Form 990-T	E	Exempt Organ				Tax Ret		OMB No 1545-068	.7	
	_	•	nd proxy tax und			. 20 2010	1909	2010	•	
	For cal	lendar year 2018 or other tax yea			, and ending SEI	•	'	ZU 10)	
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number	irs.gov/Form990T for in s on this form as it may				c)(3).	Open to Public Inspec 501(c)(3) Organizations		
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	oyer identification num loyees' trust, see actions)	ber ,	
B Exempt under section	Print	NORTHEAST HOSPITA	L CORPORATION					04-2121317	,	
X 501(c () 3)	or Type	(See instructions								
408(e) 220(e)	Type	85 HERRICK STREET							•	
408A530(a)		City or town, state or prov		r foreig	n postal code		6215	20	•	
529(a) Book value of all assets	<u> </u>	BEVERLY, MA 0191		<u> </u>			6215	JO	 -	
at end of year	683.	F Group exemption numb G Check organization type		poration	501(c) trust		401(a) trust	Other t	rust	
H Enter the number of the				2		the only (or fi				
	-	-PATIENT LABORATOR		YEE . L				-	,	
•		ice at the end of the previou								
business, then complete								<u></u>		
		poration a subsidiary in an a		nt-subși			X Ye	es 🔲 No		
		tifying number of the paren	t corporation. 🕨 👸	e#1		o IIIoc				
J The books are in care of		de or Business Inc				hone number		· · · · · · · · · · · · · · · · · · ·		
		1,636,735.	ome	l	(A) Income	(B) Exp	enses	(C) Net		
1a Gross receipts or sale b Less returns and allow		1,030,733.	c Balance	1c	1,636,735,					
2 Cost of goods sold (S		A line 7)	6 Dalatice	2	2,000,100.		2		1933	
3 - Gross profit. Subtract		•		3	1,636,735.		وليدرين سده	1,636,	735.	
4a Capital gain net incon				4a		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	16 17 18	·		
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form	4797)	4b			<u>يمننز.</u>			
c Capital loss deduction	n for trus	sts		4c			14 14		<u> </u>	
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5			1. 公司			
6 Rent income (Schedu				6	15,600.	·	-14,280. R ⊨	CEIVED.	320.	
7 Unrelated debt-finance		•		7				DLIVED		
		and rents from a controlled o	-	8		+ + + + + + + + + + + + + + + + + + + +	S AII	0.1.000		
9 Investment income of 10 Exploited exempt acti		on 501(c)(7), (9), or (17) or ome (Schedule I)	ganization (Schedule G)	10			∯ AU	5 3 1 2020		
11 Advertising income (11					12	
12 Other income (See in			TEMENT 1	12	238,972.		<u>,,,O</u> Gi	DEN, 1238,	972.	
13 Total. Combine lines	3 throu	igh 12		13	1,891,307.		14,280.	1,877,	027.	
		ot Taken Elsewher					•		;	
		utions, deductions must		with 1	the unrelated busines	s income)	·			
# L	icers, di	rectors, and trustees (Sche	dule K)				14	307	914.	
15 Salaries and wages16 Répairs and mainter	2000						15 16	397,	, , , , , , , , , , , , , , , , , , , 	
16 Repairs and mainter17 Bad debts	Idilice						17			
18 Interest (attach sche	dule) (s	ee instructions)					18			
19 Taxes and licenses	, (19	47,	054.	
	ons (Se	e instructions for limitation	rules)				20			
21 Depreciation (attach	Form 4	562)			21	35,	264.			
	aimed oi	n Schedule A and elsewhere	on return		22a		22b	35,	264.	
23 Depletion	. /	/	•				23			
24 Contributions to def		mpensation plans					24	74	591.	
25 Employee benefit pro	7	ohodulo 1)					25	/*,	391.	
26 Excess exempt expe27 Excess readership of							26 27		 -	
28 Other deductions (at					SEE STATEME	NT 2	28	1,275,	094.	
29 Total deductions. A							29	1,829,		
,		ncome before net operating	loss deduction. Subtrac	t line 29	9 from line 13		30	47,	110.	
/		loss arısıng ın tax years beg					31			
		ncome. Subtract line 31 fro			- 		32		110.	
823701 07-09-19 LHA F	or Papei	rwork Reduction Act Notice	, see instructions.					Form 990-T	(2018)	
· ·								9/0	01	
/								y		

