORD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL OF SOCIAL CONCERN WOBURN 2 MERRIMAC STREET WOBURN, MA 01801	04-2494773	501(C)(5)	19,000				\$19K WAS PART OF A TOTAL OF \$53,700. PROVIDED TO NINE DIFFERENT ORGANIZATIONS TO SUPPORT FOOD ACCESS INITIATIVES DURING COVID
METRO HOUSING BOSTON 300 COMMERCIAL STREET 19 MALDEN, MA 02148	04-2562646	501(C)(3)	7,500				\$7,500. GRANT AWARDED TO MVES TO PROVIDE THE MOBILE MENTAL HEALTH SERVICE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEFORD, MA 01730	04-2587212	501(C)(3)	9,871				\$9,871. PAID TO MINUTEMAN SENIOR SERVICES TO PROVIDE SHINE COUNSELING IN 2 LOCATIONS IN WINCHESTER
NEW ENTRY SUSTAINABLE FARMING PROJECT 733 CABOT STREET BEVERLY, MA 01915	04-2261109	501(C)(3)	6,023				\$6,023 PAID TO NEW ENTRY SUSTAINABLE FARMING TO PROVIDE FARMERS MARKETS AT WINCHESTER HOUSING AUTHORITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR CENTER FRIENDS OF STONEHAM (STONEHAM COA) 36 ELM STREET STONEHAM, MA 02180	27-2356616	501(C)(3)	7,200				\$7200K WAS PART OF A TOTAL OF \$53,700. PROVIDED TO NINE DIFFERENT ORGANIZATIONS TO SUPPORT FOOD ACCESS INITIATIVES DURING COVID
TOWN OF WINCHESTER (HEALTH DEPARTMENT) 71 MOUNT VERNON STREET WINCHESTER, MA 01890	04-6001371	GOVERNMENT ENTITY	5,000				\$5,000 GRANT AWARDED TO THE WINCHESTER HEALTH DEPARTMENT TO SUPPORT THE INTERFACE MENTAL HEALTH REFERRAL SERVICE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TOWN OF WINCHESTER (HEALTH DEPARTMENT) 71 MOUNT VERNON STREET WINCHESTER, MA 01890	04-6001371	GOVERNMENT ENTITY	5,000				\$5K WAS PART OF A TOTAL OF \$53,700. PROVIDED TO NINE DIFFERENT ORGANIZATIONS TO SUPPORT FOOD ACCESS INITIATIVES DURING COVID
REGIONAL CENTER FOR POISON CONTROL 41 HIGHLAND AVENUE WINCHESTER, MA 01890	04-2104434	501(C)(3)	22,900				\$22,900 PAID TO SUPPORT THE REGIONAL CENTER FOR POISON CONTROL SERVICE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WINCHESTER PUBLIC SCHOOLS 40 SAMASET RD WINCHESTER, MA 01890	04-6001371	GOVERNMENT ENTITY	5,000				\$5,000 GRANT AWARDED TO WINCHESTER HIGH SCHOOL FOR DEVELOPMENT OF THE ZEN GARDEN AT WHS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization WINCHESTER HOSPITAL	Employer identification number 04-2104434
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	Yes Yes No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	No No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	No No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



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

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

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

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

**Part III Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J PART I QUESTION 4A SEVERANCE AND CHANGE OF CONTROL PAYMENTS	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN WINCHESTER HOSPITAL 'S (WH) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 DETAIL. DURING THE 2019 CALENDAR YEAR, HOWARD GRANT, MD, JD BECAME ELIGIBLE FOR SEVERANCE. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J PART I QUESTION 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN WINCHESTER HOSPITAL 'S (WH) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 DETAIL. DURING THE 2018 CALENDAR YEAR, WH WAS A PARTICIPATING EMPLOYER IN THE LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN. PURSUANT TO THIS PLAN, ELIGIBLE EMPLOYEES RECEIVED CERTAIN RETIREMENT BENEFITS AND UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. IN ADDITION, ONE OR MORE INDIVIDUALS LISTED IN THIS FORM 990 SCHEDULE J RECEIVED COMPENSATION FROM AN ENTITY RELATED TO WH. DURING THE 2019 CALENDAR YEAR, BETH ISRAEL LAHEY HEALTH AND BETH ISRAEL DEACONESS MEDICAL CENTER WERE PARTICIPATING EMPLOYERS IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN. PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. CONTRIBUTIONS RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J PART I QUESTION 7 NON-FIXED PAYMENTS	ACROSS THE BILH NETWORK OF AFFILIATES, INCLUDING WH, EXECUTIVE COMPENSATION PACKAGES AND CERTAIN EMPLOYEE COMPENSATION PACKAGES INCLUDED OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING PRE-DETERMINED GOALS. FOR THE PERIOD COVERED BY THIS FILING, THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE REPORTED IN THIS FORM 990 WAS REVIEWED AND APPROVED BY THE BILH COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, WAS FULLY STAFFED BY INDEPENDENT MEMBERS.

Return Reference	Explanation
<p>SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:</p>	<p>AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THIS SHORT PERIOD FORM 990 FOR WINCHESTER HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 DETAIL. REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J. OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J. BASE COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN OTHER REPORTABLE COMPENSATION: AMOUNTS QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: TAXABLE EMPLOYER-SUBSIDIZED PARKING; TAXABLE MOVING EXPENSES; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE; AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN; DISTRIBUTIONS FROM A 457(B) PLAN; AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN; INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS; OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN NON-TAXABLE BENEFITS: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS: EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE ALL TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS. COMPENSATION PAID TO OFFICERS, TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF TRUSTEE, AS DENOTED BY THE LISTED TITLES. LAHEY HEALTH SYSTEM, INC., LAHEY CLINIC,, INC., LAHEY HEALTH SHARED SERVICES, INC., NORTHEAST MEDICAL PRACTICE, INC., WINCHESTER PHYSICIAN ASSOCIATES, INC., AND WINCHESTER HOSPITAL MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS LHSI, LC, LHSS, NMP, WPA, AND WH RESPECTIVELY. ADLER, M.D., JOHNATHAN TRUSTEE - WINCHESTER HOSPITAL TRUSTEE AND PHYSICIAN - WINCHESTER HEALTHCARE MANAGEMENT, INC. PAYMENTS REPORTED BY: LC BASE COMPENSATION: 181,971 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 19,244 NON-TAXABLE BENEFITS: 0 ANDREWS, PAUL TRUSTEE WINCHESTER HOSPITAL TRUSTEE AND CHAIR WINCHESTER HEALTHCARE MANAGEMENT, INC. MR. ANDREWS SERVED AS CHAIR OF WINCHESTER HEALTHCARE MANAGEMENT INC. THROUGH DECEMBER 31, 2019 BERTOCHI, MARGARET TRUSTEE (EX-OFFICIO), PRESIDENT - WINSTON CLUB WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO), PRESIDENT - WINSTON CLUB WINCHESTER HEALTHCARE MANAGEMENT, INC. MS. BERTOCHI'S BOARD TERM ENDED ON JUNE 23, 2020 BRECKWOLDT, M.D., WILLIAM TRUSTEE (EX OFFICIO); PRESIDENT, MEDICAL STAFF/PHYSICIAN - WINCHESTER HOSPITAL TRUSTEE (EX OFFICIO); PRESIDENT, MEDICAL STAFF/PHYSICIAN - WINCHESTER HEALTHCARE MANAGEMENT, INC. DR. BRECKWOLDT'S TERM ON WINCHESTER HOSPITAL'S BOARD BEGAN ON JANUARY 23, 2020 CORNELL, KELLEY, M.D. TRUSTEE, PHYSICIAN - WINCHESTER HOSPITAL TRUSTEE, PHYSICIAN - WINCHESTER HEALTHCARE MANAGEMENT, INC. DR. CORNELL'S TERM ON WINCHESTER HOSPITAL'S BOARD BEGAN ON 10/1/19 AND ENDED ON 9/14/20. CONWAY, JAMES TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. CROWLEY SMITH, JOANNE VICE PRESIDENT OF HUMAN RESOURCES - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 231,458 INCENTIVE COMPENSATION: 15,461 OTHER REPORTABLE COMPENSATION: 1,578 DEFERRED COMPENSATION: 27,140 NON-TAXABLE BENEFITS: 38,625 DEROSA, CINDY TRUSTEE (EX-OFFICIO), PRESIDENT, FRIENDS OF WINCHESTER HOSPITAL - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO), PRESIDENT, FRIENDS OF WINCHESTER HOSPITAL - WINCHESTER HEALTHCARE MANAGEMENT, INC. FICOCIELLO, D.D.S., JAMES TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC.</p>

