-4	EXTENDED TO AUGUST 16, 2021	1	
.Form 990-T	Exempt Organization Business Income Tax Return	OMB No 1545-0047	
	(and proxy tax under section 6033(e))	_ 2019	
	For calendar year 2019 or other tax year beginning OCT 1, 2019 , and ending SEP 30, 2020	- ZU 13	
Department of the Treasury Internal Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)	
B Exempt under section	Print NORTHEAST HOSPITAL CORPORATION	04-2121317	
x 501(o () (3)	Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions.)	
408(e) 220(e)	Type 85 HERRICK STREET	•	
408A 530(a)		621500	
C. Book value of all assets at end of year	F Group exemption number (See instructions.)		
550,055		trust Other trust	
t i	organization's unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses.		
-	NON-PATIENT LABORATORY SERVICES/EMPLOYEE LEASING . If only one, complete Parts I-V. I		
111	blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additiona	I trade or	
business, then complete		x Yes No	
8.4	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 3 > 1 and identifying number of the parent corporation. > Beth \$3-2671600		
he books are in care of	f ► CONNIE WOODWORTH Telephone number ► (7	781) 744-5100	
Part I Unrelate	d Trade or Business Income (A) Income (B) Expenses	(C) Net	
1a Gross receipts or sale	les <u>1,059,426.</u>		
b Less returns and allo	owances c Balance		
2 Cost of goods sold (S	Schedule A, line 7)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 Gross profit. Subtrac		1,059,426.	
	The (artist) Concesso b)		
	n 4797, Part II, line 17) (attack-Form 4797)		
c Capital loss deductio	on for trusts a partnership or an S corporation (attach statement) 5	/	
5 Income (loss) from a 6 Rent income (Schedi		280. 1,506.	
,	ced income (Schedule E)		
	pyalties, and rents from a controlled organization (Schedule F) 8		
	of a section 501(c)(7), (9), or (17) organization (Schedule G)		
10 Exploited exempt act	tivity income (Schedule I)		
11 Advertising income ((Schedule J)		
12 Other income (See in	nstructions; attach schedule) STATEMENT 1 12 113,314.	113,314.	
13 Total. Combine line:	o o amough iz	280. 1,174,246.	
Part II Deduction	ons Not Taken Elsewhere (See instructions for limitations on deductions) s must be directly connected with the unrelated business income)		
	fficers, directors, and trustees (Schedule K)	14	
15 Salaries and wages		15 215,827.	
16 Repairs and mainter		16	
17 Bad debts		17	
18 Interest (attach scho	ledule) (see instructions)	18	
19 Taxes and licenses		19 41,485.	
20 Depreciation (attach		=	
21 Less depreciation of	laimed on Schedule Aland elsewhere on return 300 ETV, 1 212	21b 7,505.	
22 Depletion		22	
	ferred compensation plans	23	
24 Employee benefit pr		24 47,189.	
25 Excess exempt expe		25	
26 Excess readership of		26 1,053,402.	
27 Other deductions (a		27 1,053,402. 28 1,365,408.	
/	Add lines 14 through 27 taxable income before net operating loss deduction. Subtract line 28 from line 13	29 -191,162.	
	perating loss arising in tax years beginning on or after January 1, 2018	_23	
(see instructions)	perating 1000 arising in tax years beginning on or arter bandary 1, 2010	30 0.	
<i>,</i> '	taxable income. Subtract line 30 from line 29	31 -191,162.	
	or Paperwork Reduction Act Notice, see instructions.	Form 990-T (2019)	

