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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NORTHEAST HOSPITAL CORPORATION

Doing business as

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

Room/suite

85 HERRICK STREET

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

BEVERLY, MA 02138

F Name and address of principal officer

STEVEN FISCHER

20 UNIVERSITY RD SUITE 700

CAMBRIDGE, MA 02138

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

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

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

H(c) Group exemption number ▶

D Employer identification number

04-2121317

E Telephone number

(978) 922-3000

G Gross receipts \$ 392,193,404

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(Insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW BEVERLYHOSPITAL ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1893

M State of legal domicile

MA

Part I

Summary

Activities & Governance

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

NORTHEAST HOSPITAL CORPORATION HAS FOUR FACILITIES BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL, LAHEY OUTPATIENT CENTER, DANVERS AND BAYRIDGE HOSPITAL AND FOUNDED IN THE CONCEPTS OF QUALITY, CARING AND COMMUNITY TOGETHER, THESE INSTITUTIONS ARE DEDICATED TO PROVIDING THE HIGHEST QUALITY, PATIENT-CENTERED MEDICAL CARE FOR NORTH SHORE AND CAPE ANN RESIDENTS, CENTERING ON A CONCEPT AND CONTINUUM OF CARE THAT EMBRACES THE HEALTH, WELL-BEING AND DIGNITY OF EACH PATIENT, REGARDLESS OF THEIR ABILITY TO PAY

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶894,825

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II

Signature Block

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

Sign Here

Signature of officer

2020-08-17

Date

CONNIE WOODWORTH ASSISTANT TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-17

Check ☐ if self-employed

PTIN P00743140

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ TWO JERICHO PLAZA

JERICHO, NY 117531683

Phone no (516) 918-7000

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 19,715,666	including grants of \$ 94,284)	(Revenue \$ 24,886,715)
See Additional Data				

4b	(Code)	(Expenses \$ 132,666,760	including grants of \$)	(Revenue \$ 184,719,066)
See Additional Data				

4c	(Code)	(Expenses \$ 132,015,888	including grants of \$)	(Revenue \$ 142,160,244)
See Additional Data				

(Code)	(Expenses \$ 29,931,936	including grants of \$)	(Revenue \$ 32,056,868)
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IN ADDITION TO THE INPATIENT AND OUTPATIENT SERVICES DETAILED ABOVE, NHC PROVIDES RADIOLOGIC PROCEDURES AS PART OF INPATIENT CARE AS WELL AS LABORATORY SERVICES FOR BOTH INPATIENTS AND OUTPATIENTS. NHC ALSO OFFERS COMMUNITY SERVICE PROGRAMS, INCLUDING THE COMPASS/MOMS DO CARE PROGRAM, WHICH PROVIDES MENTAL HEALTH AND SUBSTANCE USE TREATMENT FOR PREGNANT AND/OR PARENTING WOMEN AND NEWBORNS. THE PROGRAM PROMOTES RECOVERY, IMPROVES PERINATAL CARE OF THE MOTHER AND BABY AND ENHANCES OUTCOMES FOR THE MOTHER AND HER FAMILY THROUGH A MULTIDISCIPLINARY APPROACH. A CARE TEAM DELIVERS TRAUMA-INFORMED, EVIDENCE-BASED MATERNAL AND NEONATAL CARE AND PROVIDES COMPREHENSIVE SUPPORT FOR SUBSTANCE-EXPOSED NEWBORNS AND THEIR FAMILIES. THIS PROGRAM HAS BEEN PARTIALLY FUNDED THROUGH THE HEALTH POLICY COMMISSION, THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, THE BUREAU OF SUBSTANCE ADDICTION SERVICES AND THE WOMEN'S FUND OF ESSEX COUNTY. ADDITIONAL COMMUNITY BENEFIT ACTIVITY: NHC IS COMMITTED TO COLLABORATIVELY ENGAGING WITH COMMUNITIES TO PROMOTE HEALTH AND WELLNESS. HOSPITAL LEADERSHIP AND COMMUNITY BENEFITS STAFF WORK CLOSELY WITH THE COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) TO PLAN, IMPLEMENT AND SUPPORT AN ARRAY OF PROGRAMS AND ACTIVITIES DESIGNED TO IMPROVE THE HEALTH AND WELL-BEING OF COMMUNITY RESIDENTS. CBAC MEMBERS REPRESENT A BROAD CROSS-SECTION OF ORGANIZATIONS SERVING LOCAL RESIDENTS AND ARE COMMITTED TO REPRESENTING THE COMMUNITY AND ITS HEALTH PRIORITIES. FOR ADDITIONAL DETAIL SEE THIS FORM 990 SCHEDULE H.

4d	Other program services (Describe in Schedule O)		
(Expenses \$ 29,931,936	including grants of \$	(Revenue \$ 32,056,868)	

4e	Total program service expenses	314,330,250
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,021			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
CONNIE WOODWORTH 85 HERRICK STREET BEVERLY, MA 01915 (781) 744-5100

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 ☐

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,949,645	12,251,888	1,252,240

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 ▶ 274

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLUMBIA CONSTRUCTION CO 100 RIVERPARK DRIVE NORTH READING, MA 01864	CONSTRUCTION	4,293,864
UNIDINE CORPORATION PO BOX 360639 PITTSBURGH, PA 152516639	FOOD SERVICE	2,877,294
CANNON COCHRAN MANAGEMENT SERVICE INC 2 E MAIN STREET SUITE 208 DANVILLE, IL 61832	CLAIMS MANAGEMENT	1,147,582
HURON CONSULTING SERVICES LLC 3005 MONENTUM PLACE CHICAGO, IL 606895330	CONSULTING	991,142
A & M CONSTRUCTION CO INC 36 WEST WATER STREET WAKEFIELD, MA 01880	CONSTRUCTION	916,016

<p>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 ► 31</p>	
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Form 990 (2018)

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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

b

Membership dues

1b

c

Fundraising events

1c

57,250

d

Related organizations

1d

e

Government grants (contributions)

1e

806,403

f

All other contributions, gifts, grants, and similar amounts not included above

1f

1,073,459

g

Noncash contributions included in lines 1a - 1f \$

22,384

h

Total. Add lines 1a-1f

1,937,112

Program Service Revenue

2a

NET PATIENT SERV REVEN

Business Code

624100

379,097,131

379,097,131

b

LABORATORY REVENUE

624100

1,636,735

1,636,735

c

SERVICES TO AFFILIATES

624100

805,146

547,225

257,921

d

ULTRASOUNDS

621400

205,942

205,942

e

OUTPATIENT SERVICES

621400

75,657

75,657

f

All other program service revenue

g

Total. Add lines 2a-2f

381,820,611

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

2,571,440

2,571,440

4

Income from investment of tax-exempt bond proceeds

82,693

82,693

5

Royalties

6a

Gross rents

(i) Real

(ii) Personal

b

Less rental expenses

0

c

Rental income or (loss)

3,356,290

d

Net rental income or (loss)

3,356,290

781,107

2,575,183

7a

Gross amount from sales of assets other than inventory

(i) Securities

(ii) Other

b

Less cost or other basis and sales expenses

0

4,950

c

Gain or (loss)

1,153,453

-4,950

d

Net gain or (loss)

1,148,503

1,148,503

8a

Gross income from fundraising events (not including \$ 57,250 of contributions reported on line 1c) See Part IV, line 18

a

39,780

b

Less direct expenses

b

53,339

c

Net income or (loss) from fundraising events

-13,559

-13,559

9a

Gross income from gaming activities See Part IV, line 19

a

b

Less direct expenses

b

c

Net income or (loss) from gaming activities

10a

Gross sales of inventory, less returns and allowances

a

b

Less cost of goods sold

b

c

Net income or (loss) from sales of inventory

Miscellaneous Revenue

Business Code

11a

PHARMACY REVENUE

446110

3,869,522

3,869,522

b

GIFT SHOP/CAFETERIA

722514

2,160,798

2,160,798

c

LOSS ON DEFEASEMENT

900099

-5,916,695

-5,916,695

d

All other revenue

1,118,400

233,358

885,042

e

Total. Add lines 11a-11d

1,232,025

12

Total revenue. See Instructions

392,135,115

383,822,893

2,881,705

3,493,405

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	82,260	82,260		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	12,024	12,024		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,945,645	2,795,781	149,864	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	147,873,565	140,065,561	7,808,004	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,006,166	7,299,970	706,196	
9 Other employee benefits.	17,107,862	15,598,840	1,509,022	
10 Payroll taxes.	10,770,270	9,820,262	950,008	
11 Fees for services (non-employees):				
a Management.				
b Legal.	-224,836		-224,836	
c Accounting.				
d Lobbying.	37,845		37,845	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,162,384	15,300,372	2,913,848	948,164
12 Advertising and promotion.	21,939		21,939	
13 Office expenses.	1,661,912	1,215,784	446,128	
14 Information technology.	997,548	779,384	218,164	
15 Royalties.				
16 Occupancy.	6,661,297	5,204,472	1,456,825	
17 Travel.	268,626	209,877	58,749	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	3,359,331	2,624,646	734,685	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	17,281,145	13,501,760	3,779,385	
23 Insurance.	-1,907,251	-1,907,251		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	61,123,204	61,107,626	15,578	
b ADMINISTRATIVE OVERHEAD	35,307,447	18,566,490	16,794,296	-53,339
c GENERAL SUPPLIES & SERV	25,213,460	17,551,097	7,662,363	
d MASS HEALTH SAFETY NET	5,761,289	4,501,295	1,259,994	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	361,523,132	314,330,250	46,298,057	894,825
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		49,690,336	2	70,051,125	
	3	Pledges and grants receivable, net		1,664,177	3	1,805,263	
	4	Accounts receivable, net		36,320,386	4	35,160,616	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		5,979,245	8	6,515,579	
	9	Prepaid expenses and deferred charges		2,262,757	9	2,007,603	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	360,719,957			
	b	Less: accumulated depreciation	10b	247,543,450	119,740,717	10c	113,176,507
	11	Investments—publicly traded securities		88,175,722	11	91,509,217	
	12	Investments—other securities. See Part IV, line 11		88,432,358	12	92,049,818	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		43,435,158	15	45,370,956	
16	Total assets. Add lines 1 through 15 (must equal line 34)		435,700,856	16	457,646,684		
Liabilities	17	Accounts payable and accrued expenses		36,545,818	17	38,167,784	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		73,633,188	20	95,534,667	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		91,010,097	25	104,705,613	
	26	Total liabilities. Add lines 17 through 25		201,189,103	26	238,408,064	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		212,130,368	27	196,577,429	
	28	Temporarily restricted net assets		10,829,692	28	11,180,871	
	29	Permanently restricted net assets		11,551,693	29	11,480,320	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		234,511,753	33	219,238,620		
34	Total liabilities and net assets/fund balances		435,700,856	34	457,646,684		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	392,135,115
2	Total expenses (must equal Part IX, column (A), line 25)	2	361,523,132
3	Revenue less expenses Subtract line 2 from line 1	3	30,611,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234,511,753
5	Net unrealized gains (losses) on investments	5	3,352,402
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-49,237,518
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	219,238,620

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:

Software Version:

EIN: 04-2121317

Name: NORTHEAST HOSPITAL CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u>
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Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADLEY MD ADRIENNE TRUSTEE	1 00 0 00	X						0	0	0
COLLINS JOHN TRUSTEE	1 00 0 00	X						0	0	0
CORMIER PHILIP PRESIDENT, TRUSTEE	40 00 3 00	X		X				592,710	0	29,122
DOUMAS MD ALEXANDER TRUSTEE, PHYSICIAN	1 00 40 00	X						0	426,119	53,821
FAVAZZO CHARLES TRUSTEE	1 00 0 00	X						0	0	0
FLYNN SEAN TRUSTEE	1 00 0 00	X						0	0	0
FURLONG CHARLES TRUSTEE	1 00 1 00	X						0	0	0
GEORGE CHRISTOPHER TRUSTEE	1 00 0 00	X						0	0	0
IRWIN ROBERT TRUSTEE	1 00 0 00	X						0	0	0
LUNDBERG PAUL TRUSTEE	1 00 0 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			
MCCONNELL PAUL TRUSTEE	1 00 0 00	X						0	0	0
MELDEN KURT TRUSTEE	1 00 0 00	X						0	0	0
MUNIZ PAUL TRUSTEE	1 00 0 00	X						0	0	0
NARDELLA BRUCE F TRUSTEE	1 00 0 00	X						0	0	0
NESTO MD RICHARD TRUSTEE, PRESIDENT (EX-OFF)	1 00 64 00	X		X				0	862,978	68,437
O'FLYNN MD HUGH TRUSTEE	1 00 1 00	X						0	0	0
PALMER NANCY TRUSTEE	1 00 0 00	X						0	0	0
TABB MD KEVIN TRUSTEE (EX-OFF), CEO	1 00 64 00	X		X				0	1,756,953	143,704
TUFTS MDROBERT TRUSTEE	40 00 0 00	X						87,229	0	0
WEINER BARRY TRUSTEE	1 00 0 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			
FISCHER STEVEN P TREASURER, EX-OFFICIO	1 00 61 00			X				0	770,210	75,762
KATZ JAMIE CLERK, EX-OFFICIO	1 00 59 00			X				0	560,463	44,008
LEAR MARYELLEN ASSISTANT CLERK	1 00 51 00			X				0	114,453	31,085
O'CONNOR TIMOTHY EVP, CFO & TREASURER	1 00 57 00			X				0	1,108,721	197,547
SPACKMAN JD DAVID G SVP GOV AFFR, GEN COUN & CLERK	1 00 57 00			X				0	323,729	41,403
WOODWORTH CONNIE OFFICER, VP FINANCE	1 00 43 00			X				0	254,384	3,543
DEVITA NICOLE COO, BH & AGH	1 00 40 00				X			0	379,867	33,146
DONALDSON CYNTHIA C VP ANCILLARY SERV, AGH & LOCD	40 00 1 00				X			197,556	0	29,657
GENDREAU MD MARK CHIEF MEDICAL OFFICER, BEVERLY	1 00 40 00				X			0	344,505	62,756
GINSBERG MD BARRY CHIEF MEDICAL DIR, BH & AGH	40 00 1 00				X			372,958	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			
LYONS ALTHEA VP HR & DEVELOPMENT	1 00 42 00				X			0	235,258	61,172
PERRYMAN KIMBERLY CNO, BEVERLY HOSPITAL/AGS	1 00 40 00				X			0	276,833	58,740
DILILLO LOUIS ASSOCIATE CMO & PHYSICIAN	40 00 0 00					X		332,339	0	0
GILLESPIE MD STEVEN PHYSICIAN	40 00 0 00					X		333,606	0	0
JOHNSON MD HUBERT PHYSICIAN	40 00 0 00					X		408,598	0	0
LAMBA GURPRIT PHYSICIAN	40 00 0 00					X		235,346	0	0
SEBBA LESLIE PRESIDENT & CMO LCPN	40 00 0 00					X		389,303	0	0
GRANT MD JD HOWARD R FMR TRUSTEE, PRESIDENT & CEO	1 00 4 00						X	0	4,442,870	248,265
LODGE PAULINE M FMR SVP BUS DEV MARKETING	0 00 40 00						X	0	394,545	70,072

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization NORTHEAST HOSPITAL CORPORATION	Employer identification number 04-2121317
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.	

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 04-2121317
Name: NORTHEAST HOSPITAL CORPORATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization NORTHEAST HOSPITAL CORPORATION	Employer identification number 04-2121317
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</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>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		299,739
j	Total. Add lines 1c through 1i			299,739
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	AS NOTED THROUGHOUT THIS FILING, ON MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH BECAME THE SOLE MEMBER OF, AMONG OTHER ENTITIES, LAHEY HEALTH SHARED SERVICES (LHSS), NORTHEAST HOSPITAL CORP (NHC) D/B/A/ BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITALS, WINCHESTER HOSPITAL AND THE LAHEY CLINIC FOUNDATION (LCF). LCF IN TURN SERVES AS THE SOLE MEMBER OF LAHEY CLINIC INC. AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER. PRIOR TO MARCH 1, 2019 ALL OF THESE ENTITIES WERE PART OF THE LAHEY HEALTH NETWORK. IN ADDITION, ALL OF THESE ENTITIES ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. AS PART OF ITS NETWORK SUPPORT FUNCTION LHSS PROVIDES GOVERNMENT RELATION SERVICES TO THE ENTITIES NOTED ABOVE AND OTHER NETWORK AFFILIATES. COSTS INCURRED BY LHSS ON BEHALF OF THESE AFFILIATES ARE CHARGED BACK TO AND ARE INCLUDED WITH OTHER COSTS REPORTED BY THE RESPECTIVE ORGANIZATIONS IN FORM 990, SCHEDULE C, POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES, PART II-B. NORTHEAST HOSPITAL CORPORATION 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 \$ 299,739 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493231001030

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

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.

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

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

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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

1b

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

► \$ 1,800,000

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a☒ Public exhibition

b☐ Scholarly research

c☒ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes☐ No

b

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,381,385	22,117,395	20,617,307	21,009,143	20,457,369
b Contributions	1,449,186	1,772,013	1,445,202	487,483	2,229,079
c Net investment earnings, gains, and losses	330,241	983,070	1,691,011	1,153,553	-1,193,157
d Grants or scholarships	4,221	12,024	2,000	13,909	43,458
e Other expenditures for facilities and programs	1,495,400	2,479,069	1,634,125	2,018,963	440,690
f Administrative expenses					
g End of year balance	22,661,191	22,381,385	22,117,395	20,617,307	21,009,143

2

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 51 000 %

c Temporarily restricted endowment ▶ 49 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

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

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
1a Land		5,158,107		5,158,107
b Buildings		195,270,048	126,829,822	68,440,226
c Leasehold improvements		4,900,414	4,390,281	510,133
d Equipment		143,811,147	108,217,773	35,593,374
e Other		11,580,241	8,105,574	3,474,667
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				113,176,507

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) OTHER INVESTMENTS	92,049,818	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	92,049,818	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) CURRENT PORTION OF ASSETS WHOSE USE IS LIMITED OR RESTRICTED	14,109
(2) OTHER RECEIVABLES	3,640,874
(3) INTERCOMPANY RECEIVABLES	14,354,820
(4) DEPOSIT INSURANCE RECEIVABLE	8,760,166
(5) INVESTMENTS, OTHER	1,166,020
(6) OTHER ASSETS	6,679,445
(7) PROFESSIONAL INSURANCE RECEIVABLE	6,522,150
(8) ASSETS HELD UNDER SPLIT INTEREST AGREEMENTS	4,340
(9) BENEFICIAL INTEREST IN PERPETUAL AND LEAD TRUSTS	4,229,032
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	45,370,956

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	
ACCRUED INTEREST PAYABLE	634,842
ACCRUED PENSION AND POST-RETIREMENT BENEFITS	271,911
ESTIMATED THIRD-PARTY SETTLEMENTS, NET(CURRENT)	10,247,660
INTERCOMPANT PAYABLES	8,053,846
ACCRUED PENSION BENEFITS	74,390,746
ACCRUED POST-RETIREMENT BENEFITS	878,398
PROFESSIONAL LIABILITY RESERVES	9,047,381
OTHER NON-CURRENT LIABILITIES	1,180,829
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	104,705,613

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,697,428,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	3,318,596
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,460,812,042
e	Add lines 2a through 2d	2e	3,464,130,638
3	Subtract line 2e from line 1	3	233,297,362
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	158,837,753
c	Add lines 4a and 4b	4c	158,837,753
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	392,135,115

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.