D	If II Tatal I Involuted Decisions Toyotta Issues			
	If \Total Unrelated Business Taxable Income	}	1 1	200 040
33/	Total of unrelated business (axable income computed from all unrelated trades or businesses (see instructions)		33	382,218.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	382,218.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
• •	office the smaller of zero or line 36	11	38	381,218.
Dart J	V Tax Computation	······································	1 4 1	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	80,056.
,39 10			17	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.		40	
	Tax rate schedule or Schedule D (Form 1041)			
41	Proxy tax. See instructions		41 42	
42	Alternative minimum tax (frústs only)			
43	Tax on Noncompliant Facility Income See instructions	٠. :	43	
44	Total. Add lines: 41, 42, and 43 to line 39 or 40, whichever applies		1441	80,056.
	Tax and Payments	<u> </u>	, 	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		⊣ 1	
Ď	Other credits (see instructions) 45b		」 Ⅰ	
C	General business credit. Altach Form 3800 45c 45c		_	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	m . 1		45e	
46	Subtract line 45e from line 44		48	80,056.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other te	itach schadulo)	47	
48	Total lax. Add lines 46 and 47 (see instructions)		48.	80,056.
	2018 net 965 tax ilability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,		49	0.
49		36,122		
50 a	The state of the s	20,000	⊣ 1	
b			- 1	
C			-	
ď	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		-	
ď	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 50d 50e			
d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 50t			
d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439			
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d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments, Add lines 50a through 50g	······································	<u>\$1</u>	56,122.
d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached	a D	52	552.
d e f g	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	a D	1	
d e f g 51 52	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached	98	52	552.
51 52 53	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total > 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached > X Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax	98	52 53	552.
51 52 53 54	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax	98	52 53 54	552.
51 52 53 54 55 Part	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded tions)	52 53 54	552.
6 6 9 51 52 53 54 55	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded b	52 53 54	552. 24,486.
51 52 53 54 55 Part	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total	unded b	52 53 54	552. 24,486.
51 52 53 54 55 Part	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded b	52 53 54	552. 24,486.
51 52 53 54 55 Part \ 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax Ref VI Statements Regarding Certain Activities and Other Information (see instructions) (s	unded trions)	52 53 54	552. 24,486. Yes No
51 52 53 54 55 Part	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax Ref VI Statements Regarding Certain Activities and Other Information (see instructions) over a timancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to lile FinCEN Form, 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax, year, did the organization receive a distribution from, or was it the granter of, or transferor to, a force	unded trions)	52 53 54	763 No
51 52 53 54 55 Part \ 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax Ref VI Statements Regarding Certain Activities and Other Information (see instructions) over a tinancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to lile FinCEN Form. 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax, year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign "Yes," see instructions for other forms the organization may have to file.	unded trions)	52 53 54	552. 24,486. Yes No
51 52 53 54 55 Part \ 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax Fet VI Statements Regarding Certain Activities and Other Information (see instructions) over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Fincen Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax, year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign the tax, year, did the organization may have to file. Enter the amount of tax-exempt ighterest received or accrued during the tax year \$\infty\$	unded trions)	62 53 54 55	552. 24,486. Yes No X X
51 52 53 54 55 Part 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded trions)	62 53 54 55	552. 24,486. Yes No X X
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51 52 53 54 55 Part 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded trions)	62 53 54 55 55 55 May the IRS the preparer	Yes No X X X Step, (t is true, discuss this return with shown below (see
51 52 53 54 55 Part \ 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded trions)	62 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Yes No Yes No X X Itel, (t is true, discuss this return with shown below (see X Yes No
51 52 53 54 55 Part \ 56	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Tota	unded trions)	62 53 54 55 55 55 May the IRS the preparer	Yes No Yes No X X Itel, (t is true, discuss this return with shown below (see X Yes No
51 52 53 54 55 Part \ 56 67 58 Sign Here	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerly overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax At any lime during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to lille FinCEN Form. 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax.year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forcit "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under paperlies of forlight, I decign final lighave exemined this return, including accompanying schedules and statements, and to the I correct, and comprehe. Decision of preparer (other finan largeyer) is based on all information of which preparer has any knowledge Finance of officer Date Print/Type preparer's name Preparer's signature Preparer's signature Date	unded trions)	62 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Yes No Yes No X X X Stef, (t is true, discuss this return with shown below (see X Yes No