Return Reference	Explanation
FISCHER, STEVEN	<p>MR. FISCHER HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND TREASURER - BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) - MOUNT AUBURN HOSPITAL TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) - ANNA JAQUES HOSPITAL TREASURER - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO)- LAHEY HEALTH SHARED SERVICES, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TREASURER AND TRUSTEE (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - SEACOAST NURSING &amp; REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER - WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION LLC TREASURER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER - CAB HEALTH &amp; RECOVERY SERVICES, INC. TRUSTEE AND TREASURER - HEALTH &amp; EDUCATION HOUSING SERVICES, INC. ASSISTANT TREASURER - MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE CLERK - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION ALTHOUGH MR. FISCHER SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. FISCHER SERVED AS THE ASSISTANT TREASURER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. FISCHER COMMENCED HIS POSITION AS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. FISCHER BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 110,415 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 68,316 DEFERRED COMPENSATION: 14,844 NON-TAXABLE BENEFITS: 13,641 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 702,197 INCENTIVE COMPENSATION: 430,208 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 341,751 NON-TAXABLE BENEFITS: 59,955 OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$67,428. DEFERRED COMPENSATION IN THE AMOUNT OF \$337,500 AND INCLUDED IN THIS FILING FOR MR. FISCHER RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. FORTUNATO, M.D., ROBERT TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. FULLER, M.D., ARLAN TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. HAYDEN, ERIC W. TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. HOUGHTON, JANICE TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. HUTCHESON, M.D., JOHN J. TRUSTEE (EX-OFFICIO), PRESIDENT OF MEDICAL STAFF - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO), PRESIDENT OF MEDICAL STAFF - WINCHESTER HEALTHCARE MANAGEMENT, INC. DR. HUTCHESON'S TERM AS PRESIDENT OF THE MEDICAL STAFF AND TRUSTEE (EX-OFFICIO) ENDED ON JANUARY 27, 2020 ISEKE, M.D., RICHARD FORMER CHIEF QUALITY OFFICER - LAHEY HEALTH SYSTEM, INC. FORMER CHIEF MEDICAL OFFICER - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: LHS BASE COMPENSATION: 39,164 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 4,698 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 2,903 PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 200,870 INCENTIVE COMPENSATION: 63,679 OTHER REPORTABLE COMPENSATION: 101,335 DEFERRED COMPENSATION: 29,502 NON-TAXABLE BENEFITS: 12,220 OTHER REPORTABLE COMPENSATION FOR DR. ISEKE INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$101,942. KATZ, J.D., JAMIE MR, KATZ HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. GENERAL COUNSEL AND CLERK (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND CLERK - BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CLERK (EX-OFFICIO) - MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON CLERK (EX-OFFICIO) - COMMUNITY PHYSICIANS ASSOCIATION, INC. CLERK (EX-OFFICIO) - BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CLERK (EX-OFFICIO) - JORDAN PHYSICIANS ASSOCIATES, INC. CLERK (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS CLERK (EX-OFFICIO) - ANNA JAQUES HOSPITAL CLERK (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND CLERK - LAHEY HEALTH SHARED SERVICES, INC. TRUSTEE, CHAIR, PRESIDENT AND CLERK - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. THROUGH JUNE 5, 2020 TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK - NORTHEAST HEALTH SYSTEM, INC. CLERK (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK - SEACOAST NURSING &amp; REHABILITATION CENTER, INC. DIRECTOR (EX-OFFICIO) AND CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CLERK - WINCHESTER HEALTHCARE MANAGEMENT, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CLERK (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK - CAB HEALTH &amp; RECOVERY SERVICES, INC. TRUSTEE AND CLERK - HEALTH &amp; EDUCATION HOUSING SERVICES, INC. CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL</p>

Return Reference	Explanation
MR. KATZ	<p>ALTHOUGH MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. KATZ SERVED AS GENERAL COUNSEL FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. KATZ COMMENCED HIS POSITION AS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. KATZ BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 81,300 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 47,567 DEFERRED COMPENSATION: 13,217 NON-TAXABLE BENEFITS: 7,530 PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 543,845 INCENTIVE COMPENSATION: 261,938 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,911 NON-TAXABLE BENEFITS: 43,886 OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$46,793. DEFERRED COMPENSATION IN THE AMOUNT OF \$225,000 AND INCLUDED IN THIS FILING FOR MR. KATZ RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. LITTLE, M.D., ARTHUR TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MANGANARO, PAUL TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MR. MANGANARO'S TERM ON WINCHESTER HOSPITAL'S AND WINCHESTER HOSPITAL FOUNDATION'S BOARDS BEGAN ON JANUARY 30, 2020. MARTINI, JOHN C. TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MCCANCE, WILLIAM TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MCCORMACK, ROSEMARY TRUSTEE (EX-OFFICIO), PRESIDENT,- WINSTON CLUB WINCHESTER HOSPITAL MS. MCCORMACK'S TERM ON WINCHESTER HOSPITAL'S BOARD BEGAN ON JUNE 24, 2020. MCDONOUGH, DEBORAH TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MUNI, INDU TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MRS. MUNI'S TERM ON WINCHESTER HOSPITAL'S AND WINCHESTER HEALTHCARE MANAGEMENT'S BOARDS BEGAN ON APRIL 3, 2020.</p>