1	Total expenses and losses per audited financial statements	1	3,594,794,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,382,634,119
e	Add lines 2a through 2d	2e	3,382,634,119
3	Subtract line 2e from line 1	3	212,159,881
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	149,363,251
c	Add lines 4a and 4b	4c	149,363,251
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	361,523,132

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: 04-2121317
Name: NORTHEAST HOSPITAL CORPORATION

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

(a) Description	(b) Book value
(1) CURRENT PORTION OF ASSETS WHOSE USE IS LIMITED OR RESTRICTED	14,109
(1) OTHER RECEIVABLES	3,640,874
(2) INTERCOMPANY RECEIVABLES	14,354,820
(3) DEPOSIT INSURANCE RECEIVABLE	8,760,166
(4) INVESTMENTS, OTHER	1,166,020
(5) OTHER ASSETS	6,679,445
(6) PREFESSIONAL INSURANCE RECEIVABLE	6,522,150
(7) ASSETS HELD UNDER SPLIT INTEREST AGREEMENTS	4,340
(8) BENEFICIAL INTEREST IN PERPETUAL AND LEAD TRUSTS	4,229,032

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

1 (a) Description of Liability	(b) Book Value
ACCRUED INTEREST PAYABLE	634,842
ACCRUED PENSION AND POST-RETIREMENT BENEFITS	271,911
ESTIMATED THIRD-PARTY SETTLEMENTS, NET(CURRENT)	10,247,660
INTERCOMPANT PAYABLES	8,053,846
ACCRUED PENSION BENEFITS	74,390,746
ACCRUED POST-RETIREMENT BENEFITS	878,398
PROFESSIONAL LIABILITY RESERVES	9,047,381
OTHER NON-CURRENT LIABILITIES	1,180,829

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	NORTHEAST HOSPITAL CORPORATION MAINTAINS COLLECTIONS OF ART FOR DISPLAY IN PATIENT CARE AREAS TO IMPROVE THE PATIENT CARE ENVIRONMENT

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE USED IN ACCORDANCE WITH DONORS RESTRICTIONS, TO COVER THE COSTS OF ONG OING PROGRAMS, AND TO FURTHER THE EXEMPT PURPOSES, OF NORTHEAST HOSPITAL CORPORATION

Supplemental Information

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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS 1,190,046 CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,459,621,996

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	5 MONTH REVENUE NOT IN AFS 157,929,092 RESTRICTED CONTRIBUTIONS 63,771 RENTAL/FUNDRAISING/INVESTMENT EXPENSE RECLASS 844,890

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL/FUNDRAISING/INVESTMENT EXPENSE RECLASS -844,890 CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,383,479,009

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	5 MONTH EXPENSES NOT IN AFS 149,363,251

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAHEY HEALTH SHARED SERVICES INC 41 MALL ROAD BURLINGTON, MA 01805	FUNDRAISING SERVICES		No	0	948,164	948,164
Total ▶					948,164	948,164

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

MA, NY

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	97,030			97,030
	2 Less Contributions	57,250			57,250
	3 Gross income (line 1 minus line 2)	39,780			39,780
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	11,455			11,455
	6 Rent/facility costs				
	7 Food and beverages	18,071			18,071
	8 Entertainment				
	9 Other direct expenses	23,813			23,813
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				53,339
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-13,559	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
PART I, LINE 2B, COLUMN (III)	AS NOTED THROUGHOUT THIS FILING, ON MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH BECAME THE SOLE MEMBER OF, AMONG OTHER ENTITIES, LAHEY HEALTH SHARED SERVICES (LHSS), NORTHEAST HOSPITAL CORP (NHC) D/B/A/ BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITALS, WINCHESTER HOSPITAL AND THE LAHEY CLINIC FOUNDATION (LCF) LCF IN TURN SERVES AS THE SOLE MEMBER OF LAHEY CLINIC INC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER PRIOR TO MARCH 1, 2019 ALL OF THESE ENTITIES WERE PART OF THE LAHEY HEALTH NETWORK IN ADDITION, ALL OF THESE ENTITIES ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED NORTHEAST HOSPITAL CORP RECEIVES FUNDRAISING SUPPORT AND ASSISTANCE FROM LHSS COSTS INCURRED BY LHSS ARE ALLOCATED TO, AND REPORTED BY, NORTHEAST HOSPITAL CORP IN THIS FORM 990, SCHEDULE G, SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES, PART I

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

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

a

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

3a

Yes

☐ 100% ☒ 150% ☐ 200% ☐ Other %

b

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

3b

Yes

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

c

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

4

Yes

5a

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

5a

Yes

b

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

5b

Yes

c

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

5c

No

6a

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

6a

Yes

b

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

6b

Yes

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,056,115	2,148,039	2,908,076	0 800 %
b Medicaid (from Worksheet 3, column a)			60,472,298	56,339,176	4,133,122	1 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			65,528,413	58,487,215	7,041,198	1 940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,832,797	741,382	1,091,415	0 300 %
f Health professions education (from Worksheet 5)			363,562	134,040	229,522	0 060 %
g Subsidized health services (from Worksheet 6)			44,061,472	17,368,495	26,692,977	7 380 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			655,455	100,658	554,797	0 150 %
j Total. Other Benefits			46,913,286	18,344,575	28,568,711	7 890 %
k Total. Add lines 7d and 7j			112,441,699	76,831,790	35,609,909	9 830 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
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	11,686,832	
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	170,356,981	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	168,952,174	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	1,404,807	
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

4

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP - A**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):** _____

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <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 <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
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			
c <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			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART VI</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART VI</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART VI</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <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)			
f <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)			
g <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			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <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			
j <input type="checkbox"/> Other (describe in Section C)			

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

FACILITY REPORTING GROUP - A

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
23		No
24		No

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
<p>FORM 990 SCHEDULE H PART V, SECTION C, SUPPLEMENTAL INFORMATION FOR SCHEDULE</p>	<p>FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS-COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS COMMUNITY BENEFITS MISSION STATEMENT NORTHEAST HOSPITAL CORPORATION (NHC), ALSO KNOWN AS BEVERLY AND ADDISON GILBERT HOSPITALS (BH-AGH) IS A MEMBER OF BETH ISRAEL LAHEY HEALTH (BILH) BILH BELIEVES THAT EVERYONE DESERVES HIGH-QUALITY, AFFORDABLE HEALTH CARE AND THIS BELIEF IS WHAT DRIVES BILH TO WORK WITH COMMUNITY PARTNERS ACROSS THE REGION TO PROMOTE HEALTH, EXPAND ACCESS AND DELIVER THE BEST CARE IN THE COMMUNITIES IT SERVES BILH'S COMMUNITY BENEFITS STAFF ARE COMMITTED TO WORKING COLLABORATIVELY WITH BILH'S COMMUNITIES TO ADDRESS THE LEADING HEALTH ISSUES AND CREATE A HEALTHY FUTURE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THIS COMMUNITY BENEFITS MISSION IS FULFILLED BY INVOLVING BH-AGH STAFF, LEADERSHIP AND DOZENS OF COMMUNITY PARTNERS IN THE COMMUNITY HEALTH ASSESSMENT PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT OF THE IMPLEMENTATION STRATEGY, ENGAGING AND LEARNING FROM RESIDENTS THROUGHOUT THE SERVICE AREA, IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, INCLUDING ASSESSMENT, PLANNING, IMPLEMENTATION, AND EVALUATION IN THIS REGARD, SPECIAL ATTENTION IS GIVEN TO ENGAGING DIVERSE PERSPECTIVES FROM THOSE WHO ARE NOT PATIENTS OF BH-AGH AND THOSE WHO ARE OFTEN LEFT OUT OF THESE ASSESSMENT, PLANNING, AND PROGRAM IMPLEMENTATION PROCESSES, ASSESSING UNMET COMMUNITY NEED BY COLLECTING PRIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) TO IDENTIFY UNMET HEALTH-RELATED NEEDS AND TO CHARACTERIZE THOSE IN THE COMMUNITY WHO ARE MOST VULNERABLE AND FACE DISPARITIES IN ACCESS AND OUTCOMES, IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES IN THE HOSPITALS CBSA THAT IS GEARED TOWARDS IMPROVING CURRENT AND FUTURE HEALTH STATUS OF INDIVIDUALS, FAMILIES, AND COMMUNITIES BY REMOVING BARRIERS TO CARE, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, STRENGTHENING THE HEALTHCARE SYSTEM, AND WORKING TO DECREASE THE BURDEN OF THE LEADING HEALTH ISSUES, PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUITIES, RACISM, AND BIGOTRY, AS WELL AS ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVED WITH RESPECT AND CULTURALLY RESPONSIVENESS, AND FACILITATING COLLABORATION AND PARTNERSHIP WITHIN AND ACROSS SECTORS (E.G., PUBLIC HEALTH, HEALTH CARE, SOCIAL SERVICE, BUSINESS, ACADEMIC, AND COMMUNITY HEALTH) TO ADVOCATE FOR, SUPPORT, AND IMPLEMENT EFFECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS, AND SERVICES COMMUNITY BENEFITS SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, BH-AGH PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFITS OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$1,646,212 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I COMMUNITY BENEFITS LEADERSHIP/TEAM NORTHEAST HOSPITAL CORPORATION IS A MEMBER OF BILH WHILE BH-AGH 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/OR ARE INTEGRATED WITH LOCAL AND SYSTEM STRATEGIC AND REGULATORY PRIORITIES THE BH-AGH COMMUNITY BENEFITS PROGRAM IS LED BY A REGIONAL MANAGER OF COMMUNITY BENEFITS/COMMUNITY RELATIONS THE REGIONAL MANAGER HAS DIRECT ACCESS AND IS ACCOUNTABLE TO THE BH-AGH PRESIDENT AND THE BILH VICE PRESIDENT OF COMMUNITY BENEFITS/COMMUNITY RELATIONS, THE LATTER OF WHOM REPORTS DIRECTLY TO THE BILH CHIEF STRATEGY OFFICER IT IS THE RESPONSIBILITY OF THESE SENIOR MANAGERS TO ENSURE THAT COMMUNITY BENEFITS IS ADDRESSED BY THE ENTIRE ORGANIZATION AND THAT THE NEEDS OF THE UNDERSERVED POPULATIONS ARE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES, AND PROGRAM DEVELOPMENT MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT-INTERNAL REVENUE CODE SECTION 501(R) INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES TO MAINTAIN ITS TAX-EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED NORTHEAST HOSPITAL CORPORATION COMPLETED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER 2019 THAT CHNA WAS APPROVED BY THE NORTHEAST HOSPITAL CORPORATION BOARD OF TRUSTEES ON SEPTEMBER 5, 2019 THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO APPROVED BY THE BOARD ON SEPTEMBER 5, 2019 WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER 501(R) THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED COMMUNITY HEALTH IMPLEMENTATION STRATEGY ARE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WERE BORNE LARGELY OF BEVERLY AND ADDISON GILBERT HOSPITALS COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEED</p>

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C, SUPPLEMENTAL INFORMATION FOR SCHEDULE	<p>S OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THE PROJECT ALSO FULFILLS COMMONWEALTH ATTORNEY GENERAL'S OFFICE (AGO) AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BEVERLY AND ADDISON GILBERT HOSPITALS] ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW BH-AGH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA COMMUNITY HEALTH NEEDS ASSESSMENT-TARGETED GEOGRAPHY AND POPULATIONSAS NOTED ABOVE, BEVERLY AND ADDISON GILBERT HOSPITALS COMPLETED ITS LAST ASSESSMENT IN SEPTEMBER 2019 THE GEOGRAPHICAL FOCUS OF FY 2019 MOST RECENTLY COMPLETED CHNA ENCOMPASSES THE COMMUNITIES OF GLOUCESTER, ROCKPORT, MANCHESTER BY THE SEA, ESSEX, IPSWICH, MIDDLETON, DANVERS, BEVERLY AND LYNN TARGET POPULATIONS FOR BEVERLY AND ADDISON GILBERT HOSPITALS COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS AND A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R) BEVERLY AND ADDISON GILBERT HOSPITALS TARGET POPULATIONS FOCUS ON MEDICALLY UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES WITH A FOCUS ON INDIVIDUALS AND FAMILIES OF LOW RESOURCE YOUTH AND ADOLESCENTS OLDER ADULTS OTHER VULNERABLE POPULATIONS BEVERLY AND ADDISON GILBERT HOSPITAL'S PROGRAMS MIRROR THE FIVE CORE PRINCIPLES OUTLINED BY THE PUBLIC HEALTH INSTITUTE IN TERMS OF THE "EMPHASIS ON COMMUNITIES WITH DISPROPORTIONATE UNMET HEALTH-RELATED NEEDS, EMPHASIS ON PRIMARY PREVENTION, BUILDING A SEAMLESS CONTINUUM OF CARE, BUILDING COMMUNITY CAPACITY, AND COLLABORATIVE GOVERNANCE " PROGRAMS DEVELOPED WILL AIM TO ADDRESS AND IMPROVE UPON THE FOLLOWING PRIORITY AREAS: MENTAL HEALTH SUBSTANCE DEPENDENCY SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE CHRONIC AND COMPLEX CONDITIONS AND RISK FACTORS 2019 COMMUNITY HEALTH NEEDS ASSESSMENT-SUMMARY OF APPROACH AND METHODS THE ASSESSMENT BEGAN WITH THE CREATION OF A STEERING COMMITTEE COMPOSED OF REPRESENTATIVES FROM THE FORMER LAHEY HEALTH SYSTEM, INCLUDING BH-AGH, WINCHESTER HOSPITAL, AND LAHEY HOSPITAL AND MEDICAL CENTER THE HOSPITAL HIRED JSI, A PUBLIC HEALTH RESEARCH AND CONSULTING FIRM IN BOSTON, TO COMPLETE THE CHNA AND IMPLEMENTATION STRATEGY THE STEERING COMMITTEE PROVIDED VITAL OVERSIGHT OF THE CHNA APPROACH, METHODS, AND REPORTING PROCESS BH-AGH ENGAGED ITS CBAC, MADE UP OF HOSPITAL LEADERSHIP AND CLINICAL STAFF, LOCAL SERVICE PROVIDERS, AND KEY COMMUNITY STAKEHOLDERS, EXTENSIVELY THROUGHOUT THIS PROCESS THIS GROUP MET THREE TIMES OVER THE COURSE OF THE ASSESSMENT AND PROVIDED INPUT ON THE ASSESSMENT APPROACH, VETTED PRELIMINARY FINDINGS, AND HELPED PRIORITIZE COMMUNITY HEALTH ISSUES AND VULNERABLE POPULATIONS THE CBAC ALSO REVIEWED AND PROVIDED FEEDBACK ON THE ASSOCIATED IMPLEMENTATION STRATEGY</p>