51 52 53 54 55 Part \ 56 57 58 Sign Here	Foreign organizations: Tax paid or withheld at source (see Instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax I statements Regarding Certain Activities and Other Information (see instructions) over a linancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to life FinceN Form. 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax.year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign type, see instructions for other forms the organization may have to file. Enter the amount extax-exempt interest received or accrued during the tax year. Under penglies of portury, I decide that I have examined this return, including accompanying schedules and estatements, and to the locared companies. Declaration of preferer (other than taxpayer) is bayed on all information of which preparar has my knowledge Under penglies of portury, I decide that I have examined this return, including accompanying schedules and estatements, and to the locared companies. Declaration of preferer (other than taxpayer) is bayed on all information of which preparar has my knowledge Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name	eign trust?	62 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Yes No Yes No X X X Stief, (t is true, discuss this return with shown below (see X Yes No 0743140
51 52 53 54 55 Part \ 56 Sign Here Paid Prep	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check it Form 2220 is attached Tax due. It line 51 is less than the total of lines 48, 49, and 52, enter amount owed- Overpayment. Il line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax VI Statements Regarding Certain Activities and Other Information (see instructions) are a linancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to life FinCEN Form. 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax, year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the amount of the country interest received or accound during the tax year Under penpiles of portury, I dead to that Payme examined this return, including accompanying schedules and eletiments, and to the local correct, and complete. Declaration of pregner (either than haxpayer) is based on all information of which preparar has any knowledge Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date CHRISTINE KAWBCKI Date Print/Type preparer's name Preparer's signature Oak 16/2020	eign trust?	62 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Yes No Yes No X X X Stef, (t is true, discuss this return with shown below (see X Yes No
51 52 53 54 55 Part \ 56 57 58 Sign Here	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check it Form 2220 is attached Tax due. It line 51 is less than the total of lines 48, 49, and 52, enter amount owed- Overpayment. Il line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax VI Statements Regarding Certain Activities and Other Information (see instructions) are a linancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to life FinCEN Form. 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax, year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the amount of the country interest received or accound during the tax year Under penpiles of portury, I dead to that Payme examined this return, including accompanying schedules and eletiments, and to the local correct, and complete. Declaration of pregner (either than haxpayer) is based on all information of which preparar has any knowledge Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date CHRISTINE KAWBCKI Date Print/Type preparer's name Preparer's signature Oak 16/2020	eign trust? Check self- employs	62 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Yes No Yes No X X X Stief, (t is true, discuss this return with shown below (see X Yes No 0743140
51 52 53 54 55 Part \ 56 Sign Here Paid Prep	Foreign organizations: Tax paid or withheld at source (see Instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (atlach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is lerger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax Ref VI Statements Regarding Certain Activities and Other Information (see instructions) over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to life Fincen Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax, year, did the organization receive a distribution from, or was it the granter of, or transferor to, a ford if Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Signature of orliging the line in the year exemined this relain, including accompanying schedules and eletionents, and to the correct, and complete. Declaration of pregnare (either than texpayer) is based on all information of which preparar has any knowledge Under pengales of perjuly, I decayed that I have exemined this relain, Including accompanying schedules and eletionents, and to the correct, and complete. Declaration of pregnare (either than texpayer) is based on all information of which preparar has any knowledge Under pengales of perjuly, I decayed that Pave exemined this relain, Including accompanying schedules and eletionents, and to the correct, and complete to the foreign country. Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Delic	eign trust? Check self- employe	62 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Yes No Yes No X X X discuss this return with shown below (see ? X Yes No 0743140 6-1065772