100	90-T(2019) NORTHEAST HOSPITAL CORPORATION		04-	2121317 Page 2
"Par	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	478,079.
33	Amounts pald for disallowed fringes	•	38	
34	Charitable contributions (see instructions for limitation rules)		34	0.
35	Total unrelated business taxable Income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of	lines 32 and 33	35	478,079.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	478,079.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	0	-	1,000.
		8	38	1,000,
39	Unrelated business taxable income. Subtract line 38 from line 37, if line 38 is greater than line 37, enter the smaller of zero or line 37	1.	. []	477 070
J. Day			39	477,079.
-	Tax Computation			
40 🔏	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<u> 40</u>	100,187.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax rate schedule or Schedule D (Form 1041)	_ , ▶	► 41	
42	Proxy tax. See Instructions	•	► 42	
43	Alternative minimum tax (trusts only)		43	
44	Tax on Noncompliant Facility Income. See instructions	_	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	100,187.
	V∤∖(Γax and Payments			·····
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		46.65	
b				
_				
C	· · · · · · · · · · · · · · · · · · ·		- Lens wh	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		Jiliyatilii	
_	Total credits. Add lines 46a through 46d		46e	100 105
47	Subtract line 46e from line 45		47	100,187.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other taxes.	attach schedule		·
48	Total tax Add lines 47 and 48 (see instructions)	Ч	48	100,187.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0,
51 a	Payments A 2018 overpayment credited to 2019 518	·	그만난 내	
b	2019 estimated tax payments	88,500) in siling	
С	Tax deposited with Form 8868	22,12	5 .]	
	Foreign organizations: Tax paid or withheld at source (see instructions)		10.1110	
	, , , , , , , , , , , , , , , , , , , ,			
	Hackup withholding (see instructions)		9/2/1/1/1	
1	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 516			
1	Credit for small employer health insurance premiums (attach Form 8941)			
1	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439			
9	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Total 511 511 512		100 100 100 100 100 100 100 100 100 100	110 625.
1 9 52	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g	···· 4	100 100 100 100 100 100 100 100 100 100	110,625.
f 9 52 53	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached		100 100 100 100 100 100 100 100 100 100	110,625. 1,267.
52 53 54	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	8	54	1,267.
52 53 54 55	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 4136 Other Total 51g Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10	54 55	9,171.
52 53 54 55 68	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 9,171. Rei	10	54	1,267.
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52 53 54 55 Ran	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total Sig Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 9, 171. Ref Statements Regarding Certain Activities and Other Information (see instructions) (see instru	10	54 55	1,267. 9,171. 0. Yes No
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52 53 54 55 66 1 Rant 57	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 9, 171. Ref ENVI. Statements Regarding Certain Activities and Other Information (see instructions) (s	junded bitions)	54 55 58	1,267. 9,171. 0. Yes No Yes No
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52 53 54 55 66 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total	junded bitions)	viedge and bell May the IRS d the proparer is Instructions)?	Yes No Yes No Yes No X X X In the frue, listens this return with hown bolow (see
52 53 54 55 68 7 57 58 58 59 Sign Here	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total Form 4136 Other Total Payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 9, 171. Ref Statements Regarding Certain Activities and Other Information (see instruct At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FincEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of payory I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complied. Declaration of prepayer (other thap exampled the return, including accompanying schedules and statements, and to the correct, and complied. Declaration of prepayer (other thap exampled the return, including accompanying schedules and statements, and to the correct, and complied. Declaration of prepayer (other thap exampled the return, including accompanying schedules and statements, and to the correct, and complied. Declaration of prepayer (other thap exampled the return, including accompanying schedules and statements, and to the correct, and complied. Declaration of prepayer (other thap exampled the return, including accompan	junded bitions) on trust? best of my know	viedge and bell May the IRS d the proparer is Instructional?	Yes No Yes No
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52 53 54 55 66 192 67 57 58 58 58 Sign Here	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Overpayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax P1. Statements Regarding Certain Activities and Other Information (see instructions) over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Fincen Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fives," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt Interest received or accrued during the tax year Under penalties of payors) I declare that I have examined this return, including accompanying schedules and statements, and to the corroct, and complete. Declaration of prepayer (other than Expayare) is based on all information of which properer has any knowledge. Signature of officer Date Print/Type preparer's name Preparer's signature Date B/15/2021	junded buttons) on trust? Check self- employed	viedge and bell May the IRS d the proparer is Inteructional? If PTIN d P00	1,267. 9,171. 0. Yes No The state of the
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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		*
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	e and in f	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property I	Lease	d With Real Prop	erty)		
1. Description of property								
(1) LEASED SPACE								
(2)								
(3)		•						
(4)								
		ed or accrued			0(-)0 4 4 4 4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	s than	of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age	3(a) Deductions directly columns 2(a) a SEE STATEMEN	nd 2(b) (a	ed with the income in ttach schedule)	1
(1)			15	,786.			14,	,280.
(2)					,			
(3)								
(4)								
Total	0.	Total	15	,786.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· , · ,	nter -	15	,786.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	14	,280.
Schedule E - Unrelated Del	ot-Financed	Income (see	: instructions)				-	
			2. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	is
(1)				†			,	
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	a adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			%	1	····			
(2)			%	1				
(3)		, , , , , ,	%					
(4)	<u> </u>		%					
					inter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column	
Totals			•	.	C			٥.
Total dividends-received deductions	ncluded in colum	n 8	•		•	•		0.