Return Reference	Explanation
NESTO, M.D., RICHARD	<p>DR. NESTO HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. CHIEF MEDICAL OFFICER, - BETH ISRAEL LAHEY HEALTH TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - ANNA JAQUES HOSPITAL TRUSTEE (EX-OFFICIO) - SEACOAST AFFILIATES GROUP PRACTICE TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. DIRECTOR, WINCHESTER PHYSICIAN ASSOCIATES (THROUGH DECEMBER 31, 2019) DIRECTOR,- CONCORD SPECIALISTS, LLC TRUSTEE AND PRESIDENT - NORTHEAST PROFESSIONAL REGISTRY OF NURSES ALTHOUGH DR. NESTO SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. NESTO SERVED AS THE PRESIDENT, CHIEF EXECUTIVE OFFICER AND CHIEF MEDICAL OFFICER OF LAHEY HEALTH SYSTEM, INC. (LHSI) AND WAS COMPENSATED BY LHSI FOR HIS SERVICES TO LHSI AND THE LAHEY NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, DR NESTO COMMENCED HIS POSITION AS CHIEF MEDICAL OFFICER OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO DR. NESTO BY LHSI AND BILH HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY LHSI: BASE COMPENSATION: 148,548 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 696,354 DEFERRED COMPENSATION: 51,031 NON-TAXABLE BENEFITS: 5,424 PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 621,330 INCENTIVE COMPENSATION: 287,208 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 77,562 OTHER REPORTABLE COMPENSATION FOR DR. NESTO INCLUDES \$564,888 RELATED TO NON-QUALIFIED DEFERRED COMPENSATION PLANS. OF THIS AMOUNT, \$448,584 REPRESENTS AMOUNTS CONTRIBUTED BY LHSI TO DR. NESTO'S 457(F) ACCOUNT OVER SEVERAL PRIOR YEARS, PLUS ASSOCIATED INVESTMENT EARNINGS. OTHER REPORTABLE COMPENSATION FOR DR. NESTO ALSO INCLUDES \$114,231 OF PTO CASHED OUT UPON COMMENCING HIS POSITION AT BILH. OCKERBLOOM, RICHARD TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. MR. OCKERBLOOM'S TERMS ON WINCHESTER HOSPITAL'S AND WINCHESTER HEALTHCARE MANAGEMENT'S BOARDS ENDED ON SEPTEMBER 30, 2020. O'CONNOR, TIMOTHY FINANCE INTEGRATION LEAD - BETH ISRAEL LAHEY HEALTH FORMER CHIEF FINANCIAL OFFICER - LAHEY HEALTH SYSTEM INC. MR. O'CONNOR RETIRED FROM HIS POSITION AS BILH FINANCE INTEGRATION LEAD EFFECTIVE DECEMBER 31, 2019. ALTHOUGH THIS FILING IS FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 AND MR. O'CONNOR SERVED IN THE POSITION ABOVE DURING THAT PERIOD, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. MR. O'CONNOR SERVED AS THE BILH FINANCE INTEGRATION LEAD BEGINNING MARCH 1, 2019. PRIOR TO THAT DATE, MR. O'CONNOR SERVED AS THE EXECUTIVE VICE PRESIDENT, TREASURER AND CHIEF FINANCIAL OFFICER OF LAHEY HEALTH SYSTEM, INC. (LHSI) WHICH INCLUDED POSITIONS SERVING AS THE CHIEF FINANCIAL OFFICER, TREASURER AND TRUSTEE (EX-OFFICIO) FOR THE LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC., LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION, LAHEY HEALTH SHARED SERVICES (LHSS) AND MORE THAN FIFTEEN OTHER ENTITIES WHICH MADE UP THE LAHEY HEALTH SYSTEM OF AFFILIATES. FOR THE CALENDAR YEAR 2019 AND PRIOR TO MARCH 1, 2019, MR. O'CONNOR WAS COMPENSATED BY LAHEY HEALTH SYSTEM, INC. (LHSI) FOR HIS SERVICES TO LHSI AND THE LAHEY NETWORK OF AFFILIATED ENTITIES. EFFECTIVE MARCH 1, 2019, MR. O'CONNOR WAS PAID BY LHSS FOR SERVICES RELATED TO HIS POSITION AS FINANCE INTEGRATION LEAD FOR BETH ISRAEL LAHEY HEALTH. AMOUNTS PAID TO MR. O'CONNOR BY LHSI AND LHSS HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY LHSI: BASE COMPENSATION: 115,160 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 1,168 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 5,577 PAYMENTS REPORTED BY LHSS: BASE COMPENSATION: 525,801 INCENTIVE COMPENSATION: 316,540 OTHER REPORTABLE COMPENSATION: 1,070,221 DEFERRED COMPENSATION: 1,102,107 NON-TAXABLE BENEFITS: 27,880 OTHER REPORTABLE COMPENSATION FOR MR. O'CONNOR INCLUDES \$1,027,164 RELATED TO A 457(F) PLAN. OF THIS AMOUNT, \$787,164 REPRESENTS AMOUNTS CONTRIBUTED BY LHSI TO MR. O'CONNOR'S 457(F) ACCOUNT OVER SEVERAL PRIOR YEARS, PLUS ASSOCIATED INVESTMENT EARNINGS. OTHER REPORTABLE COMPENSATION FOR MR. O'CONNOR ALSO INCLUDES \$161,538 OF PTO CASHED OUT UPON RETIREMENT AT DECEMBER 31, 2019. AS NOTED ABOVE, MR. O'CONNOR RETIRED FROM HIS LONGSTANDING RELATIONSHIP WITH BETH ISRAEL LAHEY HEALTH AND PREVIOUSLY WITH THE LAHEY HEALTH SYSTEM EFFECTIVE DECEMBER 31, 2019. AT THAT TIME, HE BECAME ELIGIBLE FOR CERTAIN SEVERANCE PAYMENTS WHICH BEGAN IN JANUARY 2020. AS ALSO NOTED ABOVE AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED IN THIS RETURN IS FOR THE CALENDAR YEAR 2019. DEFERRED COMPENSATION OF \$1,068,373 INCLUDED IN THIS FILING FOR MR. O'CONNOR INCLUDES SEVERANCE TO BE PAID AFTER DECEMBER 31, 2019. THIS AMOUNT WILL BE REPORTED AGAIN AS OTHER REPORTABLE COMPENSATION IN FUTURE FORMS 990 AS REQUIRED.</p>



Return Reference	Explanation
ROTOLO, M.D., PETER J.	<p>ROTOLO, M.D., PETER J. TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. SAYRE, RICHARD TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. SCHULER, KATHY ANN CHIEF OPERATING OFFICER &amp; CHIEF NURSING OFFICER - WINCHESTER HOSPITAL CHIEF OPERATING OFFICER &amp; CHIEF NURSING OFFICER - WINCHESTER HEALTHCARE MANAGEMENT, INC. PAYMENTS REPORTED BY: WH BASE COMPENSATION: 359,581 INCENTIVE COMPENSATION: 34,109 OTHER REPORTABLE COMPENSATION: 3,612 DEFERRED COMPENSATION: 5,600 NON-TAXABLE BENEFITS: 27,115 SMITH, KEVIN F. TRUSTEE AND VICE CHAIR - WINCHESTER HOSPITAL TRUSTEE AND VICE CHAIR - WINCHESTER HEALTHCARE MANAGEMENT, INC. SPACKMAN, J.D., DAVID G. FORMER SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK - LAHEY HEALTH SYSTEM, INC. MR. SPACKMAN RETIRED AS LAHEY HEALTH SYSTEM, INC.'S SENIOR VICE PRESIDENT GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK ON MARCH 1, 2019. PRIOR TO THAT DATE, AND IN THIS ROLE, MR. SPACKMAN'S ROLE ALSO INCLUDED POSITIONS SERVING AS, AMONG OTHERS, TRUSTEE, SECRETARY AND GENERAL COUNSEL OF LAHEY HEALTH SHARED SERVICES, INC., CLERK AND GENERAL COUNSEL OF LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC. AND LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK OF NORTHEAST HOSPITAL CORPORATION AND WINCHESTER HOSPITAL. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS FOR THE CALENDAR YEAR 2019. PRIOR TO MARCH 1, 2019, MR. SPACKMAN SERVED IN THE POSITIONS NOTED ABOVE AND WAS COMPENSATED BY LAHEY HEALTH SYSTEM (LHS) FOR HIS SERVICES TO LHS AND THE LAHEY NETWORK OF AFFILIATES AND IN PREPARATION FOR THE CREATION OF BILH. UPON RETIREMENT EFFECTIVE MARCH 1, 2019, MR. SPACKMAN BECAME ELIGIBLE FOR SEVERANCE WHICH WAS PAID BY LAHEY HEALTH SHARED SERVICES (LHSS) AS NOTED FURTHER BELOW. PAYMENTS REPORTED BY: LHS BASE COMPENSATION: 53,012 INCENTIVE COMPENSATION: 30,000 OTHER REPORTABLE COMPENSATION: 659 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 2,028 PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 4,593 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 395,105 DEFERRED COMPENSATION: 227,298 NON-TAXABLE BENEFITS: 1,014 OTHER REPORTABLE COMPENSATION FOR MR. SPACKMAN INCLUDES TAXABLE SALARY CONTINUATION PAYMENTS IN THE AMOUNT OF \$353,366, WHICH VESTED AT THE TIME OF MR. SPACKMAN'S RETIREMENT, AND PTO CASHED OUT UPON RETIREMENT IN THE AMOUNT OF \$41,410. AS NOTED ABOVE, MR. SPACKMAN RETIRED FROM HIS LONGSTANDING RELATIONSHIP WITH LAHEY HEALTH SYSTEM EFFECTIVE MARCH 1, 2019. AT THAT TIME, HE BECAME ELIGIBLE FOR CERTAIN SEVERANCE PAYMENTS. AS ALSO NOTED ABOVE AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED IN THIS RETURN IS FOR THE CALENDAR YEAR 2019. DEFERRED COMPENSATION OF \$224,857 INCLUDED IN THIS FILING FOR MR. SPACKMAN INCLUDES SEVERANCE TO BE PAID AFTER DECEMBER 31, 2019. THIS AMOUNT WILL BE REPORTED AGAIN AS OTHER REPORTABLE COMPENSATION IN FUTURE FORMS 990 AS REQUIRED. TABB, M.D., KEVIN FOR THE FILING PERIOD OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020, DR. TABB HELD THE FOLLOWING POSITIONS: PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. (BILH) DIRECTOR (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER- LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - LAHEY CLINIC, INC. TRUSTEE, PRESIDENT, AND CHIEF EXECUTIVE OFFICER - LAHEY HEALTH SHARED SERVICES, INC. DIRECTOR AND PRESIDENT - BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. TRUSTEE (EX-OFFICIO) AND PRESIDENT - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO), PRESIDENT BOARD CHAIR - NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO), PRESIDENT AND BOARD CHAIR - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO), PRESIDENT, BOARD CHAIR - SEACOAST NURSING &amp; REHABILITATION CENTER, INC. CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER - WINCHESTER HOSPITAL DIRECTOR (EX-OFFICIO) AND PRESIDENT - WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER, AND CHIEF OPERATING OFFICER LAHEY CLINIC FOUNDATION, INC. CHIEF EXECUTIVE OFFICER - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - CAB HEALTH &amp; RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - HEALTH &amp; EDUCATION HOUSING SERVICES, INC. CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER - BID-MILTON PHYSICIAN ASSOCIATES CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER - MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER - NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER - THE JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER - JORDAN PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER - ANNA JAKUES HOSPITAL CHIEF EXECUTIVE OFFICER - SEACOAST AFFILIATED GROUP PRACTICE CO-CHAIR AND MANAGING DIRECTOR, - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: TRUSTEE (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) -BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, THE JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) - ANNA JAKUES HOSPITAL, INC. ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. TABB SERVED AS THE CHIEF EXECUTIVE OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, DR. TABB COMMENCED HIS POSITION AS TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO DR. TABB BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS PAID AND REPORTED BY BIDMC: BASE COMPENSATION: 242,245 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 52,249 DEFERRED COMPENSATION: 237,278 NON-TAXABLE BENEFITS: 8,774 PAYMENTS PAID AND REPORTED BY BILH: BASE COMPENSATION: 1,474,632 INCENTIVE COMPENSATION: 719,125 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 501,348 NON-TAXABLE BENEFITS: 41,651 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$274,505. OF THIS AMOUNT, \$223,656 IS UNVESTED. DEFERRED COMPENSATION IN THE AMOUNT OF \$500,000 AND INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.</p>