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of y	ear		6		
2 Purchases	2		7 Cost of goods sold.	Subtract I	ine 6			
3 Cost of labor	3		from line 5. Enter he	re and in f	Part I,			
4a Additional section 263A costs			line 2		Į	7		
(attach schedule)	4a		8 Do the rules of section	on 263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced o	r acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Personal Property	Lease	d With Real Prope	erty) 		
1. Description of property								
(1) LEASED SPACE								
(2)	· -						·	
(3)								
(4)								
		ed or accrued			0(0) 0 - do-to dodo		L 1L	
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percei personal property exceeds 50% or nt is based on profit or income)	ntage if	3(a) Deductions directly columns 2(a) an SEE STATEMEN	d 2(b) (attach	n the income if schedule)	1
(1)			1	5,600.			14	,280.
(2)								
(3)						,		
(4)								
Total	0.	Total	1	5,600.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	•		5,600.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	14	,280.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		Deductions directly conn to debt-finance		allocable	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deduction tach schedule)	
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		locable deduct n 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		ere and on pag line 7, column	
Totals			ı	▶	0	.		0.
Total dividends-received deductions in	cluded in column	1 8	·		>			0.

<u>«</u>	dule F - Interest, A	aitic	o, rioyan	, an	,	Controlled O			🔾 1 10	- (355 11)	structions	··
	-				<u> </u>						T	6 Database dans
,	Name of controlled organizati	on	2. Emj identifii num	cation		elated income a instructions)		tal of specified ments made	ınclud	t of column 4 ed in the contr ation's gross	rolling	Deductions directly connected with income in column 5
(1)		·			1				1			
(2)											,	
(3)	·. ·. · · · · · · · · · · · · · · · · ·											
		1			<u> </u>							1
(4)	empt Controlled Organi	zatione	<u> </u>									. 15 17 2
INOTIEX		T	nrelated incom	o (loce)	O Total	of specified pays	monts	10. Part of colu	mn O tha	t is included	11 Dag	ductions directly connected
	7. Taxable Income		ee instructions		. 9. 10tai	made	nents	in the controll	ing organ	nization's		income in column 10
(1)												
(2)						-					[
(3)	· · · · · · · · · · · · · · · · · · ·					**						- ,
(4)										· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
_(-)					J				6	4 10		d columns 6 and 11
							-	Add colun Enter here and line 8, (1, Part I,	Enter he	a columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals							>			0.	<u> </u>	0.
Sche	dule G - Investme (see insti		ne of a S	Section	501(c)(7	7), (9), or (17) Or	ganization				
,	1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connection (attach schedule)	ected		asides / schedule) _	5. Total deductions and set-asides
(1)	 				7						-	
(2)	· · · · · · · · · · · · · · · · · · ·			-					•			
(3)		•										
(4)						 						
(4)						Enter here and	on nage 1			<u> </u>	570	Enter here and on page 1,
				•		Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Totals	alada I. Eastailaika d		A _A::A .	1	- Oth ar	Thom Adv	0.		. 174	M		<u>. 0.</u>
Sche	edule I - Exploited (see instru	•	Activity	incom	e, Other	Than Au	verusii	ig income				
	•	,	Gross	3. Ex	penses	4. Net incom		5. Gross inco				7. Excess exempt
,	1. Description of exploited activity	unrelated incom	business business te from business	with pr of un	connected oduction related is income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	from activity is not unrelate business inco	that ted	attribut	penses table to mn 5	expenses (column - 6 minus column 5, but not more than column 4)
(1)								1				
(2)						· · · · · · ·						
						 						
(3)		,	-			 		-				
(4)			re and on , Part I, col (A)	page	ere and on 1, Part I, , col (B)				Ţ.	L		Enter here and on page 1, Part II, line 28
Totals	<u> </u>	<u>L</u>	0.		0.	景觀2 溪	8 : 1/3				\$ 1.5 P. 1.5	0.
	edule J - Advertisii			nstructioi	•							
Part	াগ Income From I	Periodic	als Repo	orted o	n a Con	solidated	Basis		,			
	1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1					3				图 冷囊刀、腰侧。
(2)												
(3)							7			†	, 	
		- -		+						 		
(4)			-	+		35°C/ 5.3 1.5 /6/	2002 (rau)		 		<u> </u>
Totals	(carry to Part II, line (5))	•		0.	(o.]						0.