Form and Line Reference	Explanation
<p>FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H</p>	<p>FINALLY, THE PROJECT ADVISORY COMMITTEE (PAC) WAS CONVENED TO PROVIDE INPUT AND FEEDBACK FROM A SYSTEM WIDE PERSPECTIVE. THE PAC WAS COMPOSED OF REPRESENTATIVES FROM CLINICAL AND ADMINISTRATIVE LEADERSHIP AND LOCAL PUBLIC HEALTH OFFICIALS, ALONG WITH COMMUNITY RELATIONS STAFF. THE PAC MET THREE TIMES OVER THE COURSE OF THE PROJECT, PROVIDED BROAD-BASED FEEDBACK ON THE APPROACH, AND VETTED PRELIMINARY FINDINGS RELATIVE TO PRIORITY COMMUNITY HEALTH ISSUES AND VULNERABLE POPULATIONS. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS: DETAIL OF APPROACH AND METHODS. QUANTITATIVE DATA FROM A BROAD RANGE OF SOURCES WAS COLLECTED AND ANALYZED TO CHARACTERIZE COMMUNITIES IN BH-AGH'S CBSA, MEASURE HEALTH STATUS, AND INFORM A COMPREHENSIVE UNDERSTANDING OF THE HEALTH-RELATED ISSUES. SOURCES INCLUDED U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2013-2017), MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION SCHOOL AND DISTRICT PROFILES (2017 AND 2018-2019), FBI UNIFORM CRIME REPORTS (2017), MDPH, REGISTRY OF VITAL RECORDS AND STATISTICS (2015), MDPH, BUREAU OF SUBSTANCE ABUSE SERVICES (2017), MDPH, ANNUAL REPORTS ON BIRTHS (2016), MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2017), MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL PROFILES (FY2013-2017), MASSACHUSETTS CHIA HOSPITAL DISCHARGES (2017), MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2018), YOUTH RISK BEHAVIOR SURVEYS (2017 AND 2018). TO AUGMENT THE QUANTITATIVE DATA FROM MDPH, JSI WORKED WITH THE MASSACHUSETTS CENTER FOR HEALTH INFORMATION AND ANALYSIS (CHIA) TO OBTAIN 2018 INPATIENT HOSPITAL DISCHARGE DATA FOR ALL OF THE MUNICIPALITIES IN THE SERVICE AREA. THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA(S) WAS NOT INCLUDED IN THIS MOST RECENTLY CONDUCTED CHNA. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-KEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5). BH-AGH WITH THE HELP OF JOHN SNOW, INC., CONDUCTED 41 KEY INFORMANT INTERVIEWS WITH COMMUNITY STAKEHOLDERS, INCLUDING REPRESENTATIVES FROM HOSPITAL AND MUNICIPAL LEADERSHIP, THE BUSINESS COMMUNITY, PUBLIC HEALTH DEPARTMENTS, SOCIAL SERVICE PROVIDERS, SCHOOLS, AND COMMUNITY HEALTH COALITIONS. JSI ALSO FACILITATED THREE FOCUS GROUPS. APPENDIX A IN THE BH-AGH CHNA INCLUDES DETAILS ON SESSION DATES, PARTICIPANTS, SECTORS, AND THE QUESTIONS ASKED. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5). THREE FOCUS GROUPS AND THREE LISTENING SESSIONS WERE CONDUCTED WITH IDENTIFIED UNDERSERVED POPULATIONS. WE ALSO HELD COMMUNITY DIALOGUES AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE CITY AND TOWNS THAT COMPRISE THE BH-AGH REGION. PARTICIPANTS REPRESENTED DIFFERENT AUDIENCES, INCLUDING LEADERS IN EMERGENCY RESPONSE, EDUCATION, HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS (E.G., YOUTH, SENIORS, MINORITY GROUPS AND FOREIGN-LANGUAGE SPEAKERS) (SCHEDULE H, PART V, SECTION B, QUESTIONS 3 AND 5). ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED APPROXIMATELY 1000 PEOPLE. APPENDIX A IN THE BH-AGH CHNA INCLUDES DETAILS ON SESSION DATES, PARTICIPANTS, SECTORS, AND THE QUESTIONS ASKED. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS-REVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY. DOCUMENTS THE BH-AGH COMMUNITY HEALTH IMPLEMENTATION STRATEGY WAS DEVELOPED BY A TEAM COMPRISED OF HOSPITAL LEADERSHIP, MEDICAL STAFF, COMMUNITY BENEFITS STAFF AND COMMUNITY REPRESENTATION. THE GROUP REVIEWED PROGRESS TOWARD GOALS AND OBJECTIVES OF THE PRIOR THREE-YEAR PERIOD, AS WELL AS THE CURRENT DATA COLLECTED THROUGH THE CHNA, TO HELP ENVISION AND DEFINE PRIORITY AREAS FOR THE FUTURE. THE IMPLEMENTATION STRATEGY IDENTIFIED PRIORITY AREAS AND DEFINED GOALS, ALONG WITH OBJECTIVES FOR EACH GOAL AND DRAFTED STRATEGIES TO OPERATIONALIZE THESE OBJECTIVES. COMMUNITY HEALTH NEEDS ASSESSMENT-KEY FINDINGS. BELOW IS A HIGH-LEVEL SUMMARY OF HEALTH-RELATED FINDINGS THAT WERE IDENTIFIED AFTER A COMPREHENSIVE REVIEW OF ALL THE QUANTITATIVE AND QUALITATIVE INFORMATION THAT WAS COLLECTED AS PART OF THE CHNA. A DETAILED AND IN-DEPTH DISCUSSION OF KEY FINDINGS IS INCLUDED IN THE FULL CHNA REPORT. COLLABORATIVE CARE MODEL. THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) REPORTS THAT ONE IN FOUR INDIVIDUALS EXPERIENCE A MENTAL ILLNESS EACH YEAR, UNDERSCORING A CRITICAL NEED FOR MENTAL HEALTHCARE ACCESS ACROSS ALL PATIENT POPULATIONS. IN THE FY19 BH-AGH COMMUNITY HEALTH NEEDS ASSESSMENT, MENTAL HEALTH, INCLUDING DEPRESSION, ANXIETY, STRESS, SERIOUS MENTAL ILLNESS, AND OTHER CONDITIONS, WAS OVERWHELMINGLY IDENTIFIED AS ONE OF THE LEADING HEALTH ISSUES FOR RESIDENTS OF THE SERVICE AREA. FURTHER, INDIVIDUALS FROM ACROSS THE HEALTH SERVICE SPECTRUM DISCUSSED THE BURDEN OF MENTAL HEALTH ISSUES FOR ALL SEGMENTS OF</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>THE POPULATION, SPECIFICALLY THE PREVALENCE OF DEPRESSION AND ANXIETY IN AN EFFORT TO MEET THIS NEED LAHEY HEALTH PRIMARY CARE ADOPTED THE COLLABORATIVE CARE MODEL (COCM). THE MODEL WILL BE EXPANDED TO ADDITIONAL COMMUNITIES THROUGHOUT THE BETH ISRAEL LAHEY HEALTH SERVICE AREA. COLLABORATIVE CARE IS A NATIONALLY RECOGNIZED PRIMARY CARE LED PROGRAM THAT SPECIALIZES IN PROVIDING BEHAVIORAL HEALTH SERVICES IN THE PRIMARY CARE SETTING. THE SERVICES ARE PROVIDED BY A LICENSED BEHAVIORAL HEALTH CLINICIAN AND THEY INCLUDE COUNSELING SESSIONS, PHONE CONSULTATIONS WITH A PSYCHIATRIST, AND COORDINATION AND FOLLOW UP CARE. THE BEHAVIORAL HEALTH CLINICIAN WORKS CLOSELY WITH THE PRIMARY CARE PROVIDER IN AN INTEGRATIVE TEAM APPROACH TO TREATING A VARIETY OF MEDICAL AND MENTAL HEALTH CONDITIONS. THE PRIMARY CARE PROVIDER AND THE BEHAVIORAL HEALTH CLINICIAN DEVELOP A TREATMENT PLAN THAT IS SPECIFIC TO THE PATIENT'S PERSONAL GOALS. THE BEHAVIORAL HEALTH CLINICIAN USES THERAPIES THAT ARE PROVEN TO WORK IN PRIMARY CARE, AND A CONSULTING PSYCHIATRIST MAY ADVISE THE PRIMARY CARE PROVIDER ON MEDICATIONS THAT MAY BE HELPFUL. FY19 ACTIVITIES INCLUDED HIRING AND TRAINING BEHAVIORAL HEALTH CLINICIANS AND REACHING 1,747 PATIENTS ACROSS 10 PRIMARY CARE PRACTICES. SOCIAL DETERMINANTS OF HEALTH: THE SOCIAL DETERMINANTS OF HEALTH (E.G., TRANSPORTATION, ECONOMIC STABILITY, ACCESS TO CARE, HOUSING, AND FOOD INSECURITY) AFFECT 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 BETH ISRAEL SERVICE AREA, ESPECIALLY THOSE WHO ARE LOW TO MODERATE INCOME, FRAIL OR HOMEBOUND, HAVE MENTAL HEALTH OR SUBSTANCE USE ISSUES, OR LACK A CLOSE SUPPORT SYSTEM. ACCESS TO CARE: CERTAIN POPULATIONS ARE MORE VULNERABLE TO HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF THE HIGHEST RATES OF HEALTH INSURANCE ENROLLMENT AND THE COMMUNITIES THAT MAKE UP LHMC/LMCP'S SERVICE AREA HAVE STRONG, ROBUST SAFETY NET SYSTEMS, THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW-INCOME, MEDICAID-COVERED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND BEHAVIORAL SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND BEHAVIORAL HEALTH SERVICES. MENTAL HEALTH: 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-CIGARETTE/VAPING ON YOUTH AND SOCIAL ISOLATION AMONG OLDER ADULTS. SUBSTANCE USE DISORDER: SUBSTANCE DEPENDENCY CONTINUES TO AFFECT INDIVIDUALS, FAMILIES, AND COMMUNITIES. THE OPIOID EPIDEMIC CONTINUES TO BE AN AREA OF FOCUS. BEYOND OPIOIDS, KEY INFORMANTS WERE ALSO CONCERNED WITH ALCOHOL MISUSE, CHANGING COMMUNITY NORMS IN LIGHT OF THE LEGALIZATION OF RECREATIONAL MARIJUANA USE, AND E-CIGARETTE/VAPING AMONG ADOLESCENTS.</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS CHRONIC DISEASES (E G , CARDIOVASCULAR DISEASE E, CANCER, DIABETES, ASTHMA) REQUIRE MORE EDUCATION, SCREENING/EARLY INTERVENTION, AND MAN AGEMENT AND A FOCUS ON RISK FACTORS ALTHOUGH THERE WAS MAJOR EMPHASIS ON BEHAVIORAL HEALT H ISSUES, MANY KEY INFORMANTS, FOCUS GROUP PARTICIPANTS, AND LISTENING SESSION PARTICIPANT S IDENTIFIED A NEED TO ADDRESS THE MANY RISK FACTORS ASSOCIATED WITH CHRONIC AND COMPLEX H EALTH 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 SOCIOECONOMIC STATUS (FRESH FOODS BEING EXPENSIVE, AND GYMS AND HEALTH CENTERS UNAFFORDABLE) ADDRESSIN G THE LEADING RISK FACTORS IS AT THE ROOT OF MANY CHRONIC DISEASE PREVENTION AND MANAGEMEN T STRATEGIES COMMUNITY HEALTH NEEDS ASSESSMENT AND ACTIVITIES REPORTED IN THIS FILINGTHE C HNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, WILL INFORM BH-AGH COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2020, SEPTEMBE R 30, 2021, AND SEPTEMBER 30, 2022 COMMUNITY HEALTH NEEDS ASSESSMENT- ADDRESSING COMMUNITY HEALTH NEEDSBEVERLY AND ADDISON GILBERT HOSPITALS STRIVE TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY THAT ARE AVAILABLE UPON REQUEST AND ON THE HOSPITAL'S WEBSITE AT HTTPS //WWW BEVERLYHOSPITAL ORG/ABOUT-US/COMMUNITY-HEALTHIN ADDITION, THE CHN A THAT WAS PREVIOUSLY COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 IS AVAILAB LE ON THE HOSPITAL'S WEBSITE AT HTTPS //WWW BEVERLYHOSPITAL ORG/ABOUT-US/COMMUNITY-HEALTH BOTH DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A) A SUMMARY OF BEVERLY AND ADDISON GILBERT HOSPITALS COMMUNITY BENEFITS ACTIVITIES THAT ADDRESSES THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND PRIORITIZED IN THE RELATED IMPLEMENTATION STRATEGY IS PROVIDED HERE ALONG WITH T HE ENTITIES THAT THE HOSPITAL PARTNERS WITH ON THESE EFFORTS COMMUNITY HEALTH NEEDS ASSESMENT AND ACTIVITIES REPORTED IN THIS FILINGTHE PREVIOUS NEEDS ASSESSMENT AND ACCOMPANYING IMPLEMENTATION STRATEGY WERE APPROVED ON MARCH 29, 2016 AND INFORMED BH-AGH'S COMMUNITY B ENEFITS PROCESS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2017, SEPTEMBER 30, 2018, AND SEP TEMBER 30, 2019 2016 COMMUNITY HEALTH NEEDS ASSESSMENT-TARGETED GEOGRAPHY AND POPULATIONS BH-AGH'S COMMUNITY BENEFITS INVESTMENTS ARE FOCUSED ON EXPANDING ACCESS, ADDRESSING BARRIE RS TO CARE AND IMPROVING THE HEALTH STATUS OF RESIDENTS LIVING IN 13 MUNICIPALITIES LOCATE D IN ESSEX COUNTY BH-AGH'S COMMUNITY BENEFITS SERVICE AREA (SERVICE AREA) INCLUDES BOXFOR D, DANVERS, ESSEX, GLOUCESTER, HAMILTON, IPSWICH, MANCHESTER BY THE SEA, MIDDLETON, PEABOD Y, ROCKPORT, TOPSFIELD AND WENHAM BH-AGH'S COMMUNITY BENEFITS ACTIVITIES ARE FOCUSED PART ICULARLY ON THOSE POPULATION SEGMENTS IDENTIFIED BY THE NEEDS ASSESSMENT AS BEING MOST AT RISK LOW-INCOME INDIVIDUALS AND FAMILIES, RACIAL/ETHNIC MINORITIES, YOUTH AND ADOLESCENTS , OLDER ADULTS, AND THOSE WHO ARE GEOGRAPHICALLY OR OTHERWISE ISOLATED 2016 COMMUNITY HEA LTH NEEDS ASSESSMENT-SUMMARY OF APPROACH AND METHODSTHE CHNA WAS CONDUCTED IN THREE PHASES , ALLOWING BH-AGH TO COMPILE AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA, ENG AGE AND INVOLVE KEY INTERNAL AND EXTERNAL STAKEHOLDERS, DEVELOP A REPORT AND DETAILED CHIP AND COMPLY WITH ALL STATE AND FEDERAL IRS COMMUNITY BENEFITS REQUIREMENTS DATA SOURCES I NCLUDED A BROAD ARRAY OF PUBLICLY AVAILABLE SECONDARY DATA, KEY INFORMANT INTERVIEWS, COMM UNITY AND FORUMS AND THE 2015 BH-AGH COMMUNITY HEALTH SURVEY, WHICH CAPTURED INFORMATION F ROM HUNDREDS OF RANDOM HOUSEHOLDS IN BH-AGH'S PRIMARY SERVICE AREA 2016 COMMUNITY HEALTH N EEDS ASSESSMENT-MAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINEDIN RESPONSE TO THE PR IORITY HEALTH NEEDS IDENTIFIED IN THE 2016 CHNA, BH-AGH DEVELOPED A THREE YEAR COMMUNITY H EALTH IMPROVEMENT PLAN (CHIP) THE CHIP WAS DEVELOPED WITH INPUT FROM THE BH-AGH COMMUNITY BENEFITS ADVISORY BOARD AND APPROVED BY THE BH-AGH BOARD OF DIRECTORS IN ADDITION, FEEDB ACK FROM COMMUNITY REPORT OUT SESSIONS WAS TAKEN INTO CONSIDERATION WHEN DEVELOPING THE PL AN THE COMMUNITY BENEFITS PROGRAMS OFFERED IN FY16 WERE DESIGNED TO ADDRESS THE PRIORITY H EALTH NEEDS IDENTIFIED IN THE 2016 CHNA, ALONG WITH THE MASSACHUSETTS STATEWIDE HEALTH PRI ORITIES IDENTIFIED BY THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES HEALTH NEEDS IDENT IFIED IN THE 2016 CHNA INCLUDED WELLNESS PREVENTION AND CHRONIC DISEASE BEHAVIORAL HEALTH OLDER ADULTS MATERNAL AND CHILD HEALTH2016 COMMUNITY HEALTH NEEDS ASSESSMENT-KEY FINDINGS SOCIAL DETERMINANTS OF HEALTH HAVE A MAJOR IMPACT ON MANY SEGMENTS OF THE SERVICE AREA'S POPULATION RELATIVE TO THE COMMONWEALTH OVERALL, MOST OF THE COMMUNITIES IN LHMC'S PRIMAR Y SERVICE AREA ARE AFFLUENT AND FARE WELL WITH RES</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>PECT TO THE LEADING HEALTH INDICATORS. HOWEVER, THERE ARE SEGMENTS OF THE POPULATION THAT STRUGGLE TO ACCESS NEEDED HEALTH SERVICES AND EXPERIENCE DISPARITIES IN HEALTH OUTCOMES. ONE OF THE DOMINANT THEMES FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS AND COMMUNITY FOR UMS WAS THE IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH HAVE ON THE PRIMARY SERVICE AREA, PARTICULARLY ON LOW-INCOME, RACIALLY/ETHNICALLY DIVERSE, AND OLDER ADULT COHORTS. SOCIAL DETERMINANTS SUCH AS POVERTY, LACK OF EMPLOYMENT OPPORTUNITIES, LIMITED TRANSPORTATION, LIMITED HEALTH LITERACY, LINGUISTIC BARRIERS, LACK OF SOCIAL SUPPORT, AND DOMESTIC VIOLENCE LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND THEIR FAMILY'S HEALTH. LIMITED ACCESS TO PRIMARY CARE, ORAL HEALTH AND BEHAVIORAL HEALTH SERVICES FOR LOW-INCOME, MEDICAID-INSURED, UNINSURED AND OTHER VULNERABLE POPULATION SEGMENTS. MASSACHUSETTS HAS ONE OF THE HIGHEST RATES OF HEALTH INSURANCE COVERAGE AND ONE OF THE STRONGEST, MOST ROBUST HEALTH SERVICE SYSTEMS IN THE NATION, YET THERE ARE STILL POCKETS OF LOW-INCOME, MEDICAID-INSURED, UNINSURED AND UNDERINSURED RESIDENTS WHO HAVE LIMITED ACCESS TO NEEDED SERVICES AND/OR ARE NOT PROPERLY ENGAGED IN ESSENTIAL MEDICAL, ORAL AND BEHAVIORAL HEALTH SERVICES. HIGH RATES OF THE LEADING HEALTH RISK FACTORS. ANOTHER SIGNIFICANT FINDING DRAWN FROM THE ASSESSMENT'S QUANTITATIVE DATA WAS THE FACT THAT MANY CITIES AND TOWNS IN BH-AGH'S SERVICE AREA HAVE RATES OF CHRONIC PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS THAT ARE HIGHER THAN COMMONWEALTH AVERAGES. IN SOME PEOPLE, THESE CONDITIONS HAVE UNDERLYING GENETIC AND BIOLOGICAL CAUSES THAT ARE DIFFICULT TO COUNTER. HOWEVER, FOR MOST, THESE CONDITIONS ARE CONSIDERED PREVENTABLE OR AT LEAST MANAGEABLE. ADDRESSING THE LEADING HEALTH RISK FACTORS (E.G., OBESITY, FITNESS, NUTRITION, TOBACCO USE AND ALCOHOL ABUSE) IS CRITICAL TO CHRONIC DISEASE PREVENTION AND MANAGEMENT EFFORTS. HIGH RATES OF SUBSTANCE USE AND MENTAL HEALTH ISSUES. ONE OF THE LEADING FINDINGS FROM THE ASSESSMENT WAS THE PROFOUND IMPACT THAT SUBSTANCE USE AND MENTAL HEALTH ARE HAVING ON INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGHOUT BH-AGH'S SERVICE AREA. DEPRESSION/ANXIETY, SUICIDE, ALCOHOL ABUSE, OPIOID AND PRESCRIPTION DRUG ABUSE, AND MARIJUANA USE AMONG YOUTHS ARE MAJOR HEALTH ISSUES. HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS, PARTICULARLY FOR LOW-INCOME POPULATIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER AND ASTHMA). THE ASSESSMENT'S QUANTITATIVE DATA SHOWS THAT BH-AGH'S SERVICE AREA FARES BETTER THAN THE COMMONWEALTH OVERALL WITH RESPECT TO CHRONIC DISEASE RATES, BUT THERE ARE A NUMBER OF TOWNS THAT FARE LESS FAVORABLY, AND THE RATES FOR LOW-INCOME AND OLDER ADULT POPULATIONS ARE VERY HIGH. HIGH RATES OF CANCER, PARTICULARLY FOR LOW-INCOME, RACIALLY/ETHNICALLY DIVERSE AND OTHERWISE AT-RISK POPULATION SEGMENTS. MANY OF THE COMMUNITIES THAT ARE PART OF BH-AGH'S SERVICE AREA HAVE HIGH CANCER INCIDENCE, HOSPITALIZATION OR MORTALITY RATES. THIS IS PARTICULARLY TRUE FOR CERTAIN CANCERS IN SPECIFIC COMMUNITIES. MYRIAD FACTORS ARE ASSOCIATED WITH CANCER, AND MANY OF THEM ARE VERY DIFFICULT TO ASSESS COMPLETELY OR TO ADDRESS. COMMUNITY HEALTH NEEDS ASSESSMENT-MAKING THE CHNA AND IMPLEMENTATION STRATEGY WIDELY AVAILABLE. BH-AGH STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY. THE FINDINGS WERE SHARED AT VARIOUS COMMUNITY MEETINGS. COPIES OF THE REPORT ARE AVAILABLE UPON REQUEST AND ON THE HOSPITAL'S WEBSITE AT HTTPS://WWW.BEVERLYHOSPITAL.ORG/ABOUT-US/COMMUNITY-HEALTH. IN ADDITION, THE MOST RECENT CHNA HAS ALSO BEEN SHARED PUBLICLY AND COPIES ARE AVAILABLE UPON REQUEST AND ON THE HOSPITAL'S WEBSITE AT HTTPS://WWW.BEVERLYHOSPITAL.ORG/ABOUT-US/COMMUNITY-HEALTH. BOTH DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A).</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>COMMUNITY HEALTH NEEDS ASSESSMENT-ADDRESSING COMMUNITY HEALTH NEEDS(SCHEDULE H, PART V, SECTION B, LINE 11)FY19 SCHEDULE H IMPLEMENTATION STRATEGY UPDATETHE COMMUNITY BENEFITS PROGRAMS THAT BH-AGH OFFERED TO MEET THESE MOST PRESSING HEALTH CARE NEEDS INCLUDE THE FOLLOWING FOCUS ON WELLNESS PREVENTION AND CHRONIC DISEASEACCESS TO A USUAL SOURCE OF PRIMARY CARE IS PARTICULARLY IMPORTANT, SINCE IT GREATLY AFFECTS THE INDIVIDUAL'S ABILITY TO RECEIVE REGULAR PREVENTIVE, ROUTINE AND URGENT CARE AND TO MANAGE CHRONIC DISEASES WHILE MASSACHUSETTS HAS ONE OF THE HIGHEST HEALTH INSURANCE COVERAGE RATES IN THE U S , THERE ARE STILL POCKETS OF INDIVIDUALS WITHOUT COVERAGE, INCLUDING YOUNG PEOPLE, IMMIGRANTS AND REFUGEES, AND THOSE WHO ARE UNEMPLOYED THE GLOUCESTER HIGH SCHOOL SCHOOL-BASED HEALTH CLINIC IS A BRANCH OF ADDISON GILBERT HOSPITAL AND IS SUPPORTED IN PART BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH THE MISSION OF THE SCHOOL BASED HEALTH CLINIC (SBHC) ALIGNS CLOSELY WITH THE PRIORITIES IDENTIFIED BY ADDISON GILBERT IN ITS MOST RECENT COMMUNITY HEALTH ASSESSMENT THE SBHC JOINS WITH EXISTING SCHOOL SERVICES TO PROVIDE COMPREHENSIVE IN-SCHOOL HEALTH CARE THAT IS EASILY ACCESSIBLE TO STUDENTS SBHC IS A SAFE PLACE WHERE STUDENTS ARE ENCOURAGED THROUGH A STRENGTH-BASED APPROACH AND MOTIVATIONAL INTERVIEWING TO DISCUSS IMPORTANT PERSONAL TOPICS SUCH AS STRESS, EXERCISE, HEALTHY EATING, ALCOHOL AND DRUG USE, FRIENDSHIP, SEXUAL HEALTH, AND ANY PERSONAL HEALTH ISSUES THEY HAVE QUESTIONS ABOUT THE GOAL IS TO PROVIDE HIGH-QUALITY COMPREHENSIVE HEALTH CARE TO STUDENTS IN ORDER TO SUPPORT OPTIMAL HEALTH AND ACADEMIC OUTCOMES THE SBHC IS STAFFED BY A NURSE PRACTITIONER, A LICENSED INDEPENDENT CLINICAL SOCIAL WORKER AND A CERTIFIED COMMUNITY HEALTH WORKER THE CLINIC HAD 1,225 NURSE PRACTITIONER VISITS, 910 SOCIAL WORKER VISITS AND 4468 TOTAL ASSESSMENTS STAFF ORGANIZED 21 OUTREACH ACTIVITIES, INCLUDING SOCIAL SKILLS WORKGROUPS AND REPRODUCTIVE HEALTH CLASSES IN ADDITION TO FACILITATING THE WALKING CLUB THE SBHC SUPPORTS THE GAY-STRAIGHT- ALLIANCE/SEXUALITY AND GENDER ACCEPTANCE GROUP, AND THE ANNUAL HEALTH RESOURCE INFORMATION FAIR BH-AGH PARTNERS WITH THE NORTH SHORE YMCA TO OFFER FREE ENHANCE FITNESS CLASSES IN THE COMMUNITY ENHANCE FITNESS IS A NATIONALLY OFFERED PROGRAM AT YMCAS ACROSS THE COUNTRY IT IS AN EVIDENCE-BASED HEALTH INTERVENTION, OFFSETTING THE EFFECTS OF AGING AND CHRONIC ILLNESS, AS WELL AS MINIMIZING FALL RISK PARTICIPANTS WORK ON CARDIO AND MUSCULAR STRENGTH, BALANCE, FLEXIBILITY AND STABILITY, ALL WHILE FOSTERING A SUPPORTIVE SOCIAL COMMUNITY CLASSES MEET 3 DAYS PER WEEK AND SESSIONS RUN FOR 8-WEEKS FITNESS CHECKS ARE DONE AT THE BEGINNING AND END OF EACH 8-WEEK SESSION IN FY19, THE YMCA WAS ABLE TO OFFER SESSIONS OF ENHANCE FITNESS AT THE IPSWICH YMCA, BEVERLY YMCA AND GLOUCESTER, BEVERLY & ROCKPORT SENIOR CENTER THE GOAL IS TO CONTINUE TO WORK WITH OUR COMMUNITY PARTNERS INTO FY20 GOALS OF THE PROGRAM ARE TO INCREASE GENERAL HEALTH, PHYSICAL ABILITY, AND PHYSICAL ACTIVITY OF PARTICIPANTS PRE AND POST CLASS SURVEY THAT DEMONSTRATED THAT 239 PEOPLE WERE SERVED BY THIS PROGRAM AND PARTICIPANTS REPORTED "ABOVE AVERAGE" LEG STRENGTH ACCORDING TO AGE PREDICTED NORMS, "ABOVE AVERAGE OR MAINTAINED AT "AVERAGE" UPPER BODY STRENGTH ACCORDING TO AGE PREDICTED NORMS AND IMPROVEMENTS IN MOBILITY AND BALANCE FOCUS ON BEHAVIORAL HEALTHTHE GOAL OF PROJECT RISE IS TO BENEFIT CURRENTLY AND PREVIOUSLY HOMELESS FAMILIES BY CREATING ACCESS TO MENTAL HEALTH CARE, TRAUMA RECOVERY SUPPORT, AND TREATMENT FOR CURRENT & PAST SUBSTANCE MISUSE IN ITS FIRST YEAR OF OPERATIONS PROJECT RISE DELIVERED HOLISTIC, MOBILE, COUNSELING AND CASE MANAGEMENT TO HOUSEHOLDS ACROSS THE NORTH SHORE AREA WHO ARE KNOWN TO BE SUFFERING FROM THE EFFECTS OF TRAUMA AND SUBSTANCE MISUSE FAMILIES WERE REFERRED FOR SERVICES THROUGHOUT THE YEAR BY WELLSPRING'S FAMILY SHELTER AND HOMELESSNESS PREVENTION STAFF AND THREE OTHER LOCAL ORGANIZATIONS WELLSPRING'S AND THE INSTITUTE OF RECOVERY'S (IHR'S) PROJECT GOAL FOR YEAR 1 WAS TO WORK WITH 20+ FAMILIES ULTIMATELY, PROJECT RISE SERVED 38 FAMILIES IN THE FIRST YEAR IN THE FIRST YEAR OF THIS COLLABORATIVE PROJECT THE TWO MAJOR TASKS WERE TO SET UP A "HOME-BASE" OFFICE AT WELLSPRING AND HIRE AND TRAIN STAFF BOTH OF THESE TASKS WERE ACCOMPLISHED THE INSTITUTE OF HEALTH AND RECOVERY (IHR) FINALIZED SCREENING AND ASSESSMENT PROCEDURES AS WELL AS EVALUATION TOOLS THE NEWLY HIRED AND TRAINED STAFF ARE ROUTINELY CONDUCTING SCREENINGS AND ASSESSMENTS DURING THEIR CASE MANAGEMENT DUTIES THEY ARE ALSO HELPING TO CONNECT FAMILIES TO FINANCIAL AND OTHER ENTITLEMENT BENEFITS AND PROVIDING REFERRALS AND LINKAGES TO COMMUNITY SERVICES DATA COLLECTION ACTIVITIES WILL BE ONGOING THE HIGH RISK INTERVENTION TEAM (HRIIT) IS A MULTIDISCIPLINARY TEAM WITH PHARMACISTS , SOCIAL WORKERS, RNS, COMMUNITY HEALTH WORKER AND RECOVERY COACHES THIS TEAM PROVIDES A MULTITUDE OF SERVICES TO HIGH RISK CLIENTS TO SUPPORT</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>ORT THEIR COMPLEX NEEDS INCLUDING BUT NOT LIMITED TO MEDICATION EDUCATION AND PILL BOX SET UP, HOME VISITS, ACCOMPANIMENT TO PCP APPOINTMENTS, ROUNDS IN SKILLED NURSING FACILITIES TO COORDINATE DISCHARGE CARE, ASSISTING WITH OBTAINING INSURANCES, ASSISTANCE IN GAINING NEEDED COMMUNITY AND MENTAL HEALTH SERVICES, ASSISTANCE WITH RECOVERY SERVICES FOR SUBSTANCE USE DISORDERS, ASSISTANCE WITH HOUSING NEED, ASSISTANCE WITH OBTAINING FOOD SOURCES, AND ANY AND ALL INTERVENTIONS DESIGNED TO ASSIST PATIENTS TO BE CARED FOR IN THEIR HOMES OR COMMUNITY SETTING THE HIGH RISK INTERVENTION TEAM WILL ALSO MAKE POST-ACUTE AND HOME VISITS HEALTH PROMOTION ADVOCATES WILL PROVIDE ED-SBIRT EDUCATION AND PREVENTION BY REINFORCING HEALTHY PATIENT BEHAVIORS AND REDUCING HIGH RISK SUBSTANCE USE BEHAVIORS FOR ALL PATIENTS IN THE EMERGENCY DEPARTMENT THE HRIT SERVES THE COMMUNITY POPULATION WITH THE HIGHEST RISK FOR READMISSION TO AGH AND BH HOSPITALS, INCLUDING THOSE WITH FOUR OR MORE ADMISSIONS IN PAST TWELVE MONTHS, READMISSIONS WITHIN THIRTY DAYS, AND THOSE WITH SOCIALLY COMPLEX NEEDS (MEDICAID, MEDICARE, HOMELESSNESS, AND SUBSTANCE USE DISORDER HISTORY) THE HRIT SERVES ON A MONTHLY AVERAGE 90 PATIENTS AT AGH AND 330 BEVERLY PATIENTS ON AN ONGOING BASIS BASED ON TARGET POPULATION ABOVE THE ROLE OF A RECOVERY COACH IS TO PROVIDE SUPPORTIVE SERVICES DESCRIBED BELOW TO INDIVIDUALS WHO PRESENT IN AN EMERGENCY DEPARTMENT FOR AN OPIATE OVERDOSE, AS WELL AS INDIVIDUALS SEEKING SERVICES FOR SUBSTANCE USE DISORDERS, REGARDLESS OF INSURANCE STATUS THE RECOVERY COACHES FOLLOW ALL ENROLLED PATIENTS AND THOSE WHO RECEIVE A BUPRENORPHINE KIT FROM A MEDICAL PROVIDER IN OUR EMERGENCY DEPARTMENTS THE RECOVERY COACHES ENSURE THAT THE PATIENTS ENROLLED ARE CONTACTED TO SCHEDULE A FOLLOW UP APPOINTMENT RECOVERY COACHES WORK CLOSELY WITH HOSPITAL EMERGENCY DEPARTMENT STAFF BH-AGH NOW HAVE 3 FULL TIME RECOVERY COACHES FOCUS ON OLDER ADULTS AGE IS A FUNDAMENTAL FACTOR TO CONSIDER WHEN ASSESSING INDIVIDUAL AND COMMUNITY HEALTH STATUS OLDER INDIVIDUALS TYPICALLY HAVE MORE PHYSICAL AND MENTAL HEALTH VULNERABILITIES AND ARE MORE LIKELY TO RELY ON IMMEDIATE COMMUNITY RESOURCES FOR SUPPORT COMPARED TO YOUNG PEOPLE THE PERCENTAGE OF THE POPULATION OVER 65 IS HIGH OR SIGNIFICANTLY HIGH IN ALL MUNICIPALITIES IN OUR SERVICE AREA COMPARED TO THE COMMONWEALTH OTHER CONCERNS FOR THE OLDER ADULT POPULATION INCLUDED ISSUES AROUND COGNITIVE DECLINE, MOBILITY AND DISEASE MANAGEMENT/NAVIGATION OF THE HEALTH SYSTEM, ESPECIALLY FOR THOSE WITH MULTIPLE CHRONIC CONDITIONS TO ADDRESS THESE ISSUES, BEVERLY AND ADDISON GILBERT HOSPITALS, IN PARTNERSHIP WITH UNIDINE AND THE LOCAL COUNCILS ON AGING HOST A MONTHLY SENIOR MEALS PROGRAM THE PROGRAM AIMS TO KEEP LOCAL SENIOR CITIZENS HEALTHY AND SAFE BY HOSTING FREE EDUCATION SEMINARS ON HEALTH AND PERSONAL SAFETY WHILE PROVIDING A HOT, HEALTHY AND NUTRITIOUS MEAL IN A COMMUNITY SETTING THAT ALLOWS FOR SOCIAL ENGAGEMENT AND INTERACTION IN FY19, BH-AGH CONDUCTED SEVEN MONTHLY SESSIONS EACH, SERVING OVER 840 ELDER ADULTS FROM THE COMMUNITIES OF GLOUCESTER, ROCKPORT, MANCHESTER, BEVERLY AND DANVERS HIGHLIGHTED TOPICS INCLUDED BASIC NUTRITION, MEDICATION REVIEW, FALL PREVENTION, STRESS MANAGEMENT AND COPING SKILLS, FITNESS TIPS, MEMORY LOSS, AND OSTEOPOROSIS PREVENTION EACH PRESENTATION WAS ACCOMPANIED BY A HEALTHY AND NUTRITIOUS MEAL, PREPARED BY THE DINING SERVICES TEAM FROM UNIDINE AT THE BEVERLY AND ADDISON GILBERT HOSPITALS CAFETERIAS AND SERVED BY HOSPITAL EMPLOYEES WHEN SURVEYED AND ASKED WHAT THEY LIKED MOST ABOUT THE PROGRAM, THE MAJORITY ANSWERED, "GOOD FOOD, WONDERFUL SPEAKERS, AND GOOD COMPANY"</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>THE SERVING THE HEALTH INFORMATION NEEDS OF EVERYONE (SHINE) PROGRAM AND FINANCIAL COUNSELORS PROVIDE HEALTH INSURANCE COUNSELING SERVICES TO ELDERLY AND DISABLED ADULTS SHINE COUNSELORS ARE TRAINED TO HANDLE COMPLEX QUESTIONS ABOUT MEDICARE, MEDICARE SUPPLEMENTS, MEDICARE HEALTH MAINTENANCE ORGANIZATIONS, PUBLIC BENEFITS WITH HEALTH CARE COMPONENTS, MEDICAID, FREE HOSPITAL CARE, PRESCRIPTION DRUG ASSISTANCE PROGRAMS, DRUG DISCOUNT CARDS AND LONG-TERM HEALTH INSURANCE A TRAINED SHINE LIAISON IS AVAILABLE DAILY AT THE BEVERLY AND ADDISON GILBERT HOSPITALS, AS WELL AS WEEKLY AT COUNCILS ON AGING IN BEVERLY, GLOUCESTER AND ROCKPORT TO HELP MEDICARE BENEFICIARIES AND THEIR CAREGIVERS NAVIGATE THEIR HEALTH INSURANCE OPTIONS THE COUNSELORS ARE ALSO AVAILABLE TO REVIEW CURRENT COVERAGE, COMPARE COSTS AND BENEFITS OF AVAILABLE OPTIONS, AND HELP THOSE WITH LIMITED RESOURCES ENROLL IN PROGRAMS THE SHINE PROGRAM IS OPEN TO EVERYONE AND NOT LIMITED TO NHC PATIENTS IN FY19, FREE CONFIDENTIAL AND UNBIASED COUNSELING WAS PROVIDED TO 2,666 COMMUNITY MEMBERS AT THE BEVERLY SENIOR CENTER, THE ROSE BAKER SENIOR CENTER, AND THE ROCKPORT COUNCIL ON AGING TO EXPAND REGIONAL TRANSPORTATION FOR SENIOR CITIZENS TO IMPROVE HEALTH OUTCOMES THROUGH INCREASED ACCESS TO HEALTHY FOOD AND PHYSICAL ACTIVITY WHILE SIMULTANEOUSLY REDUCING SOCIAL ISOLATION AND PROMOTING MENTAL WELL-BEING THE PROJECT WILL IMPROVE EFFICIENCY ACROSS MUNICIPAL BORDERS TO ELIMINATE TRANSPORTATION BARRIERS AND THE COST BURDEN FOR LOW-INCOME SENIORS AGED 65+ IN CAPE ANN RESIDENTS SECURE A SEAT ON A BUS FOR A SCHEDULED OUTING AND EACH COMMUNITY'S DESIGNATED BUS WILL CONDUCT PICK-UPS AT DESIGNATED SENIOR HOUSING FACILITIES IN THE COMMUNITIES OF GLOUCESTER, ROCKPORT, ESSEX, AND MANCHESTER-BY-THE-SEA RESIDENTS WILL THEN BE TRANSPORTED TO THE REGION'S FOOD PANTRY, MOBILE MARKET, FARMER'S MARKETS, OR GROCERY STORES TO IMPROVE THEIR ACCESS TO NUTRITIOUS FOOD ITEMS OVER 155 TRIPS PROVIDED WITH 71 UNIQUE RIDER WHO UTILIZED THE SERVICE FOCUS ON MATERNAL AND CHILD HEALTHTHE COMPASS PROGRAM/ MOMS DO CARE PROGRAM SERVICES MOTHERS PREGNANT OR WITH CHILDREN UP TO THE AGE OF 3 WITH HISTORY OF SUBSTANCE USE DISORDER THE PROGRAM INCLUDES AN OB-GYN MEDICAL DIRECTOR, OFFERS PRENATAL CARE, MEDICATION-ASSISTED TREATMENT FOR ADDICTION, "PEER MOM" RECOVERY COACHES, A LICSW SOCIAL WORKER, AND A MENTAL HEALTH COUNSELOR WHICH PROVIDE WEEKLY SUPPORT GROUPS AND THERAPY AS WELL AS CONSTANT FOLLOW UP TO SUPPORT RECOVERY THE OVERALL PROGRAM GOALS ARE TO PROMOTE RECOVERY IN PREGNANT AND PARENTING WOMEN, IMPROVE PERINATAL CARE OF THE MOTHER-BABY DYAD, AND IMPROVE DYADIC OUTCOMES A KEY ELEMENT OF THE COMPASS/MOM 1 AND SOCIAL SUPPORT TOPICS INCLUDE HEALTHY RELATIONSHIPS, CHALLENGES OF YOUNG PARENTHOOD, BALANCING PARENTING/WORK/EDUCATION AND CHILD DEVELOPMENT THROUGH A TEAM APPROACH, STAFF ARE COMMITTED TO BRINGING HEALTH AND PARENTING EDUCATION, COMMUNITY RESOURCES AND PEER SUPPORT TO HELP YOUNG MOTHERS DEVELOP HEALTHY AND POSITIVE PARENTING SKILLS CONNECTING YOUNG MOMS OFFERED FIVE PRENATAL SESSIONS THROUGHOUT THE YEAR TO 65 YOUNG MOTHERS PLUS THEIR CHILDREN, FATHERS OF THE BABIES AND SUPPORT PEOPLE COMMUNITY PARTNERSBEVERLY AND ADDISON GILBERT HOSPITALS ARE COMMITTED TO IMPROVING THE HEALTH AND WELLBEING OF RESIDENTS WITHIN ITS SERVICE AREA BY COLLABORATING WITH A DIVERSE GROUP OF COMMUNITY PARTNERS THE HOSPITALS WORK TOGETHER WITH THESE PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS THE HOSPITAL'S COMMUNITY PARTNERS INCLUDE ACTION INC BACKYARD GROWERS BEVERLY BOOTSTRAPS AMERICAN CANCER SOCIETY CAPE ANN MASS IN MOTION DANVERS YMCA DANVERS ROTARY NORTH SHORE YMCA CITY OF GLOUCESTER CITY OF BEVERLY DANVERSCARES PATHWAYS WELLSRING HOUSE THE OPEN DOOR THE GRACE CENTER CHNA 13/14 NORTH SHORE ELDER SERVICES GLOUCESTER SCHOOL DEPT SENIORCARE, INC TOWN OF ROCKPORT TOWN OF ESSEX TOWN OF MANCHESTER TOWN OF DANVERS TOWN OF IPSWICH TOWN OF MIDDLETONAS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, BEVERLY AND ADDISON GILBERT HOSPITALS ARE DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF ITS COMMUNITY HOWEVER, AS NOTED IN SCHEDULE H, PART V, SECTION B, QUESTION 11, BEVERLY AND ADDISON GILBERT HOSPITALS ARE UNABLE TO ADDRESS ALL NEEDS DURING THE PERIOD COVERED BY THIS FILING, BEVERLY AND ADDISON GILBERT HOSPITALS WERE UNABLE TO ADDRESS THE NEED FOR WORKFORCE DEVELOPMENT OPPORTUNITIES IDENTIFIED IN THE CHNA AND THE IMPLEMENTATION STRATEGY BECAUSE OF LIMITED FINANCIAL RESOURCES AS NOTED IN DETAIL ABOVE, BEVERLY AND ADDISON GILBERT HOSPITALS PRIMARY TOOL FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND IMPLEMENTATION STRATEGY (SCHEDULE H PART VI QUESTION 2)</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW BEVERLY AND ADDISON GILBERT HOSPITALS CARE FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AS DEMONSTRATED IN THIS SCHEDULE H, 98.5% OF BEVERLY AND ADDISON GILBERT HOSPITALS' 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, BH-AGH MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF TRUSTEES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7) THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT HTTPS://WWW.BEVERLYHOSPITAL.ORG/ABOUT-US/COMMUNITY-HEALTH THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT THAT BH-AGH FILED WITH THE ATTORNEY GENERAL'S OFFICE COMMUNITY BENEFITS-EMERGENCY ROOM OPERATION IN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, BH-AGH 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 NORTHEAST HOSPITAL CORPORATION'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 \$2,908,076 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A OTHER UNCOMPENSATED CHARITY CARE-MEDICAID AND MEDICARE IN ADDITION TO THE CHARITY CARE REPORTED ABOVE, NORTHEAST HOSPITAL CORPORATION ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PROGRAMS THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED MEDICAID IS A GOVERNMENT INSURANCE PROGRAM FOR INDIVIDUALS WITH LIMITED INCOME AND RESOURCES, AND NORTHEAST HOSPITAL CORPORATION PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAM PAYMENTS TO HOSPITALS THROUGH THIS GOVERNMENT SPONSORED PROGRAM HAVE NOT KEPT PACE WITH INFLATION AND ALTHOUGH THE PROVISION OF HEALTH CARE TO THESE PATIENTS GENERATED \$56,339,176 IN MEDICAID REVENUE THIS WAS LESS THAN THE COST OF CARE PROVIDED BY NORTHEAST HOSPITAL CORPORATION FOR SUCH SERVICES BY \$4,133,122 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B DURING THE FISCAL PERIOD COVERED BY THIS FILING, 13.6% OR 67,703 OF NORTHEAST HOSPITAL CORPORATION'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS IN ADDITION, 40.1% OR 200,142 OF THE HOSPITAL'S PATIENT CASES WERE WITH MEDICARE PATIENTS BAD DEBTS IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, NORTHEAST HOSPITAL CORPORATION 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 \$11,686,832 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2 NORTHEAST HOSPITAL CORPORATION SIMILARLY INCURS BAD DEBT LOSSES AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE IN ITS FINANCIAL STATEMENTS NORTHEAST HOSPITAL CORPORATION CHARGES FOR THOSE SERVICES WERE \$11,686,832 DURING THE FISCAL PERIOD COVERED BY THIS FILING AS REPORTED IN THE FINANCIAL STATEMENTS AND AS REPORTED ON THE BIDMC FORM 990, SCHEDULE H, PART III, LINE 2 AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>S RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7. RATHER THE AMOUNT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED. THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F, WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC AND AFFILIATES FOR THE SEVEN MONTHS ENDED SEPTEMBER 30, 2019 INCLUDE THE ACCOUNTS OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAST), ANNA JAKES HOSPITAL (AJH) AND AFFILIATES. THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP). THE BETH ISRAEL LAHEY HEALTH INC CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE REGARDING BAD DEBT EXPENSE.</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>FINANCIAL ASSISTANCE POLICY- INTERNAL REVENUE CODE SECTION 501(R)(4)FINANCIAL ASSISTANCE POLICY PURPOSE NORTHEAST HOSPITAL CORPORATION IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION THIS FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE RECEIVED FROM QUALIFYING NORTHEAST HOSPITAL CORPORATION PROVIDERS NORTHEAST HOSPITAL CORPORATION DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER ID ENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICYAS REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) WHICH APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY (SCHEDULE H PART I QUESTIONS 1A AND 1B) DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD) (SCHEDULE H PART V SECTION B QUESTION 21) THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17) FINANCIAL ASSISTANCE POLICY-APPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE (SCHEDULE H PART V SECTION B QUESTION 15) FINANCIAL ASSISTANCE POLICY ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13) IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3) FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION MAY BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP (SCHEDULE H PART I QUESTIONS 3C) FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (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</p>