Return Reference	Explanation
TARBY, J.D., JOSEPH III	<p>TRUSTEE AND ASSISTANT CLERK - WINCHESTER HOSPITAL TRUSTEE ASSISTANT CLERK - WINCHESTER HEALTHCARE MANAGEMENT, INC. TAYLOR, M.D., JOSEPH TRUSTEE - WINCHESTER HOSPITAL TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. PHYSICIAN, INTERNAL MEDICINE, - WINCHESTER PHYSICIANS ASSOCIATES PAYMENTS REPORTED BY: WPA BASE COMPENSATION: 211,538 INCENTIVE COMPENSATION: 79,406 OTHER REPORTABLE COMPENSATION: 2,856 DEFERRED COMPENSATION: 11,200 NON-TAXABLE BENEFITS: 28,309 WALSH, JANE TRUSTEE AND BOARD CHAIR - WINCHESTER HOSPITAL TRUSTEE AND VICE CHAIR - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE - BETH ISRAEL LAHEY HEALTH WEINER, M.D., RICHARD DR. WEINER HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. PRESIDENT AND TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL. PRESIDENT AND TRUSTEE - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. PRESIDENT AND DIRECTOR - WINCHESTER PHYSICIAN ASSOCIATES, INC. BOARD CHAIR, PRESIDENT AND DIRECTOR - WINCHESTER HEALTHCARE ENTERPRISES AS REQUIRED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. IN HIS POSITIONS AS PRESIDENT OF WINCHESTER HOSPITAL (WH), WINCHESTER PHYSICIAN ASSOCIATES (WPA), AND WINCHESTER HEALTHCARE MANAGEMENT, INC. AND DURING THE 2019 CALENDAR YEAR, DR. WEINER RECEIVED PAYMENTS DIRECTLY FROM WH AND BETH ISRAEL LAHEY HEALTH (BILH). BILH IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, A SUPPORT ORGANIZATION OF WH AND SINCE MARCH 1, 2019, HAS SERVED AS THE SOLE MEMBER OF WH. DR. WEINER'S COMPENSATION FOR THIS PERIOD IS REPORTED BASED ON HIS SERVICES PERFORMED AT WH AND WPA AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY WH: BASE COMPENSATION: 339,468 INCENTIVE COMPENSATION: 27,840 OTHER REPORTABLE COMPENSATION: 13,971 DEFERRED COMPENSATION: 7,428 NON-TAXABLE BENEFITS: 26,770 PAYMENTS REPORTED BY WPA: BASE COMPENSATION: 50,725 INCENTIVE COMPENSATION: 4,160 OTHER REPORTABLE COMPENSATION: 2,088 DEFERRED COMPENSATION: 1,110 NON-TAXABLE BENEFITS: 4,000 OTHER REPORTABLE COMPENSATION FOR DR. WEINER INCLUDES \$15,385 OF PTO CASHED OUT WHEN HIS POSITION MOVED TO THE BILH PAYROLL. WOODS, MATTHEW ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE -WINCHESTER HOSPITAL. ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER AND DIRECTOR - WINCHESTER PHYSICIAN ASSOCIATES, INC. PAYMENTS REPORTED BY: WH BASE COMPENSATION: 318,071 INCENTIVE COMPENSATION: 65,606 OTHER REPORTABLE COMPENSATION: 7,609 DEFERRED COMPENSATION: 23,327 NON-TAXABLE BENEFITS: 30,834 PAYMENTS REPORTED BY: WHM BASE COMPENSATION: 47,528 INCENTIVE COMPENSATION: 9,803 OTHER REPORTABLE COMPENSATION: 1,137 DEFERRED COMPENSATION: 3,486 NON-TAXABLE BENEFITS: 4,607 ZITKOVSKY, M.D., DANA CHIEF MEDICAL OFFICER - WINCHESTER HOSPITAL CHIEF MEDICAL OFFICER - WINCHESTER HEALTHCARE MANAGEMENT, INC. PAYMENTS MADE AND REPORTED BY WH: BASE COMPENSATION: 321,719 INCENTIVE COMPENSATION: 24,783 OTHER REPORTABLE COMPENSATION: 2,710 DEFERRED COMPENSATION: 5,600 NON-TAXABLE BENEFITS: 31,978 ROBERTSON, CATHARINE A. VICE PRESIDENT, PHYSICIAN SERVICES - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: WH BASE COMPENSATION: 235,716 INCENTIVE COMPENSATION: 18,024 OTHER REPORTABLE COMPENSATION: 630 DEFERRED COMPENSATION: 5,161 NON-TAXABLE BENEFITS: 12,460 SACHETTI, NANCY L. DIRECTOR, HIGHLAND HEALTH IPA - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: WH BASE COMPENSATION: 233,622 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 3,372 DEFERRED COMPENSATION: 4,903 NON-TAXABLE BENEFITS: 35,551 GREGA, JOANNE M. ADMINISTRATIVE DIRECTOR RADIOLOGY - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: WH BASE COMPENSATION: 221,268 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: -292 DEFERRED COMPENSATION: 4,464 NON-TAXABLE BENEFITS: 31,192 BEYERMAN, KATHLEEN ACNO NURSING STAFF DEVELOPMENT - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: WH BASE COMPENSATION: 200,904 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 5,791 DEFERRED COMPENSATION: 4,159 NON-TAXABLE BENEFITS: 28,347 SHERRILL, DONNA M. ASSOCIATE CHIEF NURSING OFFICER - WINCHESTER HOSPITAL PAYMENTS REPORTED BY: WH BASE COMPENSATION: 191,221 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 3,134 DEFERRED COMPENSATION: 3,961 NON-TAXABLE BENEFITS: 28,740 GRANT, M.D., J.D., HOWARD R. FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER - LAHEY HEALTH SYSTEM, INC. DR. GRANT'S POSITION AS LAHEY HEALTH SYSTEM, INC.'S PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER AS WELL AS HIS OTHER POSITIONS AT THE LAHEY AFFILIATES NOTED BELOW, ENDED UPON HIS RETIREMENT EFFECTIVE SEPTEMBER 30, 2018. PRIOR TO THAT DATE, AND IN THE POSITION NOTED ABOVE, DR. GRANT'S ROLE ALSO INCLUDED POSITIONS SERVING AS, AMONG OTHERS, TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER FOR LAHEY HEALTH SHARED SERVICES, INC., LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC, LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL &amp; MEDICAL CENTER, NORTHEAST HOSPITAL CORPORATION AND WINCHESTER HOSPITAL. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS FOR THE CALENDAR YEAR 2019. PAYMENTS REPORTED BY: LHS BASE COMPENSATION: 0 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 216,335 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 0 OTHER REPORTABLE COMPENSATION FOR DR. GRANT INCLUDES COMBINED PAYMENTS FROM, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$191,954. THESE PAYMENTS RELATE TO DR. GRANT'S LONG TIME SERVICE TO LAHEY HEALTH SYSTEM AND THE LAHEY NETWORK OF AFFILIATES AND OF THIS AMOUNT, \$189,341 WAS REPORTED AS DEFERRED RETIREMENT BENEFITS IN THE PRIOR FORM 990.</p>