Part II	Income From	Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
$\overline{}$	columns 2 through	n 7 on a line-hy-line hasis \	

2. Gross advertising advertising costs column 5. Name of periodical advertising costs column 5.	ss readership lumn 6 minus , but not more column 4)
cols 5 through 7	
(1)	
(2)	
(3)	
(4)	
Totals from Part I □ 0. 0.	0.
page 1, Part I, page 1, Part I, on	here and page 1, II, line 27
Totals, Part II (lines 1-5) ▶ 0. 0.	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	OTHER	INCOME	-	STATEMENT 1
DESCRIPTION				AMOUNT
EMPLOYEE LEASING				238,972
TOTAL TO FORM 990-T, PAGE	1, LINE 12			238,972
FORM 990-T	OTHER	DEDUCTIONS		STATEMENT 2
DESCRIPTION				AMOUNT
LAB SUPPLIES				160,285
PLANT OPS				320,393
ISN ASSESSMENT				70,582
OH ALLOCATION				268,200
BILLING FEE				124,071
HOSPITAL MANAGEMENT SALARI	ES			30,628
DIRECT EXPENSES MISCELLANEOUS EXPENSES				272,721 28,214
FORM 990-T PARENT CORPO	RATION'S NAM	E AND IDENTI	FYING NUMBER	STATEMEN Т 3
CORPORATION'S NAME				IDENTIFYING NO
BETH ISRAEL LAHEY HEALTH,	INC.			83-2671600
FORM 990-T DEDUCTION	S CONNECTED	WITH RENTAL	INCOME	STATEMENT 4
		ACTIVITY NUMBER	AMOUNT	TOTAL
DESCRIPTION		NUMBER		TOTAL
DESCRIPTION RENTAL EXPENSES	- SUBTOTAL		14,28	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018 , and ending SEP 30, 2019

ENTITY

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name	of the organization				E	Employer identific		number
	NORTHEAST HOSPITAL CORPORATION					04-212131	. /	
	Inrelated business activity code (see instructions) 532000		IOED.					
	Describe the unrelated trade or business RENTAL - DEBT 1	TIVAD	T CED		ı		$\overline{}$	
Pä	Unrelated Trade or Business Income		(A).In	icome	(B) Expenses		(C) Net
1a	Gross receipts or sales							
þ	Less returns and allowances c Balance ▶	1c_			3664.4		200	
2	Cost of goods sold (Schedule A, line 7)	2			3200	- 1-3 W. P. M. W.		
3	Gross profit. Subtract line 2 from line 1c	3_			All to		٠ 、	
4 a	Capital gain net income (attach Schedule D)	4a			X	2 97.7 TAPA	-	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		233	
်င	Capital loss deduction for trusts	4c			200			
5	Income (loss) from a partnership or an S corporation (attach	1						
	statement)	5			ŞΣ.		`-	·
6	Rent income (Schedule C)	6	_					
7	Unrelated debt-financed income (Schedule E)	7		485,375.	ļ	150,267	7.	335,108.
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8			٠.		Щ	
9 -	Investment income of a section 501(c)(7), (9), or (17)			-			-	
	organization (Schedule G)	9					\bot	
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11	ļ		,			
12	Other income (See instructions, attach schedule)	12			1	1. 次影響(1.5)	_	
13	Total. Combine lines 3 through 12	13	<u> </u>	485,375.	<u> </u>	150,267	7.	335,108.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u	inrela	ated busir	ness incon	ne.)	14	·	
14	Compensation of officers, directors, and trustees (Schedule K)			<i>.</i>		15		
15	Salaries and wages					10	_	
16	Repairs and maintenance					17		
17	Bad debts					18		
18	Interest (attach schedule) (see instructions)							
19	Taxes and licenses					20	\neg	
20	Charitable contributions (See instructions for limitation rules)			ایرا		- - 2		
21	Depreciation (attach Form 4562)		4	21		22		•
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22	$\overline{}$	
23	Depletion					24		
24	Contributions to deferred compensation plans					25		
25	Employee benefit programs							
26	Excess exempt expenses (Schedule I)					20		·
27	Excess readership costs (Schedule J)		•			2		
28	Other deductions (attach schedule)					21		0.
29	Total deductions. Add lines 14 through 28		Culatura at 1 -	• 00 fr !::	. 10	2	$\overline{}$	335,108.
30	Unrelated business taxable income before net operating loss dedu				e 13	30	<u>., </u>	333,100.
31	Deduction for net operating loss arising in tax years beginning on o	or atte	January 1,	∠UIB (See		<u> </u>	35	
	instructions)					3	\neg	335,108.
32	Unrelated business taxable income. Subtract line 31 from line 30						<u> </u>	