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>ABILITY TO CONTRIBUTE TO THE COST OF HER OR HIS CARE FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION FINANCIAL ASSISTANCE POLICY TRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP (SEE DETAIL BELOW) HAVE 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 FOLLOWING LANGUAGES SPANISH, PORTUGUESE, CHINESE-TRADITIONAL, CHINESE-MANDARIN (SCHEDULE H PART V SECTION B QUESTION 16I) FINANCIAL ASSISTANCE POLICY WIDELY PUBLICIZING AND AVAILABILITY COPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE AT THE HOSPITAL OR BY MAIL FREE OF CHARGE AND ON THE HOSPITAL'S WEBSITE AT (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) AT HTTPS://WWW.BEVERLYHOSPITAL.ORG/LOCATIONS--SERVICES/PATIENTS--VISITORS'-GUIDE/BILLING--PATIENT-ACCOUNTS IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3) THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS CONSPICUOUSLY WITHIN BILLING STATEMENTS INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED (SCHEDULE H PART V SECTION B QUESTION 16G) FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARIES NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS' APPROVAL UNDER THE FAP WILL APPLY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>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 BILLED LOOK BACK METHODTHE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS, MEDICAID 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 PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAT EXCEED THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED \$5 00 BILLING AND COLLECTIONS-501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19) APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED AND FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6)THE HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF AND AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS ON MARCH 1, 2019, THE BETH ISRAEL LAHEY HEALTH SYSTEM WAS FORMED THROUGH THE COMBINATION OF THE HOSPITALS AND OTHER AFFILIATES OF THREE LEGACY HEALTH CARE SYSTEMS BASED PRIMARILY IN EASTERN MASSACHUSETTS, INCLUDING THE FORMER CAREGROUP HEALTH SYSTEM, THE FORMER LAHEY HEALTH SYSTEM, AND THE SEACOAST HEALTH SYSTEM BETH ISRAEL LAHEY HEALTH, INC (BILH) IS NOW THE SOLE MEMBER OF THE HOSPITAL AND NINE ADDITIONAL AFFILIATED HOSPITALS EACH OF THESE ENTITIES MAY HAVE, IN TURN, SERVED AS THE SOLE MEMBER OF ADDITIONAL AFFILIATES THE BILH HEALTH SYSTEM IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION FOR SCHEDULE H	<p>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 HEALTH 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 IRC 501(R) REPORTING UNDER REVENUE PROCEDURE 2015-21. DURING A REVIEW OF NORTHEAST HOSPITAL CORPORATION'S SECTION 501(R) COMPLIANCE IN FY19, IT WAS DETERMINED THAT CERTAIN INFORMATION IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), PLAIN LANGUAGE SUMMARY (PLS) AND CREDIT AND COLLECTIONS POLICY (CCP) REQUIRED CLARIFICATION OR CORRECTION. IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN REVENUE PROCEDURE 2015-21, EACH OF THOSE 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 THIS RETURN. (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:** 04-2121317**Name:** NORTHEAST HOSPITAL CORPORATION**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4		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	BEVERLY HOSPITAL 85 HERRICK STREET BEVERLY, MA 01915	X	X					X			A
2	ADDISON GILBERT HOSPITAL 298 WASHINGTON ST GLOUCESTER, MA 01930 #2016	X	X					X			A
3	LAHEY OUTPATIENT CENTER DANVERS 480 MAPLE ST DANVERS, MA 01923 #21TT		X							HOSPITAL SATELLITE	A
4	BAYRIDGE HOSPITAL 60 GRANITE STREET LYNN, MA 01904 #2M5H	X								PSYCHIATRIC HOSPITAL	A