1999 Schedule J (Form 990) 2019

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2104434  
**Name:** WINCHESTER HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TABB MD KEVIN CEO (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	1,716,877	719,125	52,249	738,626	50,425	3,277,302	0
1WEINER MD RICHARD TTE (EX-OFF), PRES; FMR CEO WIN	(i)	339,468	27,840	13,971	7,428	26,770	415,477	0
	(ii)	50,725	4,160	2,088	1,110	4,000	62,083	0
2TAYLOR MD JOSEPH TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	211,538	79,406	2,856	11,200	28,309	333,309	0
3ADLER MD JOHNATHAN TRUSTEE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	181,971	0	0	19,244	0	201,215	0
4FISCHER STEVEN P TREASURER (EX-OFF)	(i)	0	0	0	0	0	0	0
	(ii)	812,612	430,208	68,316	356,595	73,596	1,741,327	0
5KATZ JAMIE CLERK (EX-OFF)	(i)	0	0	0	0	0	0	0
	(ii)	625,145	261,938	47,567	243,128	51,416	1,229,194	0
6WOODS MATTHEW J VP FIN (WIN), ASST TREAS	(i)	318,071	65,606	7,609	23,327	30,834	445,447	0
	(ii)	47,528	9,803	1,137	3,486	4,607	66,561	0
7SCHULER KATHY ANN COO & CNO - WIN HOSP	(i)	359,581	34,109	3,612	5,600	27,115	430,017	0
	(ii)	0	0	0	0	0	0	0
8ZITKOVSKY DANA CHIEF MEDICAL OFFICER	(i)	321,719	24,783	2,710	5,600	31,978	386,790	0
	(ii)	0	0	0	0	0	0	0
9CROWLEY SMITH JOANNE VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	231,458	15,461	1,578	27,140	38,625	314,262	0
10SACHETTI NANCY L DIRECTOR, HIGHLAND HEALTH IPA	(i)	233,622	0	3,372	4,903	35,551	277,448	0
	(ii)	0	0	0	0	0	0	0
11ROBERTSON CATHARINE A VP, PHYSICIAN SERVICES	(i)	235,716	18,024	630	5,161	12,460	271,991	0
	(ii)	0	0	0	0	0	0	0
12GREGA JOANNE M ADMIN DIRECTOR, RADIOLOGY	(i)	221,268	0	-292	4,464	31,192	256,632	0
	(ii)	0	0	0	0	0	0	0
13BEYERMANKATHELEN ACNO NURSING STAFF DEVELOPMENT	(i)	200,904	0	5,791	4,159	28,347	239,201	0
	(ii)	0	0	0	0	0	0	0
14SHERRILLDONNA M ASSOC CHIEF NURSING OFFICER	(i)	191,221	0	3,134	3,961	28,740	227,056	0
	(ii)	0	0	0	0	0	0	0
15O'CONNOR TIMOTHY P FORMER TREASURER, EVP, CFO	(i)	0	0	0	0	0	0	0
	(ii)	640,961	316,540	1,071,389	1,102,107	33,457	3,164,454	0
16NESTO MD RICHARD FORMER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	769,978	287,208	696,354	57,751	82,986	1,894,277	0
17SPACKMAN JD DAVID G FMR SVP GOV AFF, GEN COUN/CLK	(i)	0	0	0	0	0	0	0
	(ii)	57,605	30,000	395,764	227,298	3,042	713,709	0
18ISEKE MD RICHARD FORMER CMO	(i)	0	0	0	0	0	0	0
	(ii)	240,034	63,679	106,033	29,502	15,123	454,371	0
19GRANT MD JD HOWARD R FMR TTEE, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	216,335	0	0	216,335	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WINCHESTER HOSPITAL

Employer identification number

04-2104434

**Part I Bond Issues**

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

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	6,810,000		2,641,000		15,035,000		28,000,000	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	211,922,775		501,349,942		257,618,370		262,952,782	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .							4,857,465	
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	2,931,137		4,594,374		2,515,889		3,129,474	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			178,003,455		19,006,493		89,917,238	
<b>11</b>	Other spent proceeds . . . . .	208,991,638				236,095,988		160,202,232	
<b>12</b>	Other unspent proceeds . . . . .			318,752,113				4,846,373	
<b>13</b>	Year of substantial completion . . . . .					2016			
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X		X		X
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X	X		X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .		X		X	X			X
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

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

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
BOND A, ENTITY 1:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998.

<b>Return Reference</b>	<b>Explanation</b>
BOND B, ENTITY 1:	PART I, ROW B, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES. PART II, COLUMN B, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$21,755,568 OF INVESTMENT EARNINGS.



<b>Return Reference</b>	<b>Explanation</b>
BOND C, ENTITY 1:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW C, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008; 7/13/2004; 2/11/1998. PART II, COLUMN C, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$6,493 OF INVESTMENT EARNINGS. PART II, COLUMN C, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW.

Return Reference	Explanation
BOND D, ENTITY 1:	<p>PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW D, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 08/17/2007 AND 07/14/2005. PART II, COLUMN D, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$123,904 OF INVESTMENT EARNINGS. PART III, COLUMN D, LINE 9: THE MEMBERS OF THE LAHEY HEALTH SYSTEM OBLIGATED GROUP WERE LAHEY CLINIC FOUNDATION (LCF), INC., LAHEY CLINIC HOSPITAL, INC. (LCH) AND LAHEY CLINIC, INC. (LCI). ON MARCH 1, 2019, LAHEY HEALTH SYSTEM MERGED INTO LCF, AND PURSUANT TO A PLAN OF MERGER BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LCF. LCF, IN TURN, SERVES AS THE SOLE MEMBER OF LCH AND LCI. IN JUNE 2020, THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP WAS CREATED AND THE MEMBERS OF THE LAHEY OBLIGATED GROUP ARE CURRENTLY MEMBERS OF THE BILH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH LCF, LCH AND LCI HAVE NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, THESE THREE ENTITIES FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS.</p>

<b>Return Reference</b>	<b>Explanation</b>
BOND A, ENTITY 2:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES (DATED 06/09/2008; 11/30/2005; 07/16/2003; AND 06/03/1998), FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS. PART IV, COLUMN A, LINE 2(C): ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019.

Return Reference	Explanation
BOND B, ENTITY 2:	<p>PART I, ROW B, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE CONSTRUCTION &amp; EQUIPPING OF A POWER PLANT AND ACQUISITION OF CAPITAL ASSETS. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE REFUND ISSUE DATED 02/11/1998. PART III, COLUMN B, LINE 9: THE MEMBERS OF THE LAHEY HEALTH SYSTEM OBLIGATED GROUP WERE LAHEY CLINIC FOUNDATION (LCF), INC., LAHEY CLINIC HOSPITAL, INC. (LCH) AND LAHEY CLINIC, INC. (LCI). ON MARCH 1, 2019, LAHEY HEALTH SYSTEM MERGED INTO LCF, AND PURSUANT TO A PLAN OF MERGER BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LCF. LCF, IN TURN, SERVES AS THE SOLE MEMBER OF LCH AND LCI. IN JUNE 2020, THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP WAS CREATED AND THE MEMBERS OF THE LAHEY OBLIGATED GROUP ARE CURRENTLY MEMBERS OF THE BILH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH LCF, LCH AND LCI HAVE NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, THESE THREE ENTITIES FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART V, COLUMN B: AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH VOLUNTARY CLOSING AGREEMENT PROGRAM AND SELF-REMEDICATION ISN'T AVAILABLE. THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19.</p>

<b>Return Reference</b>	<b>Explanation</b>
BOND C, ENTITY 2:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART II, COLUMN C, LINE 11: 8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW. PART III, COLUMN D: BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART ILL AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002.

<b>Return Reference</b>	<b>Explanation</b>
BOND D, ENTITY 2:	PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART II, COLUMN D, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. PART III, COLUMN D: BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART ILL AS BOTH ISSUE WERE REFUNDINGS OF BONDS ISSUED PRIOR TO 12/31/2002.

Return Reference	Explanation
BOND A, ENTITY 3:	PART I, ROW A, COLUMN A: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW A, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART III, COLUMN A, LINE 9: WINCHESTER HOSPITAL (WINCHESTER) IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP. SOME MEMBERS OF THE BILH OBLIGATED GROUP HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH WINCHESTER HAS NOT FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURE, WINCHESTER FOLLOWS THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART IV, ROW 2C, COLUMN A: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 10, 2009.