04-	-2:	121	.31	7
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	NORTHEAST HOSPI						04-212131	١7		
Schedule A	- Cost of Goods	Sold. Enter	method of invento	ory val	uation >					
1 Inventory a	at beginning of year	1		6	Inventory at end of year			6		
2 Purchases		2		7 (Cost of goods sold. Sul	btract I	ine 6		-	
3 Cost of lab	or	3		1	from line 5. Enter here a		i i			
4 a Additional	section 263A costs			1 1	line 2		. [7		
(attach sch	nedule)	4a		8 1	Do the rules of section 2	263A (\	with respect to		Yes	No
b Other cost	s (attach schedule)	4b	·] ,	property produced or ac	cquired	for resale) apply to			
	l lines 1 through 4b	5		1	the organization?					
	C - Rent Income (F	rom Real	Property and	Pers	onal Property Le	ease	d With Real Prope	rty)		
(see instruct	ions)				·					
1. Description of p	property									
(1)										
(2)										
(3)										
(4)								•		
	•	2. Rent receiv	ed or accrued							
(a) From	n personal property (if the perce t for personal property is more the 10% but not more than 50%)	ntage of nan	` of rent for pe	ersonal pi	nal property (if the percentag roperty exceeds 50% or if I on profit or income)	e	3(a) Deductions directly of columns 2(a) and			1
(1)										
(2)										
(3)										
(4)					· -					
Total			Total					-	·	
` '	e. Add totals of columns 2 e 1, Part 1, line 6, column (ter				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		
	- Unrelated Debt		Income (see II	nstruc	tions)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			,				3. Deductions directly conne		cable	
					Gross income from or allocable to debt-	/a\	to debt-finance	T		
	 Description of debt-final 	nced property			financed property	(4)	Straight line depreciation (attach schedule)		er deduction n schedule)	
								STATEMEN	T 4	
(1) AGH-INDE	EPENDENT PHYSICIAN	s			111,906.		0.		68,	,469.
(2) ANTENNA	LEASES				101,098.		0.			0.
(3) LOCD LEA	ASE				448,901.		0.		136,	,450.
(4)										
debt on or all	of average acquisition ocable to debt-financed y (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deduct x total of co a) and 3(b))	
(1)	85,305,565.		116,333,169.		73.33%		82,061.	-	50,	,208.
(2)	85,305,565.		116,333,169.		73.33%		74,135.			0.
(3)	85,305,565.		116,333,169.		73.33%		329,179.		100,	,059.
(4)					%					
		•					nter here and on page 1, Part I, line 7, column (A)		and on pag 7, column (
Totals							485,375.		150	,267.
	s-received deductions unc	luded in column	n 8					 		0.

FORM 990-T (M)	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
	- SUBTOTAL -	1	68,469.	68,469.
	- SUBTOTAL -	3	136,450.	136,450.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	3(B)		204,919.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Northeast Hospital Corporation on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

NORTHEAST HOSPITAL CORPORATION Form 990-T

STATEMENT 5 EIN:04-2121317 FYE SEPTEMBER 30, 2019

Section 1.263(a)-3(n) Capitalization Election

Northeast Hospital Corporation hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg § 1.263(a)-3(n) The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.