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

Schedule I
(Form 990)

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

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number

04-2121317

Part I General Information on Grants and Assistance

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

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

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17
- 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 NORTHEAST HOSPITAL CORPORATION, MAINTAINS STRONG RELATIONSHIP WITH MANY PARTNERS AND NORTHEAST HOSPITAL CORPORATION WORKS WITH THOSE PARTNERS AS PART OF ITS COMMUNITY BENEFIT MISSION AND ACTIVITIES PURSUANT TO THOSE RELATIONSHIPS, GRANTS MAY BE DISTRIBUTED TO THESE PARTNERS NORTHEAST HOSPITAL CORPORATION 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: 04-2121317
Name: NORTHEAST HOSPITAL CORPORATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION INC 180 MAIN ST GLOUCESTER, MA 01930		501(C)(3)	25,050				SUPPORT TO HEAT LOW INCOME RESIDENTS' HOMES
BEVERLY BOOTSTRAPS 35 PART ST BEVERLY, MA 01915		501(C)(3)	10,000				ACCESS TO FRESH PRODUCE AND HEALTHY FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPARTMENT OF CHILDREN AND FAMILIES 600 WASHINGTON ST BOSTON, MA 02111		STATE AGENCY	7,641				SUPPORT FOR CHILDREN AND FAMILY SERVICES
NORTH SHORE COMMUNITY HEALTH CENTER - GLOUCESTER FAMILY HEALTH CENTER 27 CONGRESS ST SUITE 513 SALEM, MA 01970	04-2610447	501(C)(3)	81,510				HEALTHCARE ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GLOUCESTER GLOUCESTER CITY HALL 9 DALE AVENUE GLOUCESTER, MA 01930		MUNICIPAL AGENCY	213,752				HEALTHCARE ACCESS
CITY OF BEVERLY 191 CABOT ST BEVERLY, MA 01915		MUNICIPAL AGENCY	19,650				LITERACY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SHORE ELDER SERVICES 300 ROSEWOOD DR 200 DANVERS, MA 01923		501(C)(3)	9,000				SUPPORT FOR SENIORS
OPEN DOOR 28 EMERSON AVE GLOUCESTER, MA 01930		501(C)(3)	25,000				ACCESS TO FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAYS FOR CHILDREN 29 EMERSON AVENUE GLOUCESTER, MA 01930		501(C)(3)	10,000				CHILD EDUCATION AND CARE
WELLSPRING HOUSE 302 ESSEX AVE GLOUCESTER, MA 01930		501(C)(3)	15,000				HOMELESSNESS PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE NORTHSORE 245 CABOT ST BEVERLY, MA 01915		501(C)(3)	81,100				CANCER PATIENT AND FAMLY SUPPORT
BEVERLY MAIN STREETS 248 CABOT ST BEVERLY, MA 01915		501(C)(3)	23,683				SUPPORT FOR LOCAL INDEPENDENT COMMUNITY COMMERCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER ST DANVERS, MA 01923		501(C)(3)	7,500				SUPPORT FOR ARTS AND CULTURE
CAPE ANN CHAMBER OF COMMERCE 33 COMMERCIAL ST GLOUCESTER, MA 01930		501(C)(3)	7,540				SUPPORT FOR LOCAL COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BEVERLY CHAMBER OF COMMERCE 100 CUMMINGS CENTER BEVERLY, MA 01915		501(C)(3)	8,134				SUPPORT FOR LOCAL COMMUNITY
OVEREATERS ANONYMOUS PO BOX 214 READING, MA 01867		501(C)(3)	10,400				ADDICTION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALCOHOLICS ANONYMOUS 12 CHANNEL ST SUITE 604 RAYMOND L FLYNN MARINE PARK BOSTON, MA 02210		501(C)(3)	10,400				ADDICTION SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization NORTHEAST HOSPITAL CORPORATION	Employer identification number 04-2121317
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-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 NORTHEAST HOSPITAL CORPORATION'S (NHC) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 DETAIL. DURING THE 2018 CALENDAR YEAR, HOWARD GRANT, MD, JD BECAME ELIGIBLE FOR SEVERANCE. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. 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 NORTHEAST HOSPITAL CORPORATION'S (NHC) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 DETAIL. DURING THE 2018 CALENDAR YEAR, LHSI WAS A PARTICIPATING EMPLOYER IN THE LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN AND THE LAHEY CLINIC 457(B) RETIREMENT SAVINGS PLAN. PURSUANT TO THESE PLANS, ELIGIBLE EMPLOYEES RECEIVED CERTAIN RETIREMENT BENEFITS AND/OR COULD DEFER PART OF THEIR COMPENSATION. UNDER THE DEFINITIONS TO THIS FORM 990, THESE PLANS ARE CONSIDERED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. AMOUNTS DEFERRED BY PARTICIPANTS OR 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.