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WINCHESTER HOSPITAL

Employer identification number

04-2104434

**Part I Bond Issues**

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

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	63,880,000		90,470,000				102,480,000	
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	203,702,204		130,050,301		49,910,000		120,280,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	2,348,479		500,000		368,094		290,672	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			129,550,301					
<b>11</b>	Other spent proceeds . . . . .	201,353,725				49,541,906		119,989,328	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2015		2015		2012		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X			X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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



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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X			X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0.500 %		0 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0.400 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0.900 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X			X		X		

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WINCHESTER HOSPITAL

Employer identification number

04-2104434

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: MHEFA - WINCHESTER SERIES F, 04-2456011, 57586CDD4, 07-08-2004, 30,340,000, SERIAL BOND SERIES F - ADV REFUND, No, X, No, X, No, X.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-13: Amount of bonds retired (3,900,000), Total proceeds of issue (30,340,000), Issuance costs from proceeds (412,448), Other spent proceeds (29,927,552), Year of substantial completion (2004). Rows 14-17: Questions about bond issuance and record keeping with Yes/No columns.

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2: Questions about partnership/LLC financing and lease arrangements with Yes/No columns.

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

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	X							
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	MORGAN STANLEY							
<b>c</b> Term of hedge . . . . .	2000.0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization WINCHESTER HOSPITAL

Employer identification number

04-2104434

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MATTHEW J WOODS	FAMILY MEMBER OF J. LEAHY	86,882	SERVICES		No
(2) RICHARD SAYRE	FAMILY MEMBER OF E. SAYRE HAMILTON	155,213	SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN D	MATTHEW J. WOODS, THE VP OF FINANCE AT WINCHESTER HOSPITAL (WH), IS THE BROTHER OF JANET LEAHY WHO IS A REGISTERED NURSE AT WH. HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2019 INCLUDE:BASE COMPENSATION: \$59,094 INCENTIVE COMPENSATION: \$0OTHER REPORTABLE COMPENSATION: \$381DEFERRED COMPENSATION: \$1,434NON-TAXABLE BENEFITS: \$25,973RICHARD SAYRE, AT TRUSTEE AT WH, IS THE FATHER OF ELLEN SAYRE HAMILTON WHO IS A REGISTERED NURSE AT WH. HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2019 INCLUDE:BASE COMPENSATION: \$120,190 INCENTIVE COMPENSATION: \$0OTHER REPORTABLE COMPENSATION: \$112DEFERRED COMPENSATION: \$2,570NON-TAXABLE BENEFITS: \$32,341VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF WH MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO WH. SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE. WH MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN. FROM TIME TO TIME, WH MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY. THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED \$10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING. ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE WH CONFLICT OF INTEREST POLICIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