Return Reference	Explanation
PART I, LINE 7	THE NHC 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 NHC COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, WAS FULLY STAFFED BY INDEPENDENT MEMBERS

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>THE FILING ORGANIZATION HAS PROVIDED DETAILED NARRATIVE DISCLOSURE FOR EACH INDIVIDUAL LISTED IN PART VII NOTE, HOWEVER, THAT THE ORDER OF THE NARRATIVE DISCLOSURE INCLUDED BELOW MAY NOT COINCIDE WITH THE ORDER OF THE INDIVIDUALS LISTED IN PART VII AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THIS FORM 990 NORTHEAST HOSPITAL CORPORATION'S FINAL FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 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 NORTHEAST HOSPITAL CORPORATION, LAHEY HEALTH SYSTEM, INC , LAHEY CLINIC, INC , LAHEY HEALTH SHARED SERVICES, INC , LAHEY CLINIC HOSPITAL, INC , AND BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS NHC, LHST, LC, LHSS, LCH AND BILHPC RESPECTIVELY BRADLEY, M D , ADRIENNE TRUSTEE NORTHEAST HOSPITAL CORPORATION COLLINS, JOHN TRUSTEE NORTHEAST HOSPITAL CORPORATION DOUMAS, M D , ALEXANDER TRUSTEE NORTHEAST HOSPITAL CORPORATION PHYSICIAN LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 315,445 INCENTIVE COMPENSATION 104,321 OTHER REPORTABLE COMPENSATION 6,357 DEFERRED COMPENSATION 19,156 NON-TAXABLE BENEFITS 34,665 FISCHER, STEVEN EFFECTIVE MARCH 1, 2019 MR FISCHER HELD THE FOLLOWING POSITIONS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER BETH ISRAEL DEACONESS HOSPITAL MILTON TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH TRUSTEE (EX-OFFICIO) AND TREASURER BETH ISRAEL DEACONESS MILTON PHYSICIANS ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE AND TREASURER COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE AND TREASURER JORDAN PHYSICIAN ASSOCIATES DIRECTOR AND TREASURER JORDAN HEALTH SYSTEMS, INC TREASURER (EX-OFFICIO) ANNA JACQUES HOSPITAL TREASURER (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND TREASURER LAHEY HEALTH SHARED SERVICES, INC TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC F/K/A LAHEY PHYSICIAN COMMUNITY ORGANIZATION I, INC TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST HEALTH SYSTEM, INC TREASURER NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND TREASURER WINCHESTER HOSPITAL FOUNDATION, INC TREASURER WINCHESTER HEALTHCARE MANAGEMENT, INC TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC TREASURER (EX-OFFICIO) LAHEY CLINIC, INC TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL ASSISTANT TREASURER MEDICAL CARE OF BOSTON MANAGEMENT CORP A/K/A AFFILIATED PHYSICIANS GROUP TREASURER LEDGEWOOD HEALTH CARE CORP MR FISCHER HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 ASSISTANT TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR JORDAN PHYSICIAN ASSOCIATES DIRECTOR JORDAN HEALTH SYSTEMS, INC AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 565,046 INCENTIVE COMPENSATION 151,691 OTHER REPORTABLE COMPENSATION 53,474 DEFERRED COMPENSATION 18,750 NON-TAXABLE BENEFITS 57,012 OTHER REPORTABLE COMPENSATION FOR MR FISCHER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$47,015</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>FLYNN, SEAN TRUSTEE NORTHEAST HOSPITAL CORPORATION FURLONG, CHARLES TRUSTEE NORTHEAST HOSPITAL CORPORATION TRUSTEE NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE SEACOAST NURSING & REHABILITATION CENTER, INC GEORGE, CHRISTOPHER TRUSTEE NORTHEAST HOSPITAL CORPORATION IRWIN, ROBERT TRUSTEE NORTHEAST HOSPITAL CORPORATION KATZ, J D , JAMIE EFFECTIVE MARCH 1, 2019, MR KATZ HELD THE FOLLOWING POSITIONS GENERAL COUNSEL AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CLERK (EX-OFFICIO) MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON CLERK COMMUNITY PHYSICIANS ASSOCIATION, INC CLERK BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CLERK (EX-OFFICIO) JORDAN PHYSICIANS ASSOCIATES, INC CLERK JORDAN HEALTH SYSTEMS CLERK (EX-OFFICIO) ANNA JACQUES HOSPITAL CLERK (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND CLERK LAHEY HEALTH SHARED SERVICES, INC TRUSTEE, CHAIR, PRESIDENT AND CLERK BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC CLERK (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST HEALTH SYSTEM, INC CLERK NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC CLERK WINCHESTER HEALTHCARE MANAGEMENT, INC CLERK (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC CLERK (EX-OFFICIO) LAHEY CLINIC, INC CLERK (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CLERK (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL MR KATZ HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 SENIOR VICE PRESIDENT AND GENERAL COUNSEL BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 415,671 INCENTIVE COMPENSATION 111,276 OTHER REPORTABLE COMPENSATION 33,516 DEFERRED COMPENSATION 17,792 NON-TAXABLE BENEFITS 26,216 OTHER REPORTABLE COMPENSATION FOR MR KATZ INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$30,123 LUNDBERG, PAUL TRUSTEE NORTHEAST HOSPITAL CORPORATION MCCONNELL, PAUL TRUSTEE NORTHEAST HOSPITAL CORPORATION MUNIZ, PAUL TRUSTEE NORTHEAST HOSPITAL CORPORATION NARDELLA, BRUCE TRUSTEE NORTHEAST HOSPITAL CORPORATION NESTO, M D , RICHARD EFFECTIVE MARCH 1, 2019, DR NESTO HELD THE FOLLOWING POSITIONS CHIEF MEDICAL OFFICER, BETH ISRAEL LAHEY HEALTH TRUSTEE (EX-OFFICIO, BILH CEO DESIGNATE) ANNA JACQUES HOSPITAL TRUSTEE (EX-OFFICIO) SEACOAST AFFILIATES GROUP PRACTICE TRUSTEE (EX-OFFICIO, BILH CEO DESIGNATE) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO, BILH CEO DESIGNATE) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HEALTHCARE MANAGEMENT, INC DIRECTOR, WINCHESTER PHYSICIAN ASSOCIATES DIRECTOR, CONCORD SPECIALISTS, LLC DR NESTO HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 TRUSTEE (EX-OFFICIO) AND PRESIDENT LAHEY HEALTH SHARED SERVICES, INC TRUSTEE AND PRESIDENT BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC F/K/A LAHEY PHYSICIAN COMMUNITY ORGAIZATION I, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT ADDISON GILBERT SOCIETY, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST HEALTH SYSTEM, INC TRUSTEE AND PRESIDENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND PRESIDENT SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HOSPITAL FOUNDATION, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HEALTHCARE MANAGEMENT, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT LAHEY CLINIC FOUNDATION, INC TREASURER (EX-OFFICIO) LAHEY CLINIC, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) & PRESIDENT NORTHEAST HOSPITAL CORPORATION TRUSTEE AND PRESIDENT NORTHEAST MEDICAL PRACTICE TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND PRESIDENT CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND PRESIDENT HEALTH & EDUCATION HOUSING SERVICES, INC TRUSTEE AND PRESIDENT WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO), PRESIDENT, AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SYSTEM, INC PRESIDENT AND DIRECTOR LEDGEWOOD HEALTHCARE CORPORATION PRESIDENT AND DIRECTOR NORTHEAST PROPRIETARY CORPORATION DIRECTOR -- WINCHESTER PHYSICIAN ASSOCIATES AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION BASE COMPENSATION 742,043 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 120,935 DEFERRED COMPENSATION 36,500 NON-TAXABLE BENEFITS 31,937 OTHER REPORTABLE COMPENSATION FOR DR NESTO INCLUDES COMBINED PAYMENTS TO, AND CHANGE IN VALUE OF, A 457(F) PLAN IN THE AMOUNT OF \$83,602 O'FLYNN, HUGH TRUSTEE NORTHEAST HOSPITAL CORPORATION TRUSTEE NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE SEACOAST NURSING & REHABILITATION CENTER, INC PALMER, NANCY TRUSTEE AND CHAIR NORTHEAST HOSPITAL CORPORATION</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>TABB, M D , KEVIN EFFECTIVE MARCH 1, 2019 DR TABB HELD THE FOLLOWING POSITIONS PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC DIRECTOR AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC, INC TRUSTEE, PRESIDENT, AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SHARED SERVICES, INC DIRECTOR AND PRESIDENT BIDMC PHARMACY, INC TRUSTEE (EX-OFFICIO), CHAIRMAN, AND PRESIDENT NORTHEAST HEALTH SYSTEM, INC TRUSTEE (EX-OFFICIO), PRESIDENT, CHAIRMAN AND CHIEF EXECUTIVE OFFICER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO), CHAIRMAN AND PRESIDENT SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HOSPITAL FOUNDATION, INC CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER LAHEY CLINIC FOUNDATION, INC CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER MILTON HOSPITAL FOUNDATION CHIEF EXECUTIVE OFFICER COMMUNITY PHYSICIANS ASSOCIATION CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER JORDAN HEALTH SYSTEMS, INC CHIEF EXECUTIVE OFFICER JORDAN PHYSICIAN ASSOCIATES, INC TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, EFFECTIVE MARCH 1, 2019 DR TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE TRUSTEE (EX-OFFICIO NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO BETH ISRAEL DEACONESS HOSPITAL MILTON, BETH ISRAEL DEACONESS MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC TRUSTEE (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) ANNA JACQUES HOSPITAL, INC TRUSTEE (EX-OFFICIO) SEACOAST AFFILIATED GROUP PRACTICE, INC DR TABB HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 DIRECTOR AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR JORDAN HEALTH SYSTEMS, INC DIRECTOR JORDAN PHYSICIAN ASSOCIATES, INC DIRECTOR BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR AND PRESIDENT BIDMC PHARMACY, INC TRUSTEE (EX-OFFICIO) AND CO-CHAIR CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 1,184,748 INCENTIVE COMPENSATION 552,000 OTHER REPORTABLE COMPENSATION 20,206 DEFERRED COMPENSATION 93,674 NON-TAXABLE BENEFITS 50,030 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR TABB INCLUDES \$94,326 COMBINED PAYMENTS TO NONQUALIFIED RETIREMENT PLANS PLUS THE INCREASE/DECREASE IN VALUE OF THOSE ACCOUNTS DURING THE 2018 CALENDAR YEAR OF THIS AMOUNT, \$80,324 WAS UNVESTED AT SEPTEMBER 30, 2019 WEINER ESQ , BARRY TRUSTEE NORTHEAST HOSPITAL CORPORATION FAVAZZO, CHARLES TRUSTEE NORTHEAST HOSPITAL CORPORATION MELDEN, KURT TRUSTEE NORTHEAST HOSPITAL CORPORATION LEAR, MARYELLEN MS LEAR SERVES IN THE FOLLOWING POSITIONS EFFECTIVE MARCH 1, 2019 DIRECTOR GOVERNANCE AND BOARD RELATIONS -- BETH ISRAEL LAHEY HEALTH, INC ASSISTANT CLERK -- LAHEY CLINIC FOUNDATION, INC ASSISTANT CLERK -- LAHEY CLINIC HOSPITAL, INC ASSISTANT CLERK -- LAHEY CLINIC, INC ASSISTANT CLERK -- NORTHEAST HOSPITAL CORPORATION MS LEAR HELD THE ADDITIONAL POSITIONS BELOW THROUGH MARCH 1, 2019 UNLESS OTHERWISE SPECIFIED ASSISTANT SECRETARY LAHEY HEALTH SYSTEM, INC ASSISTANT SECRETARY AND DIRECTOR LEGAL SUPPORT SERVICES -- LAHEY HEALTH SHARED SERVICES, INC ASSISTANT SECRETARY -- ADDISON GILBERT SOCIETY, INC ASSISTANT CLERK -- LEDGEWOOD HEALTHCARE CORPORATION ASSISTANT CLERK -- NORTHEAST BEHAVIORAL HEALTH CORPORATION ASSISTANT CLERK -- NORTHEAST HEALTH SYSTEM, INC ASSISTANT CLERK -- NORTHEAST MEDICAL PRACTICE INC ASSISTANT CLERK -- NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC (THROUGH OCTOBER 25, 2018) ASSISTANT CLERK -- NORTHEAST PROPRIETARY CORPORATION ASSISTANT CLERK -- NORTHEAST SENIOR HEALTH CORPORATION (THROUGH OCTOBER 25, 2018) ASSISTANT CLERK -- SEACOAST NURSING AND REHABILITATION CENTER, INC PAYMENTS REPORTED BY LHSS BASE COMPENSATION 102,841 INCENTIVE COMPENSATION 11,143 OTHER REPORTABLE COMPENSATION 469 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 31,085 WOODWORTH, CONNIE ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE NHS NORTHEAST HOSPITAL CORPORATION, INC ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE NHS NORTHEAST MEDICAL PRACTICE, INC ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE NHS NORTHEAST PROFESSIONAL REGISTRY OF NURSES ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE NHS NORTHEAST SENIOR HEALTH CORPORATION ASSISTANT TREASURER AND VICE PRESIDENT, FINANCE NHS SEACOAST NURSING & REHABILITATION CENTER, INC PAYMENTS REPORTED BY LHSS BASE COMPENSATION 248,545 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,840 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 3,543 MS WOODWORTH'S TERM ON THE NE PROFESSIONAL REGISTRY OF NURSES'S BOARD ENDED ON FEBRUARY 28, 2019</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>O'CONNOR, TIMOTHY MR O'CONNOR HELD THE FOLLOWING POSITIONS COMMENCING ON MARCH 1, 2019 FINANCE INTEGRATION LEAD, BETH ISRAEL LAHEY HEALTH MR O'CONNOR HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER LAHEY HEALTH SYSTEM, INC TRUSTEE, TREASURER AND CHIEF FINANCIAL OFFICER LAHEY HEALTH SHARED SERVICES TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC TREASURER, EXECUTIVE VICE PRESIDENT, AND CHIEF FINANCIAL OFFICER ADDISON GILBERT SOCIETY, INC TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST HEALTH SYSTEM, INC TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST PROFESSIONAL REGISTRY OF NURSES EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER WINCHESTER HOSPITAL FOUNDATION, INC TREASURER, EXECUTIVE VICE PRESIDENT, AND CHIEF FINANCIAL OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC TREASURER AND CHIEF FINANCIAL OFFICER LAHEY CLINIC FOUNDATION, INC TREASURER AND CHIEF FINANCIAL OFFICER LAHEY CLINIC, INC TREASURER AND CHIEF FINANCIAL OFFICER LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST MEDICAL PRACTICE, INC TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER WINCHESTER HOSPITAL DIRECTOR AND TREASURER -- LAHEY CLINICAL PERFORMANCE NETWORK ACCOUNTABLE CARE ORGANIZATION TREASURER -- LAHEY CLINICAL PERFORMANCE NETWORK, LLC DIRECTOR AND TREASURER -- LEDGEWOOD HEALTHCARE CORPORATION DIRECTOR AND TREASURER -- NORTHEAST PROPRIETARY CORP TRUSTEE CONCORD SPECIALISTS, LLC AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION PAYMENTS REPORTED BY LHSI BASE COMPENSATION 671,617 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 437,105 DEFERRED COMPENSATION 164,700 NON-TAXABLE BENEFITS 32,847 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR O'CONNOR INCLUDES CONTRIBUTIONS TO A 457(F) PLAN AND AN INCREASE IN VALUE OF THAT PLAN TOTALING \$506,458 OF THAT AMOUNT \$128,200 WAS UNVESTED AT SEPTEMBER 30, 2019 LYONS, ALTHEA VICE PRESIDENT, HUMAN RESOURCES AND DEVELOPMENT NORTHEAST HOSPITAL CORPORATION VICE PRESIDENT, HUMAN RESOURCES AND DEVELOPMENT NORTHEAST MEDICAL PRACTICE VICE PRESIDENT, HUMAN RESOURCES AND DEVELOPMENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES VICE PRESIDENT, HUMAN RESOURCES AND DEVELOPMENT NORTHEAST SENIOR HEALTH CORPORATION VICE PRESIDENT, HUMAN RESOURCES AND DEVELOPMENT SEACOAST NURSING & REHABILITATION CENTER, INC PAYMENTS REPORTED BY LHSS BASE COMPENSATION 233,706 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,552 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>PERRYMAN, KIMBERLY CHIEF NURSING OFFICER, BEVERLY HOSPITAL NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY LCH BASE COMPENSATION 276,186 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 647 DEFERRED COMPENSATION 25,984 NON-TAXABLE BENEFITS 32,756 DONALDSON, CYNTHIA VICE PRESIDENT, ANCILLARY SERVICES, ADDISON GILBERT HOSPITAL & LAHEY OUTPATIENT CENTER DANVERS NORTHEAST HOSPITAL CORPORATION TRUSTEE ADDISON GILBERT SOCIETY, INC PAYMENTS REPORTED BY NHC BASE COMPENSATION 177,661 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 19,895 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 29,657 GENDREAU M D , MARK CHIEF MEDICAL OFFICER, BEVERLY HOSPITAL NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY LCH BASE COMPENSATION 334,653 INCENTIVE COMPENSATION 8,356 OTHER REPORTABLE COMPENSATION 1,496 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 33,958 GRANT, M D , J D , HOWARD R DR GRANT HELD THE FOLLOWING POSITIONS THROUGH HIS RETIREMENT ON SEPTEMBER 30, 2018 FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SYSTEM, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SHARED SERVICES, INC FORMER PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC FOUNDATION, INC FORMER PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC , INC FORMER PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER LAHEY CLINIC HOSPITAL , INC FORMER TRUSTEE, OFFICER, PRESIDENT AND CHIEF EXECUTIVE OFFICER BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER ADDISON GILBERT SOCIETY FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST HEALTH SYSTEM, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST PROFESSIONAL REGISTRY OF NURSES FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST SENIOR HEALTH CORPORATION FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER SEACOAST NURSING & REHABILITATION CENTER, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER WINCHESTER HOSPITAL FOUNDATION, INC FORMER PRESIDENT AND TRUSTEE WINCHESTER HEALTHCARE MANAGEMENT, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST MEDICAL PRACTICE, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC FORMER PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER WINCHESTER HOSPITAL FORMER PRESIDENT AND DIRECTOR LEDGEWOOD HEALTHCARE CORPORATION FORMER PRESIDENT AND DIRECTOR NORTHEAST PROPRIETARY CORPORATION FORMER TRUSTEE -- CONCORD SPECIALISTS, LLC 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 ABOVE, ENDED SEPTEMBER 30, 2018 AS REQUIRED BY THIS FORM 990, THE COMPENSATION AND BENEFITS REPORTED BELOW ARE FOR THE CALENDAR YEAR 2018 PAYMENTS REPORTED BY LHSI BASE COMPENSATION 842,785 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 3,600,085 DEFERRED COMPENSATION 219,222 NON-TAXABLE BENEFITS 29,044 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR GRANT INCLUDES TAXABLE SALARY CONTINUATION PAYMENTS IN THE AMOUNT OF \$3,061,352 WHICH VESTED AT THE TIME OF DR GRANT'S RETIREMENT AND \$220,000 INCLUDABLE IN INCOME UNDER 457(F) IN ADDITION, DEFERRED COMPENSATION INCLUDES \$189,341 OF DEFERRED RETIREMENT BENEFITS WHICH WERE PAID TO DR GRANT AFTER MARCH 15, 2019 AS REQUIRED BY THE FORM 990, THESE AMOUNTS WILL BE REPORTED AGAIN AS OTHER REPORTABLE COMPENSATION IN THE LAHEY AFFILIATE TAX RETURNS COVERING THE FISCAL YEAR ENDING SEPTEMBER 30, 2020</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>TUFTS M D , ROBERT TRUSTEE AND PHYSICIAN NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NHC BASE COMPENSATION 87,229 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 CORMIER, PHILIP EFFECTIVE MARCH 1, 2019 MR CORMIER HELD THE FOLLOWING POSITIONS PRESIDENT, AND TRUSTEE (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION PRESIDENT, CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) -- NORTHEAST MEDICAL PRACTICE INC MR CORMIER HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) -- NORTHEAST HEALTH SYSTEM, INC CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) -- NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX OFFICIO) -- NORTHEAST SENIOR HEALTH CORPORATION PRESIDENT AND TRUSTEE (EX-OFFICIO)-- ADDISON GILBERT SOCIETY, INC PRESIDENT -- NORTHEAST MEDICAL PRACTICE INC PRESIDENT, CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) -- NORTHEAST MEDICAL PRACTICE INC PAYMENTS REPORTED BY NHC BASE COMPENSATION 567,589 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 25,121 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 29,122 SPACKMAN, J D , DAVID G MR SPACKMAN RETIRED AS LAHEY HEALTH SYSTEM, INC 'S SENIOR VICE PRESIDENT GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK ON MARCH 1, 2019 MR SPACKMAN HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK LAHEY HEALTH SYSTEM, INC TRUSTEE, SECRETARY AND GENERAL COUNSEL LAHEY HEALTH SHARED SERVICES, INC TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND SECRETARY ADDISON GILBERT SOCIETY, INC TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST HEALTH SYSTEM, INC TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST PROFESSIONAL REGISTRY OF NURSES SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK WINCHESTER HOSPITAL FOUNDATION, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK WINCHESTER HEALTHCARE MANAGEMENT, INC CLERK AND GENERAL COUNSEL LAHEY CLINIC FOUNDATION, INC CLERK AND GENERAL COUNSEL LAHEY CLINIC, INC CLERK AND GENERAL COUNSEL LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST HOSPITAL CORPORATION TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST MEDICAL PRACTICE, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK WINCHESTER HOSPITAL PAYMENTS REPORTED BY LHSI BASE COMPENSATION 318,145 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,584 DEFERRED COMPENSATION 29,881 NON-TAXABLE BENEFITS 12,005 SEBBA M D , LESLIE CHIEF MEDICAL OFFICER, LAHEY CLINICAL PERFORMANCE NETWORK NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NHC BASE COMPENSATION 365,969 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 23,334 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 37,682 GINSBERG M D , BARRY CHIEF MEDICAL OFFICER, NORTHEAST BEHAVIORAL HEALTH NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NHC BASE COMPENSATION 312,105 INCENTIVE COMPENSATION 400 OTHER REPORTABLE COMPENSATION 60,453 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 48,105 GILLESPIE M D , STEVEN PHYSICIAN NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NHC BASE COMPENSATION 227,200 INCENTIVE COMPENSATION 104,875 OTHER REPORTABLE COMPENSATION 1,530 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 34,318 DILILLO M D , LOUIS ASSOCIATE CHIEF MEDICAL OFFICER NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NHC BASE COMPENSATION 288,629 INCENTIVE COMPENSATION 42,420 OTHER REPORTABLE COMPENSATION 1,290 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 35,347 DEVITA, NICOLE CHIEF OPERATING OFFICER, BH AND AGH NORTHEAST HOSPITAL CORPORATION FORMER SVP OPERATIONS LHMC LAHEY CLINIC HOSPITAL, INC PAYMENTS REPORTED BY LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER BASE COMPENSATION 354,904 INCENTIVE COMPENSATION OTHER REPORTABLE COMPENSATION 24,963 DEFERRED COMPENSATION 22,570 NON-TAXABLE BENEFITS 10,576 JOHNSON, M D , HUBERT PHYSICIAN NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NORTHEAST HOSPITAL CORPORATION BASE COMPENSATION 404,133 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 4,465 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 MR JOHNSON'S TERM ON THE NORTHEAST HOSPITAL CORPORATION'S BOARD BEGAN ON OCTOBER 1, 2019 LAMBA, GUPRIT PHYSICIAN NORTHEAST HOSPITAL CORPORATION PAYMENTS REPORTED BY NORTHEAST HOSPITAL CORPORATION BASE COMPENSATION 231,525 INCENTIVE COMPENSATION 3,500 OTHER REPORTABLE COMPENSATION 321 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 LODGE, PAULINE SENIOR VICE PRESIDENT AND BUSINESS DEVELOPMENT, MARKETING AND COMMUNICATIONS LAHEY HEALTH SHARED SERVICES SENIOR VICE PRESIDENT, STRATEGIC PLANNING AND BUSINESS DEVELOPMENT BETH ISRAEL LAHEY HEALTH COMPENSATION RECEIVED RELATES TO NETWORK DEVELOPMENT EFFORTS ON BEHALF OF THE LAHEY HEALTH SYSTEM PAYMENTS REPORTED BY LHSS BASE COMPENSATION 392,677 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,868 DEFERRED COMPENSATION 29,398 NON-TAXABLE BENEFITS 40,674</p>