WINCHESTER HOSPITAL

Employer identification number

04-2104434

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE I	<p>THE MISSION OF WINCHESTER HOSPITAL IS "TO CARE. TO HEAL. TO EXCEL." THIS ETHOS PROVIDES EACH AND EVERY STAFF MEMBER WITH CLEAR EXPECTATIONS, PROMOTING TEAMWORK AND RESPECT WHILE ENSURING SAFETY, QUALITY AND EMPATHY FOR PATIENTS. WINCHESTER HOSPITAL'S SUCCESS IS BASED ON THIS SHARED COMMITMENT TO EXCELLENCE. THE HOSPITAL AND ITS STAFF TAKE PRIDE IN OFFERING AN EXCEPTIONAL PATIENT CARE EXPERIENCE, PROVIDING SAFE, HIGH-QUALITY, COMMUNITY-BASED HEALTH CARE AND ACCESS TO TERTIARY CARE IN CLOSE COLLABORATION WITH ITS AFFILIATES IN THE BETH ISRAEL LAHEY HEALTH NETWORK WITH THE ULTIMATE GOAL OF IMPROVING THE HEALTH OF THE HOSPITAL'S PATIENTS AND THE COMMUNITIES SERVED. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL -- MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL -- NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAQUES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS AND ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D: OTHER PROGRAM SERVICES</p>	<p>BILH'S COVID-19 RESPONSE IN FY 2020- BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. SINCE THE START OF THE PANDEMIC (THROUGH JUNE OF 2021), BILH HAS TREATED OVER 8,500 HOSPITALIZED PATIENTS WITH COVID-19 AND PERFORMED MORE THAN 700,000 COVID-19 DIAGNOSTIC TESTS. HIGHLIGHTS OF THE SYSTEM'S PANDEMIC RESPONSE IN FY 2020 INCLUDE: BILH QUICKLY ESTABLISHED AN EMERGENCY OPERATIONS CENTER ("EOC") TO ALIGN SYSTEM EFFORTS ACROSS ITS HOSPITALS AND OTHER BUSINESS UNITS AND WITH EXTERNAL ENTITIES, INCLUDING THE STATE GOVERNMENT. THE EOC HELD REGULAR MEETINGS WITH INCIDENT COMMANDERS, EMERGENCY MANAGERS, AND SENIOR LEADERS FROM BILH HOSPITALS, PRIMARY CARE, AND OTHER SYSTEM ENTITIES TO COORDINATE PLANS, POLICIES, AND COMMUNICATIONS. IT PARTICIPATED IN WEEKLY CONFERENCE OF BOSTON TEACHING HOSPITALS ("COBTH") CALLS AND MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COMMAND CENTER CALLS. A KEY ROLE OF THE EOC INVOLVED MANAGING THE FLOW OF INTERNAL AND EXTERNAL INFORMATION TO ENSURE SITUATIONAL AWARENESS AND ALIGNMENT OF RESPONSES TO THE PANDEMIC. FINALLY, THE EOC WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO CENTRALIZE COVID-19 RELATED DATA COLLECTION AND REPORTING FOR THE SYSTEM, COMMONWEALTH, AND FEDERAL GOVERNMENT. IN MARCH 2020, BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") BECAME ONE OF THE FIRST HOSPITAL LABORATORIES IN THE STATE TO BEGIN IN-HOUSE HIGH-THROUGHPUT POLYMERASE CHAIN REACTION ("PCR") COVID-19 TESTING FOR PATIENTS AND HEALTHCARE WORKERS. BIDMC'S LABORATORY PROVIDED THIS TEST TO BILH HOSPITALS AND OTHER COMMUNITY PARTNERS, SUCH AS HEALTH CENTERS AND CORRECTIONS FACILITIES, AT A TIME OF CRITICAL SUPPLY SHORTAGE. THROUGHOUT THE PANDEMIC, BILH WORKED TOWARD ADDITIONAL IN-HOUSE TESTING CAPABILITIES, INCLUDING HIGH-THROUGHPUT THERMO FISHER INSTRUMENTS AT LAHEY HOSPITAL &amp; MEDICAL CENTER ("LHMC"). THE SYSTEM OPERATIONALIZED MULTIPLE DRIVE-THROUGH COVID-19 TESTING SITES TO ENABLE EASY ACCESS FOR PATIENTS AND STAFF. IN THE SUMMER OF 2020, TO EXPAND HOSPITAL AND CLINIC-BASED COVID-19 TESTING SITES, BILH OPENED AN ADDITIONAL HIGH-CAPACITY DRIVE-THROUGH TESTING SITE IN WOBURN. TO ENSURE CONTINUED ACCESS TO CARE FOR ITS PATIENTS, BILH PRIMARY CARE RAPIDLY DEPLOYED A TELEHEALTH STRATEGY, QUICKLY TRANSITIONED TO COHORT CLINICS TO CARE FOR SICK PATIENTS, AND SUCCESSFULLY MANAGED A PHASED REOPENING BY JULY 2020. BILH ESTABLISHED A TEMPORARY COMMUNITY CRISIS STABILIZATION UNIT AT NEW ENGLAND BAPTIST HOSPITAL TO MANAGE BEHAVIORAL HEALTH PATIENT VOLUME DURING THE PANDEMIC. BILH ESTABLISHED A DAILY HUDDLE CONSISTING OF BILH ED AND BEHAVIORAL HEALTH LEADERS TO DETERMINE APPROPRIATE PATIENT TRANSFERS TO THE UNIT. BILH'S VIRTUAL TRANSFER CENTER WAS FORMED IN SEPTEMBER 2019 TO OPTIMIZE SYSTEM-WIDE BED CAPACITY USING REAL-TIME INFORMATION EXCHANGE AMONG THE THREE EXISTING TRANSFER CENTERS AT BIDMC, LHMC AND MOUNT AUBURN HOSPITAL ("MAH"). THE TRANSFER TEAM PERSONNEL AT THESE CENTERS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D: OTHER PROGRAM SERVICES</p>	<p>WORK TOGETHER AS A SINGLE "VIRTUAL" CENTER TO ACCOMMODATE INCOMING TRANSFER REQUESTS BY MAKING ALL BEDS AVAILABLE IN THE SYSTEM BASED ON FACILITY CAPACITY AND LEVEL OF CARE REQUIRED. THE TRANSFER CENTER ENHANCED PATIENT QUALITY, SAFETY, AND ACCESS BY LOAD-BALANCING COVID PATIENTS ACROSS ALL OF ITS HOSPITALS SO THAT THESE PATIENTS RECEIVED TIMELY ACCESS TO THE TYPE OF BED AND LEVEL OF CARE NEEDED. BILH COLLABORATED WITH EXTERNAL ENTITIES TO STAND UP A 1,000-BED FIELD HOSPITAL, THE BOSTON HOPE HOSPITAL, AND OPEN AND STAFF A COVID HOTEL FOR UNDERSERVED COMMUNITIES. BILH LAUNCHED A WEBSITE TITLED THE CORONAVIRUS RESOURCE CENTER TO PROVIDE ITS PATIENT COMMUNITY WITH UP-TO-DATE INFORMATION REGARDING THE SYSTEM'S RESPONSE TO THE PANDEMIC, AVAILABLE RESOURCES SUCH AS TESTING SITES, AND INNOVATION EFFORTS UNDERWAY THROUGHOUT BILH (E.G., VAPORIZED HYDROGEN PEROXIDE STERILIZATION FOR N95 RESPIRATORS). BILH LAUNCHED AN INTERNAL WEBSITE WITH RESOURCES FOR ITS STAFF AS WELL. BILH CREATED SYSTEM-WIDE GUIDELINES FOR INFECTION PREVENTION ACROSS MANY DOMAINS, INCLUDING PATIENT AND VISITOR SCREENING AND THE RECONFIGURATION OF AMBULATORY CLINIC SPACES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING. BILH'S HUMAN RESOURCES TEAM DEVELOPED AND PROVIDED SYSTEM-WIDE PROGRAMS, POLICIES, AND TOOLS TO ENSURE ITS HOSPITALS WERE ABLE TO SUPPORT THE PHYSICAL AND EMOTIONAL WELL-BEING OF ITS STAFF WHILE DELIVERING SAFE, EFFECTIVE CARE TO ITS PATIENTS. EXAMPLES OF THESE RESOURCES INCLUDE AN ENHANCED SUPPLEMENTAL LEAVE POLICY; AN EASY-TO-USE, AUTOMATED EMPLOYEE COVID-19 SYMPTOM ATTESTATION TOOL; AN ONLINE, COGNITIVE BEHAVIORAL TREATMENT PROGRAM FOR MANAGING ANXIETY; AND TELECOMMUTING GUIDELINES. IN LATE MARCH 2020 BILH CREATED HOUSING FOR QUARANTINE OF STAFF EXPOSED TO COVID-19. HOUSING WAS SET UP AT A LOCAL UNIVERSITY AND HOTELS COVERING THE NETWORK'S SERVICE AREA. APPROXIMATELY 300 STAFF MEMBERS TOOK ADVANTAGE OF THE HOUSING FROM MARCH TO JULY 2020. IN ADDITION TO HOUSING, FOOD AND SUPPLY DELIVERY SERVICES WERE CREATED TO MINIMIZE PUBLIC CONTACT. BILH COLLABORATED REGULARLY WITH COMMUNITY HEALTH CENTER ("CHC") AFFILIATES ON COVID-RELATED CARE, TESTING, PERSONAL PROTECTIVE EQUIPMENT ("PPE"), AND PATIENT OUTREACH. BILH SHARED REAL-TIME ACCESS TO BILH COVID-19-RELATED OPERATIONAL POLICIES, PROCESSES, AND GUIDELINES IN ADDITION TO TRANSLATED PATIENT HANDOUTS, FLYERS, AND SOCIAL MEDIA GRAPHICS AROUND THE "STOP THE SPREAD" CAMPAIGN. AS HEALTH CENTERS WORKED TO ESTABLISH STABLE SUPPLY CHAINS OF PPE, BILH DONATED GLOVES, N95S, ISOLATION GOWNS, DISINFECTANT WIPES, EYE PROTECTION, HAND SANITIZER, AND SURGICAL MASKS. BILH DEPLOYED STAFF AT COMMUNITY TESTING SITES SUCH AS AT THE DIMOCK CENTER. CHC STAFF WERE INCLUDED IN THE AFOREMENTIONED BILH-FUNDED TEMPORARY HOUSING PROGRAM FOR STAFF. BILH ALSO SUPPORTED SAFETY NET AFFILIATE HOSPITALS WITH REAL-TIME BILH COVID-19 PROTOCOLS AND POLICIES, MED/SURG AND ICU BED LOAD-BALANCING EFFORTS, ICU STAFFING, AND PPE NEEDS. IN FY 2021, BILH CONTINUED TO P</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4D: OTHER PROGRAM SERVICES	LAY A SIGNIFICANT ROLE IN THE COMMONWEALTH'S RESPONSE TO THIS UNPRECEDENTED PUBLIC HEALTH CRISIS, MOST NOTABLY THROUGH ITS PATIENT VACCINATION EFFORTS. BILH WILL PROVIDE DETAIL ON THESE EFFORTS IN ITS FY 2021 TAX RETURN FILING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINE 24A	AS DESCRIBED IN THIS FORM 990, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF AND SOLE MEMBER OF WINCHESTER HOSPITAL DURING THIS SAME PERIOD, WINCHESTER HOSPITAL WAS A MEMBER OF THE BILH OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS ISSUED THROUGH BILH OR THROUGH A PREVIOUS OBLIGATED GROUP WHICH IS NOW A PART OF THE BILH OBLIGATED GROUP. THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BILH OBLIGATED GROUP OUTSTANDING TAX EXEMPT DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002, ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON WINCHESTER HOSPITAL'S BALANCE SHEET.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINE 24B:	AS REPORTED ON THE FORM 990 SCHEDULE K, THE LAHEY HEALTH SYSTEM INC. (LHSI) SERIES F BONDS WHICH WERE ISSUED IN 2015 ARE NOW PART OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP DEBT. THE BONDS WERE ISSUED IN 2015 AND AS OF SEPTEMBER 30, 2020 THERE WAS A BALANCE REMAINING IN THE CONSTRUCTION FUND. PROCEEDS IN THE CONSTRUCTION FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, AND WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS. ALTHOUGH THESE BONDS ARE NOT ON THE WINCHESTER HOSPITAL BALANCE SHEET, WINCHESTER HOSPITAL IS INCLUDING THIS DISCLOSURE IN ITS FORM 990 BECAUSE WINCHESTER HOSPITAL IS A MEMBER OF THE BILH OBLIGATED GROUP.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, QUESTION 7G	WINCHESTER HOSPITAL DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899.

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	<p>THE FOLLOWING WINCHESTER HOSPITAL OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS AND/OR FAMILY RELATIONSHIPS: DEBORAH MCDONOUGH AND BILL MCCANCE HAVE A BUSINESS RELATIONSHIP FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF WINCHESTER HOSPITAL. LAHEY HEALTH SYSTEM, INC. WHICH MERGED INTO LAHEY CLINIC FOUNDATION EFFECTIVE MARCH 1, 2019, PREVIOUSLY SERVED AS SOLE MEMBER.

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF LAHEY HEALTH SHARED SERVICES (LHSS), WHICH IS IN TURN, THE SOLE MEMBER OF WINCHESTER HOSPITAL . THIS FORM 990 IS PREPARED IN CONJUNCTION WITH THE LHSS FINANCE STAFF. IN ADDITION, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND DEPARTMENTS WITHIN BILH, WINCHESTER HOSPITAL AND OTHER AFFILIATES TO ENSURE THAT OTHER FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS MAY INCLUDE: FINANCIAL ASSISTANCE AND REIMBURSEMENT, COMPLIANCE, GRADUATE MEDICAL EDUCATION, LEGAL, COMMUNITY BENEFITS, GOVERNANCE, DEVELOPMENT, HUMAN RESOURCES AND PAYROLL, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. THE TAX RETURNS REVIEWED BY THE BILH EXECUTIVE DIRECTOR, TAXATION WINCHESTER HOSPITAL 'S CHIEF FINANCIAL OFFICER AND DELOITTE TAX, LLP.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>WINCHESTER HOSPITAL IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) SYSTEM OF AFFILIATES. ALL ENTITIES IN THE BILH NETWORK ADHERE TO THE BILH CONFLICT OF INTEREST POLICY AND MAINTAIN A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY AT THE ENTITY LEVEL. PURSUANT TO THESE POLICIES, ALL OF WINCHESTER HOSPITAL OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST AND TAX QUESTIONNAIRE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS AND AFFILIATIONS MAINTAINED BY OFFICERS, TRUSTEES, OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A REAL OR PERCEIVED CONFLICT OF INTEREST. THE BILH OFFICE OF INTEGRITY AND COMPLIANCE, IN CONJUNCTION WITH THE BILH TAX DEPARTMENT, ADMINISTERS THE CONFLICT OF INTEREST AND TAX QUESTIONNAIRE PROCESS ANNUALLY. BILH INTEGRITY AND COMPLIANCE COLLECTS AND REVIEWS ALL DISCLOSURES. DISCLOSURES FOR BILH EXECUTIVES AND KEY EMPLOYEES ARE ASSIGNED APPROPRIATE FOLLOW-UP ACTION IN ACCORDANCE WITH THE BILH POLICY. A SUMMARY OF POSITIVE RESPONSES OF WINCHESTER HOSPITAL IS PROVIDED TO THE WINCHESTER HOSPITAL 'S COMPLIANCE OFFICER FOR REVIEW FINAL DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT. ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICIES IS SUBJECT TO ONGOING REVIEW BY WINCHESTER HOSPITAL AS WELL AS THE BILH INTEGRITY AND COMPLIANCE OFFICE. PURSUANT TO THE BILH CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. IN ADDITION AS NOTED ABOVE, THE ANNUAL CONFLICT OF INTEREST PROCESS OUTLINE ABOVE IS JOINTLY ISSUED BY THE BILH TAX DEPARTMENT, TO ENSURE THAT THE QUESTIONNAIRE IS DISTRIBUTED TO ALL CURRENT AND FORMER MEMBERS OF THE WINCHESTER HOSPITAL BOARD OF TRUSTEES AS WELL AS FORMER OFFICERS AND KEY EMPLOYEES. THE TAX QUESTIONNAIRE PROCESS IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR WINCHESTER HOSPITAL TO COMPLETELY AND ACCURATELY COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS NOTED THROUGHOUT THIS FILING, WINCHESTER HOSPITAL BECAME A MEMBER OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES WITH BILH SERVING AS WINCHESTER HOSPITAL'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BETH ISRAEL LAHEY HEALTH NETWORK EFFECTIVE MARCH 1, 2019. PRIOR TO THAT DATE WINCHESTER HOSPITAL WAS A MEMBER OF THE LAHEY HEALTH SYSTEM, AND LAHEY HEALTH SYSTEM, INC. (LHSI) SERVED AS WINCHESTER HOSPITAL'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE LAHEY HEALTH SYSTEM. IN THIS ROLE LHSI MAINTAINED THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOYEES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE LAHEY HEALTH SYSTEM. TO THAT END, LHSI HAD A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES. AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2019 COMPENSATION. AS SUCH, COMPENSATION REPORTED IN THIS FORM 990 FOR WINCHESTER HOSPITAL'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE LHSI COMPENSATION COMMITTEE PRIOR TO THE CREATION OF BILH. THE LHSI COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW. THE LHSI COMPENSATION COMMITTEE ESTABLISHED THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR THE LAHEY HEALTH SYSTEM NETWORK OF AFFILIATES INCLUDING THE LHSI CHIEF EXECUTIVE OFFICER, OTHER MEMBERS OF SENIOR MANAGEMENT AT LHSI AND ITS AFFILIATES THE COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT IT COMPLIED WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES. IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIED UPON WRITTEN COMPENSATION SURVEYS AND STUDIES PRODUCED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MET TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWED THE COMPENSATION SURVEY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. THE COMPENSATION COMMITTEE THEN VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE LHSI CEO. THE COMPENSATION PACKAGE FOR THE LHSI CEO VOTED BY THE COMPENSATION COMMITTEE WAS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES.</p>

# 990 Schedule O, Supplemental Information

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINE 12 AND 12A:	<p>THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	TRANSFERS TO/FROM AFFILIATES -5,660,257. NET ASSETS RELEASED FROM RESTRICTION FROM AFFILIATES 0. NA RELEASED FROM REST-OPS 441,828. NA RELEASED FROM REST-PPE 58,968. CHANGE IN INTEREST OF FOUNDATION - TEMP 873,540. CHANGE IN INTEREST OF FOUNDATION - PERM 452,749. CHANGE IN VALUATION OF SWAPS (NET ASSETS) -620,321. OTHER CHANGES IN TRUST 243,908.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WINCHESTER HOSPITAL

**Employer identification number**

04-2104434

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

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

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

See Additional Data Table

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

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

(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	
<b>(1)</b> WINCHESTER HOSPITALSHIELDS MRI LLC  700 CONGRESS ST QUINCY, MA 02169 46-2523117	MRI SERVICES	MA	WINCHESTER HOSPITAL	EXCLUDED	2,972,881	2,194,519		No			No	70.000 %

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

See Additional Data Table

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

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

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

		Yes	No
<b>1</b> 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?			
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	Yes	
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b>	Dividends from related organization(s) . . . . .		No
<b>g</b>	Sale of assets to related organization(s) . . . . .		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R PARTS I THROUGH V:	<p>DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL -- MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL -- NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAQUES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THESE ENTITIES MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. THE BY-LAW OF THESE ENTITIES REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS. REGS. 1.512(B)-1(L)(4). IN ADDITION, UNDER INTERNAL REVENUE CODE SECTION 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION. A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION. UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AND IT'S AFFILIATES ARE INCLUDED IN FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR.</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2104434  
**Name:** WINCHESTER HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVENUE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I		Yes	
930 COMMONWEALTH AVENUE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
148 CHESTNUT STREET NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
275 SANDWICH STREET PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
300 LONGWOOD AVENUE BOSTON, MA 02215 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC		No
247 STATION DRIVE WESTWOOD, MA 02186 04-3426253	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I		Yes	
20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A	Yes	
41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA		12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I		Yes	
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
185 PILGRIM ROAD BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I		Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
275 SANDWICH STREET PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10		Yes	
130 KING STREET WEST TORONTO, ONTARIO CA	FUNDRSG ORG	CA			N/A		No
41 MALL ROAD BURLINGTON, MA 01805 04-2323457	SUPPORT	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 018050001 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC	Yes	
41 MALL ROAD BURLINGTON, MA 018050001 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I		Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
464 HILLSIDE AVENUE NEEDHAM, MA 02492 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10		Yes	
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I		Yes	
125 PARKER HILL AVENUE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVENUE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-3240453	SUPPORT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
85 HERRICK STREET BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10		Yes	
600 CUMMINGS CENTER BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	10		Yes	
25 HIGHLAND AVENUE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
302 WASHINGTON STREET GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVENUE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAQUES HOSPITAL INC	Yes	
275 SANDWICH STREET PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
39 DOUBLET HILL ROAD WESTON, MA 02493 04-3399570	SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C				Yes	
HUNTINGFIELD CORPORATION C/O LAHEY CLINIC FOUNDATION INC 41 BURLINGTON, MA 01805 000000000	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C				Yes	
JORDAN COMMUNITY ACO INC 275 SANDWICH STREET PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C				Yes	
LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
LEDGEWOOD HEALTHCARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	KY	N/A	C				Yes	
NORTHEAST PHYSICIAN HOSPITAL ORGANIZATION INC 500 CUMMINGS CENTER STE 6500 BEVERLY, MA 01915 04-3258053	PHYS HOSP ORG	MA	N/A	C				Yes	
NORTHEAST PHYSICAN PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3285837	PHYSICIAN OFFICE	MA	N/A	C				Yes	
NORTHEAST PROPRIETARY CORP 100 POWERS STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C				Yes	
WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C				Yes	
WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C				Yes	
WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	PHYS HOSP ORG	MA	N/A	C				Yes	

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
BETH ISRAEL LAHEY HEALTH INC	O	833,447	FMV
BETH ISRAEL LAHEY HEALTH INC	R	77,803	FMV
BETH ISRAEL LAHEY HEALTH INC	P	1,836,226	FMV
LAHEY CLINIC INC	P	301,406	FMV
LAHEY HEALTH SHARED SERVICES INC	P	151,591,291	FMV
LAHEY HEALTH SHARED SERVICES INC	S	17,029,163	FMV
NORTHEAST BEHAVIORAL HEALTH CORPORATION	Q	278,004	FMV