Additional Data

Software ID:
Software Version:
EIN: 04-2121317
Name: NORTHEAST HOSPITAL CORPORATION

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				
CORMIER PHILIP PRESIDENT, TRUSTEE	(i)	567,589	0	25,121	0	29,122	621,832	0
	(ii)	0	0	0	0	0	0	0
DOUMAS MD ALEXANDER TRUSTEE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	315,441	104,321	6,357	19,156	34,665	479,940	0
NESTO MD RICHARD TRUSTEE, PRESIDENT (EX-OFF)	(i)	0	0	0	0	0	0	0
	(ii)	742,043	0	120,935	36,500	31,937	931,415	0
TABB MD KEVIN TRUSTEE (EX-OFF), CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,184,747	552,000	20,206	93,674	50,030	1,900,657	0
FISCHER STEVEN P TREASURER, EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	565,045	151,691	53,474	18,750	57,012	845,972	0
KATZ JAMIE CLERK, EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	415,671	111,276	33,516	17,792	26,216	604,471	0
O'CONNOR TIMOTHY EVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	671,616	0	437,105	164,700	32,847	1,306,268	0
SPACKMAN JD DAVID G SVP GOV AFFR, GEN COUN & CLERK	(i)	0	0	0	0	0	0	0
	(ii)	318,145	0	5,584	29,398	12,005	365,132	0
WOODWORTH CONNIE OFFICER, VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	248,544	0	5,840	0	3,543	257,927	0
DEVITA NICOLE COO, BH & AGH	(i)	0	0	0	0	0	0	0
	(ii)	354,904	0	24,963	22,570	10,576	413,013	0
DONALDSON CYNTHIA C VP ANCILLARY SERV, AGH & LOCD	(i)	177,661	0	19,895	0	29,657	227,213	0
	(ii)	0	0	0	0	0	0	0
GENDREAU MD MARK CHIEF MEDICAL OFFICER, BEVERLY	(i)	0	0	0	0	0	0	0
	(ii)	330,555	8,356	5,594	29,398	33,358	407,261	0
GINSBERG MD BARRY CHIEF MEDICAL DIR, BH & AGH	(i)	349,505	0	23,453	0	0	372,958	0
	(ii)	0	0	0	0	0	0	0
LYONS ALTHEA VP HR & DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	215,206	0	20,052	26,215	34,957	296,430	0
PERRYMAN KIMBERLY CNO, BEVERLY HOSPITAL/AGS	(i)	0	0	0	0	0	0	0
	(ii)	276,186	0	647	25,984	32,756	335,573	0
DILILLO LOUIS ASSOCIATE CMO & PHYSICIAN	(i)	288,629	42,420	1,290	0	0	332,339	0
	(ii)	0	0	0	0	0	0	0
GILLESPIE MD STEVEN PHYSICIAN	(i)	324,576	7,500	1,530	0	0	333,606	0
	(ii)	0	0	0	0	0	0	0
JOHNSON MD HUBERT PHYSICIAN	(i)	404,133	0	4,465	0	0	408,598	0
	(ii)	0	0	0	0	0	0	0
LAMBA GURPRIT PHYSICIAN	(i)	231,525	3,500	321	0	0	235,346	0
	(ii)	0	0	0	0	0	0	0
SEBBA LESLIE PRESIDENT & CMO LCPN	(i)	365,969	0	23,334	0	0	389,303	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name 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				
GRANT MD JD HOWARD R FMR TRUSTEE, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	842,784	0	3,600,086	219,222	29,043	4,691,135	0
LODGE PAULINE M FMR SVP BUS DEV MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	392,677	0	1,868	29,398	40,674	464,617	0

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

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

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

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

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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

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

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

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

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

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

Return Reference	Explanation
BOND A, ENTITY 3	<p>PART III, COLUMN D, LINE 9 AS OF FISCAL YEAR END 2019, BETH ISRAEL LAHEY HEALTH HAS PLANS TO INCLUDE BOTH LAHEY SERIES F AND LAHEY SERIES E UNDER ITS WRITTEN POLICIES AND PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE THESE ISSUES ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1.141-12 AND 1.145-2 THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19</p> <p>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-REMEDATION ISN'T AVAILABLE THE DELAY IN ADOPTING UPDATED POLICIES AND PROCEDURES HAS RESULTED, IN LARGE PART, DUE TO COMPLICATIONS RESULTING FROM COVID-19</p>

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
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OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

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

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

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

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Supplemental Information on Tax-Exempt Bonds

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OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
04-2121317

Part I Bond Issues

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

Part II Proceeds

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) P MUNIZ	FAMILY MEMBER OF M MUNIZ	69,603	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L	PAUL MUNIZ, A TRUSTEE AT NORTHEAST HOSPITAL CORPORATION (NHC), IS THE FATHER OF MEGHAN MUNIZ WHO IS A REGISTERED NURSE AT NHC HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2018 INCLUDE BASE COMPENSATION \$69,194 INCENTIVE COMPENSATION \$0 OTHER REPORTABLE COMPENSATION \$5 DEFERRED COMPENSATION \$0 NON-TAXABLE BENEFITS \$404 VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF NHC MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO NHC SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE NHC MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, NHC 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 TOTALLED \$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 NHC CONFLICT OF INTEREST POLICIES

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	800	COST OR SELLING PRICE
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	8	21,584	COST OR SELLING PRICE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

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

Yes

No

30a

No

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

31

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

Yes

31

32a

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

No

32a

No

b If "Yes," describe in Part II

33

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

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 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization

NORTHEAST HOSPITAL CORPORATION

Employer identification number

04-2121317

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	NORTHEAST HOSPITAL CORPORATION HAS FOUR FACILITIES BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL, LAHEY OUTPATIENT CENTER, DANVERS AND BAYRIDGE HOSPITAL AND FOUNDED IN THE CONCEPTS OF QUALITY, CARING AND COMMUNITY TOGETHER, THESE INSTITUTIONS ARE DEDICATED TO PROVIDING THE HIGHEST QUALITY, PATIENT-CENTERED MEDICAL CARE FOR NORTH SHORE AND CAPE ANN RESIDENTS, CENTERING ON A CONCEPT AND CONTINUUM OF CARE THAT EMBRACES THE HEALTH, WELL-BEING AND DIGNITY OF EACH PATIENT, REGARDLESS OF THEIR ABILITY TO PAY ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAKUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH) 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>INPATIENT SERVICES NORTHEAST HOSPITAL CORPORATION (NHC), IS LOCATED ON THE NORTH SHORE AND CAPE ANN, AND IS MADE UP OF BEVERLY AND ADDISON GILBERT HOSPITALS (COMMUNITY HOSPITALS), BAYRIDGE HOSPITAL (A BEHAVIORAL HEALTH FACILITY) AND LAHEY OUTPATIENT CENTER, DANVERS (AN OUTPATIENT FACILITY THAT OFFERS DIAGNOSTIC AND IMAGING SERVICES, ALONG WITH PRIMARY, SPECIALTY, PREVENTATIVE AND URGENT CARE). NHC PROVIDES A WIDE RANGE OF INPATIENT SERVICES THAT INCLUDE, BUT ARE NOT LIMITED TO CRITICAL CARE, GENERAL MEDICINE, SURGERY, MATERNITY/OBSTETRICS, NEWBORN SPECIAL CARE, PEDIATRICS AND BEHAVIORAL HEALTH/PSYCHIATRY. SOME OF THESE AREAS ARE HIGHLIGHTED BELOW. BETWEEN THEM, BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS HAVE A TOTAL OF 364 LICENSED BEDS, 100 OF THESE ARE FOR BEHAVIORAL HEALTH. SERVICES ARE COORDINATED TO MEET THE NEEDS OF THE COMMUNITIES AND ENSURE THE HIGHEST QUALITY CARE FOR PATIENTS. KEY SERVICE LINES INCLUDE ORTHOPEDICS, MATERNITY, BEHAVIORAL HEALTH AND CARDIOLOGY. DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019, THE ORGANIZATION HAD 21,087 INPATIENT DISCHARGES. SURGICAL SERVICES: BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND LAHEY OUTPATIENT CENTER, DANVERS OFFER THE MOST INNOVATIVE SURGICAL CARE ON THE NORTH SHORE AND CAPE ANN. THE SURGEONS ARE EXCEPTIONALLY QUALIFIED. THE FACILITIES AND EQUIPMENT ARE STATE-OF-THE-ART. AND THE ORGANIZATION IS COMMITTED TO PROVIDING THE MOST EFFECTIVE SURGICAL TREATMENT WHILE MINIMIZING PAIN AND RECOVERY TIME. SURGICAL SPECIALTIES INCLUDE OPHTHALMOLOGY, EAR, NOSE AND THROAT (ENT) SURGERY, BREAST SURGERY, GENERAL AND GASTROINTESTINAL SURGERY, GYNCOLOGICAL SURGERY, PLASTIC SURGERY, SPINE SURGERY, UROLOGIC SURGERY, AND VASCULAR SURGERY. SURGEONS ALSO SPECIALIZE IN MINIMALLY INVASIVE SURGICAL PROCEDURES, WHICH DECREASE THE RISK OF INFECTION AND BLOOD LOSS AND MINIMIZE DISCOMFORT AND RECOVERY TIME. DURING FISCAL YEAR 2019, THE ORGANIZATION PERFORMED 2,969 INPATIENT SURGERIES. MATERNITY SERVICES: BEVERLY HOSPITAL IS ALSO RECOGNIZED AS ONE OF THE AREA'S MOST PROMINENT OBSTETRIC HOSPITALS, WITH 2,199 BABIES BORN IN FISCAL YEAR 2019. SERVICES TO MATERNITY PATIENTS INCLUDE ACCESS TO A SPECIAL CARE NURSERY STAFFED BY NEONATOLOGISTS FROM BETH ISRAEL DEACONESS MEDICAL CENTER WHO CARE FOR NEWBORNS IN NEED OF CLINICAL INTERVENTION. BEHAVIORAL HEALTH/PSYCHIATRIC SERVICES: AS PART OF A COMPREHENSIVE CONTINUUM OF CARE AND AN INTEGRATED MEDICAL/BEHAVIORAL APPROACH TO TREATMENT, NHC IS COMMITTED TO PROVIDING HIGH-QUALITY MENTAL HEALTH SERVICES THAT ADDRESS A BROAD RANGE OF AFFECTIVE, BEHAVIORAL, COGNITIVE AND PERCEPTUAL DISORDERS. THESE MENTAL HEALTH SERVICE PROGRAMS PROVIDE DIAGNOSIS, EVALUATION AND TREATMENT OF BOTH PSYCHIATRIC AND SUBSTANCE ABUSE DISORDERS, AS WELL AS SERVICES TO PATIENTS WITH COEXISTING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS. THE GOAL OF TREATMENT IS TO RESTORE PATIENTS' COPING SKILLS BY INVOLVING EACH PATIENT IN AN INDIVIDUALIZED PROGRAM THAT MEETS HIS OR PARTICULAR NEEDS. BAYRIDGE HOSPITAL IN LYNN.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	OFFERS A CONTINUUM OF CHEMICAL DEPENDENCY AND PSYCHIATRIC SERVICES ON AN INPATIENT, PARTIAL HOSPITALIZATION AND OUTPATIENT BASIS ACUTE INPATIENT PSYCHIATRIC SERVICES AND A PARTIAL HOSPITALIZATION PROGRAM ARE ALSO AVAILABLE AT THE LELAND UNIT AT BEVERLY HOSPITAL A TOTAL OF 92 BEDS ARE AVAILABLE THROUGH NHC'S INPATIENT BEHAVIORAL HEALTH SERVICE LOCATED AT THE LELAND UNIT AND BAYRIDGE HOSPITAL AS WELL AS BEDS AT THE ADDISON GILBERT HOSPITAL SENIOR ADULT UNIT, WHICH PROVIDES SPECIALIZED CARE FOR SENIORS WHO REQUIRE BOTH MEDICAL AND MENTAL HEALTH SERVICES THE EMERGENCY PSYCHIATRIC SERVICE IS AVAILABLE TO EVALUATE PATIENTS WHO COME TO THE EMERGENCY DEPARTMENTS AND REQUIRE PSYCHIATRIC EVALUATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>OUTPATIENT SERVICES IN ADDITION TO ACUTE-CARE INPATIENT SERVICES, NHC ALSO PROVIDES AN EXTENSIVE RANGE OF OUTPATIENT SERVICES BEVERLY AND ADDISON GILBERT HOSPITALS ARE LEADING PROVIDERS IN SUCH IMPORTANT MEDICAL SPECIALTIES THAT INCLUDE, BUT ARE NOT LIMITED TO CARDIOLOGY, ONCOLOGY, RADIOLOGY, GERIATRICS, WOMEN'S HEALTH, REHABILITATION, ENDOSCOPY, MAMMOGRAPHY AND CARDIOPULMONARY SERVICES SOME OF THESE AREAS ARE HIGHLIGHTED BELOW</p> <p>CARDIOVASCULAR SERVICES</p> <p>CARDIOVASCULAR SERVICES PROVIDE A FULL RANGE OF CARDIAC TESTING, DIAGNOSTIC SERVICES, CARDIOVASCULAR TREATMENT AND FOLLOW-UP CARE NHC OFFERS SPECIALIZED CARDIAC TESTS SUCH AS ELECTROCARDIOGRAMS, ECHOCARDIOGRAMS, STRESS TESTING, DOPPLER ULTRASONOGRAPHY AND CARDIAC CATHETERIZATION, AS WELL AS TREATMENT FOR A FULL RANGE OF CARDIAC DISORDERS, INCLUDING CORONARY ARTERY DISEASE, CARDIOMYOPATHY, VALVE AND ARTERY PROBLEMS, IRREGULAR HEARTBEAT, OR A MEDICAL CONDITION THAT PLACES A PATIENT AT INCREASED RISK OF DEVELOPING HEART DISEASE</p> <p>ONCOLOGY SERVICES</p> <p>THE HOSPITAL'S CANCER PROGRAM IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS A COMPREHENSIVE CANCER CARE CENTER THAT OFFERS STATE-OF-THE-ART MEDICAL AND SURGICAL CARE FOR INDIVIDUALS DIAGNOSED WITH MOST TYPES OF CANCER THE MODERN HEMATOLOGY/ONCOLOGY CENTER, LOCATED ON THE CAMPUS OF BEVERLY AND ADDISON GILBERT HOSPITALS, ALLOWS PATIENTS TO MEET WITH THEIR CARE TEAM, HAVE LABORATORY TESTS AND UNDERGO TREATMENT IN A SINGLE LOCATION IT IS DESIGNED TO PROVIDE CONVENIENCE, PRIVACY AND IMMEDIATE ACCESS TO RESOURCES LIKE PHARMACY AND EMERGENCY CARE THE PROGRAM'S PHYSICIANS PARTICIPATE IN A COLLABORATIVE TEAM APPROACH TO CARING FOR THEIR PATIENTS A TEAM IS MADE UP OF MEDICAL ONCOLOGISTS, SURGEONS, RADIOLOGISTS, AND PATHOLOGISTS, ALL BOARD-CERTIFIED IN THEIR SPECIALTIES THE PROGRAM ALSO HAS A DEDICATED INPATIENT ONCOLOGY UNIT, WHICH PROVIDES THE HIGHEST LEVELS OF PATIENT SAFETY AND QUALITY, UTILIZING CHEMOTHERAPY AND SUPPORTIVE THERAPIES BY CHEMOTHERAPY-CERTIFIED RNS</p> <p>REHABILITATION SERVICES</p> <p>THE CENTER FOR REHABILITATION AND SPORTS MEDICINE AT BEVERLY HOSPITAL IS DISTINGUISHED AS A CENTER OF EXCELLENCE PATIENTS BENEFIT FROM THE MOST CURRENT TECHNOLOGIES AND TECHNIQUES - DELIVERED BY HIGHLY TRAINED STAFF COMMITTED TO PROVIDING EXCEPTIONAL ONE-ON-ONE CARE THE CENTER PROVIDES THE EXPERT CARE TO MEET PATIENTS' TIMELINES, GOALS AND NEEDS IT OFFERS A FULL RANGE OF SPECIALTY SERVICES RANGING FROM ORTHOPEDIC REHABILITATION TO NEUROLOGICAL THERAPY MANY OF THE CENTER'S THERAPISTS HAVE DOCTORATE DEGREES OR ADVANCED CERTIFICATION IN THEIR AREA OF SPECIALTY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>EMERGENCY DEPARTMENT BEVERLY AND ADDISON GILBERT HOSPITALS' EMERGENCY DEPARTMENTS ARE OPEN 24-HOURS-A-DAY, 7 DAYS A WEEK, AND PROVIDE THE LOCAL COMMUNITIES WITH A DEDICATED EMERGENCY CARE TEAM THAT INCLUDES BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS AND SPECIALTY TRAINED EMERGENCY NURSES PATIENTS SEEKING CARE AT BEVERLY AND ADDISON GILBERT HOSPITALS HAVE ACCESS TO ADVANCED LIFE SUPPORT, INTENSIVE CARE CAPABILITIES, AND A WIDE RANGE OF DOCTORS AND CLINICIANS SPECIALLY TRAINED IN AREAS SUCH AS PEDIATRICS, CARDIOLOGY AND ANESTHESIA IN ADDITION, BOTH BEVERLY AND ADDISON GILBERT HOSPITALS ARE PRIMARY STROKE SERVICE HOSPITALS THIS DESIGNATION MEANS THAT BOTH HOSPITALS MEET THE CRITERIA REQUIRED TO PROVIDE A HIGH LEVEL OF STROKE CARE TO PATIENTS THE HOSPITALS HAVE AVAILABLE DIAGNOSTIC AND THERAPEUTIC SERVICES FROM A MULTIDISCIPLINARY TEAM AND THAT TEAM IS ACCESSIBLE 24-HOURS A DAY, SEVEN DAYS A WEEK TO PATIENTS PRESENTING WITH SYMPTOMS OF ACUTE STROKE BEVERLY HOSPITAL'S EMERGENCY DEPARTMENT ALSO OFFERS FAST TRACK, A PROGRAM THAT PROVIDES DEDICATED STAFF TO CARE FOR PATIENTS WITH MINOR INJURIES AND ILLNESSES THE SERVICE TREATS PATIENTS WITH SPRAINS, FLU, CUTS AND OTHER MINOR INJURIES WITH THE SAME CARE AND TECHNOLOGY AS THOSE PATIENTS WITH LIFE-THREATENING INJURIES PHYSICIANS FROM BOSTON CHILDREN'S HOSPITAL STAFF BEVERLY HOSPITAL'S PEDIATRIC EMERGENCY SERVICE THESE PHYSICIANS OFFER SPECIALLY TRAINED, ADVANCED CARE DURING THE FISCAL YEAR COVERED BY THIS FILING, BEVERLY AND ADDISON GILBERT HOSPITALS HAD 61,530 EMERGENCY DEPARTMENT VISITS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICE ACCOMPLISHMENTS ANCILLARY SERVICES AND COMMUNITY SERVICES IN ADDITION TO THE INPATIENT AND OUTPATIENT SERVICES DETAILED ABOVE, NHC PROVIDES RADIOLOGIC PROCEDURES AS PART OF INPATIENT CARE AS WELL AS LABORATORY SERVICES FOR BOTH INPATIENTS AND OUTPATIENTS NHC ALSO OFFERS COMMUNITY SERVICE PROGRAMS, INCLUDING THE COMPASS/MOMS DO CARE PROGRAM, WHICH PROVIDES MENTAL HEALTH AND SUBSTANCE USE TREATMENT FOR PREGNANT AND/OR PARENTING WOMEN AND NEWBORNS THE PROGRAM PROMOTES RECOVERY, IMPROVES PERINATAL CARE OF THE MOTHER AND BABY AND ENHANCES OUTCOMES FOR THE MOTHER AND HER FAMILY THROUGH A MULTIDISCIPLINARY APPROACH, A CARE TEAM DELIVERS TRAUMA-INFORMED, EVIDENCE-BASED MATERNAL AND NEONATAL CARE AND PROVIDES COMPREHENSIVE SUPPORT FOR SUBSTANCE-EXPOSED NEWBORNS AND THEIR FAMILIES THIS PROGRAM HAS BEEN PARTIALLY FUNDED THROUGH THE HEALTH POLICY COMMISSION, THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, THE BUREAU OF SUBSTANCE ADDICTION SERVICES AND THE WOMEN'S FUND OF ESSEX COUNTY ADDITIONAL COMMUNITY BENEFIT ACTIVITY NHC IS COMMITTED TO COLLABORATIVELY ENGAGING WITH COMMUNITIES TO PROMOTE HEALTH AND WELLNESS HOSPITAL LEADERSHIP AND COMMUNITY BENEFITS STAFF WORK CLOSELY WITH THE COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) TO PLAN, IMPLEMENT AND SUPPORT AN ARRAY OF PROGRAMS AND ACTIVITIES DESIGNED TO IMPROVE THE HEALTH AND WELL-BEING OF COMMUNITY RESIDENTS CBAC MEMBERS REPRESENT A BROAD CROSS-SECTION OF ORGANIZATIONS SERVING LOCAL RESIDENTS AND ARE COMMITTED TO REPRESENTING THE COMMUNITY AND ITS HEALTH PRIORITIES FOR ADDITIONAL DETAIL SEE THIS FORM 990 SCHEDULE H</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV LINE 11F	EACH ENTITY WITHIN THE BETH ISRAEL LAHEY HEALTH, INC (BILH) SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS THE SYSTEM DID NOT RECOGNIZED THE EFFECT OF ANY INCOME TAX POSITIONS IN 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV LINE 24A	<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, 2019 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL) EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC ACCOMPLISH ITS CHARITABLE PURPOSES, AS WELL AS ALL ENTITIES FOR WHICH THESE ENTITIES SERVE AS MEMBER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV, LINE 24B	PROCEEDS IN THE PROJECT FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, BUT WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) IS THE SOLE MEMBER OF NORTHEAST HOSPITAL CORPORATION 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 7B	<p>THE MEMBER OF NORTHEAST HOSPITAL CORPORATION HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN NO RTHEAST HOSPITAL CORPORATION'S BY-LAWS SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGAN IZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POS ITIVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M G L ") CHAPTER 180, AS AME NDED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 IN ADDITION, EXCEPT A S ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYL AWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFER RED BY M G L CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 NO TWITHSTANDING 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 PHILA NTHROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORP ORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONE NTS OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CON SOLIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER, (B) APPROVE OR REQUIR E ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIE S, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIAT E IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES, OR (C) AMEND OR REST ATE 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 CO RPORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFF ILIATION 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 TH E 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 CONS ULTING 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) APP OINTMENT, 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 CLIN ICAL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEE DS, (B) ENSURING COMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING C REDENTIALING AND OTHER MEDICAL STAFF MATTERS, (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PL ANNING, MAKING RECOMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL R EVIEW OF THE CORPORATION'S STR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>ATEGIC AND FINANCIAL PLAN AND GOALS, (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AND CAPITAL BUDGETS AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES , (E) MAKING RECOMMENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS, (F) PROVIDING OVERSIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY, (G) REVIEWING DISASTER PLANS THAT DEAL WITH BOTH INTERNAL (E G , FIRE) AND EXTERNAL DISASTE RS, AND (H) EVALUATING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONT INUE TO MEET COMMUNITY NEEDS EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHAL L ACT IN AN ADVISORY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWER S (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 TH E CORPORATION UNDER THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) O R UNDER THESE BYLAWS WITH RESPECT TO THE MEMBER, AND (D) POWERS TO ENFORCE ANY RIGHTS VEST ED IN THE CORPORATION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH S YSTEM, 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 T HE 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 SU BJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE NOTWITHSTANDING CLAUSE (B) ABOV E, THE POWER OF THE CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATI ON 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 EXERCISE D 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 ANO THER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CON SULTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPOR ATION, AND (Z) OTHER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS A ND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EX PRESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BOARD</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>NORTHEAST HOSPITAL CORPORATION HAS A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY PURSUANT TO THAT POLICY, ALL OFFICERS, TRUSTEES, MANAGERS AND KEY EMPLOYEES ARE ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS MAINTAINED BY THESE INDIVIDUALS AND/OR THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A CONFLICT OF INTEREST LAHEY HEALTH SHARED SERVICES (LHSS), AN AFFILIATE OF NORTHEAST HOSPITAL CORPORATION IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND PROVIDES ADMINISTRATIVE AND CENTRALIZED OPERATIONAL SUPPORT TO ITS AFFILIATES THE LHSS COMPLIANCE DEPARTMENT ADMINISTERS THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE PROCESS ON BEHALF OF ITS AFFILIATES ALL POSITIVE RESPONSES ARE REVIEWED AND EVALUATED BY A COMPLIANCE TEAM MEMBER FOR DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT ANY ACTIVITY THAT REQUIRES FURTHER REVIEW IS CAREFULLY EVALUATED ADDITIONAL DOCUMENTATION MAY BE REQUESTED AND/OR A MANAGEMENT PLAN DEVELOPED DEPENDING ON THE NATURE AND TYPE OF POTENTIAL CONFLICT AT TIMES, A PARTICULAR ARRANGEMENT MAY BE REVIEWED BY LEGAL AND/OR REVIEWED BY A COMMITTEE OR OTHER AUTHORIZED LEADERSHIP BODY PURSUANT TO THE CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN THAT MAY REQUIRE DISCLOSURE AND RECUSAL, AS WELL AS APPROPRIATE DOCUMENTATION ADDITIONALLY, AS PREVIOUSLY NOTED IN THIS FILING, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LHSS AND NORTHEAST HOSPITAL CORPORATION'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BILH SYSTEM IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE BILH TAX DEPARTMENT ISSUED A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE NORTHEAST HOSPITAL CORPORATION'S BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE PROCESS WAS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR NORTHEAST HOSPITAL CORPORATION TO COMPLETELY AND ACCURATELY PROCESS AND COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION OCI -29,617,722 TRANSFER OF NET ASSETS -21,301,647 CHANGE IN TEMP & PERM RESTRICTED NET ASSETS 182,229 NET ASSETS RELEASED - TIME RESTRICTED 276 NET ASSETS RELEASED FOR PPE 309,575 NET ASSETS RELEASED 1,189,770 ROUNDING 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, QUESTION 2, 17, 18, 19 AND 29	AS NOTED IN THIS FILING, NORTHEAST HOSPITAL CORPORATION (NHC) IS A SISTER-ORGANIZATION TO ADDISON GILBERT SOCIETY, INC (AGS, EIN 46-4371382) AND LAHEY HEALTH SHARED SERVICES, INC (LHSS EIN 04-3178972) ALL THREE ENTITIES ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AGS AND LHSS PERFORM FUNDRAISING ACTIVITIES ON BEHALF OF, AND IN THE NAME OF, NHC, INCLUDING SPECIAL FUNDRAISING EVENTS AS WELL AS MAIL AND IN-PERSON SOLICITATIONS FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS DETAILED DISCLOSURES CAN BE FOUND IN THE FORM 990 AND SCHEDULE G, SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES, FILED AS PART OF THE AGS AND LHSS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

1a Yes

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

1b

No

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

1c

No

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j Yes

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

1k

No

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s Yes

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART IV, LINE 12	AS NOTED THROUGHOUT THIS FILING, ON MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL CORPORATION (NBC), AND ANNA JAQUES HOSPITAL THE LAHEY CLINIC FOUNDATION IN TURN SERVES AS SOLE MEMBER TO LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL DBA LAHEY HOSPITAL AND MEDICAL CENTER (LHMC) ADDITIONAL ENTITIES LISTED HERE MAY ALSO IN TURN SERVE AS MEMBER TO OTHER NETWORK AFFILIATES BY-LAW CHANGES WERE MADE TO REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS REGS 1 512(B)-1(L)(4) UNDER IRC SEC 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC AND AFFILIATES ARE INCLUDED IN NORTHEAST HOSPITAL CORPORATION'S FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR

Additional Data

Software ID:

Software Version:

EIN: 04-2121317

Name: NORTHEAST HOSPITAL CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAKUES HOSPITAL INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
930 COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	N/A	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE STE 300 BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	Yes	
330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	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?
						YesNo
482 BEDFORD STREET LEXINGTON, MA 02420 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A	No
330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
330 BROOKLINE AVE BOSTON, MA 02215 82-2526816	OPERATE A SPECIALTY PHARMACY	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes
330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
199 ROSEWOOD DRIVE SUITE 250 DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes
109 BROOKLINE AVE STE 300 BOSTON, MA 02215 22-2629185	OVERSEE FINANCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	12C, III-FI	N/A	No
330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	12A, I	N/A	No
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	MILTON HOSPITAL FOUNDATION	Yes
185 PILGRIM ROAD BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes
275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	JORDAN HEALTH SYSTEMS INC	Yes
130 KING STREET WEST TORONTO CA	FUNDRSG ORG	CA	NON-US		N/A	No
41 MALL ROAD BURLINGTON, MA 01805 04-2323457	SUPPORT	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes
41 MALL ROAD BURLINGTON, MA 018050001 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC	Yes
41 MALL ROAD BURLINGTON, MA 018050001 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC	Yes

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						Yes	No
41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 MALL ROAD BURLINGTON, MA 01805 61-1665701	SUPPORT	MA	501(C)(3)	12C, III-FI	N/A		No
160 LONGWOOD AVENUE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3240453	SUPPORT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
800NCUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION	Yes	
85 HERRICK STREET BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
300 WASHINGTON ST GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 22-2814214	SUPPORT ORG	MA	501(C)(3)	12A, I	N/A		No
25 HIGHLAND AVE NEWBURYPORT, MA 01915 32-0443663	HEALTH SVCS	MA	501(C)(3)	10	N/A		No
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	

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

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						Yes	No
41 HIGHLAND AVENUE WINCHESTER, MA 018900000 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-3399570	SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	

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

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

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BETH ISRAEL LAHEY HEALTH INC	R	1,594,002	FMV
(1)	BETH ISRAEL LAHEY HEALTH INC	M	1,536,549	FMV
(2)	BETH ISRAEL LAHEY HEALTH PRIMARY CARE FKA LPCO	R	8,280,008	FMV
(3)	NORTHEAST MEDICAL PRACTICE INC	R	15,504,085	FMV
(4)	ADDISON GILBERT SOCIETY INC	S	344,690	FMV
(5)	WINCHESTER HOSPITAL	M	1,017,750	FMV
(6)	NORTHEAST BEHAVIORAL HEALTH CORPORATION	S	2,858,129	FMV
(7)	NORTHEAST BEHAVIORAL HEALTH CORPORATION	A	111,659	FMV
(8)	NORTHEAST SENIOR HEALTH CORPORATION	A	131,412	FMV
(9)	NORTHEAST SENIOR HEALTH CORPORATION	S	638,453	FMV
(10)	NORTHEAST PROFESSIONAL REGISTRY OF NURSES	S	3,298,792	FMV
(11)	LAHEY HEALTH SHARED SERVICES INC	M	948,164	FMV
(12)	LEDGEWOOD HEALTHCARE CORPORATION	R	1,687,069	FMV