Form **990-T** (2019)

Schedule F - Interest, A	- Tillullic	Toyan	103, 411		Controlled O			-	(See iiis	truction	S)
Name of controlled organizat	ion	2. Emp Identific numt	ation	3. Net unr	elated income a instructions)	4, To	tal of specified ments made	includ	t of column 4 ed in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)											- ···
(2)			,				_				
(3)							1				
(4)											
Nonexempt Controlled Organi	zations							•			·
, 7. Taxable Income	8. Net u	nrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ng organ s income	nization's		ductions directly connected income in column 10
(1)											}
(2)											
(3)											
(4)				1							
Totals					į		Add colur Enter here and line 8,		o 1, Part I,	Enter h	Id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7	7), (9), or (17) Or	ganization				
	ructions)						3. Deduction	ns	4 5-1		5. Total deductions
1. Desc	ription of inco	ime		•	2. Amount of	income	directly conne (attach sched		4. Set-	asides schedule)	and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
		,			Enter here and Part I, line 9, co			ST			Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited	Exempt	Activity	Incom	e, Other	Than Adv		ng Income	Cattan, c		2234 1	<u> </u>
(see instr	uctions)	······································			,				1		
1. Description of , exploited activity	unrelated incom	Gross I business ne from business	directly with pa of ur	xpenses connected roduction related ss income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross incommendation from activity is not unrelated business incommendations.	that led		oenses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)	İ		· · · · · · · · · · · · · · · · · · ·				1				
(3)											
(4)											
	page '	re and on i, Part I, , col (A)	page	ere and on 1, Part I, 0, col (B)					-		Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisi	na Inco		nstructio		T 873.0006.023.887.254	~576700	NORTH STATES	manda ka ja K	vass rest i totalis	WY-2023 C. A.A.	××1
Part I Income From	_			•	solidated	Basis					
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (c	tising gain of 2 minus ain, compu			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
<u>'</u>											
(1)	+						\$ 		 		
(2)	- , -						<u> </u>		1		
(3) (4)			+				%		 		
,				_		\ 34	***`				17% most -111 511
Totals (carry to Part II, line (5))	<u> </u>		0.	-	0.				<u> </u>		0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		0.	0.				0.

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

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

Form 990-T (2019)

FORM 990-T OTHER	INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
EMPLOYEE LEASING		113,314
TOTAL TO FORM 990-T, PAGE 1, LINE 12		113,314
FORM 990-T OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
LAB SUPPLIES PLANT OPS HSN ASSESSMENT OH ALLOCATION BILLING FEE HOSPITAL MANAGEMENT SALARIES DIRECT EXPENSES TAX DEPT. OVERHEAD PROFESSIONAL FEES TOTAL TO FORM 990-T, PAGE 1, LINE 27		264,530 271,312 30,573 120,222 88,286 13,267 260,855 1,254 3,103
FORM 990-T PARENT CORPORATION'S NAM	ME AND IDENTIFYING NUMBER	STATEMENT 3
CORPORATION'S NAME		IDENTIFYING NO
BETH ISRAEL LAHEY HEALTH, INC.		83-2671600

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 4
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		- SUBTOTAL	1	14,280.	14,280.
TOTAL TO FORM 99	0-т, schedui	LE C, COLUM	10N 3	· ·	14,280.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning OCT 1, 2019

and ending SEP 30, 2020

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

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization NORTHEAST HOSPITAL CORPORATION			Er	nployer (dentification)	on number
	Inrelated Business Activity Code (see instructions) 532000			<u> </u>		· ··
	Describe the unrelated trade or business RENTAL- DEBT	FINAN	CED			
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	1				9897. Fa 11.4-91
b	Less returns and allowances c Balance ▶	1c		34.13		
2	Cost of goods sold (Schedule A, line 7)	2		, , ,	自己的 多数数	
3	Gross profit. Subtract line 2 from line 1c	3		٠ ار٠ ١٪		·
4 a	Capital gain net income (attach Schedule D)	4a		***		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		39 2 4		
С	Capital loss deduction for trusts	4c		\$ 66.04	下了他们 说	
5	Income (loss) from a partnership or an S corporation (attach			2.7.3		
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7	696,172.		218,093.	478,079.
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9		-		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		753		
13	Total. Combine lines 3 through 12	13	696,172.		218,093.	478,079.
<u> </u>	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in					
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	
20	Depreciation (attach Form 4562)		20		17.27	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				⁷ 25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 28 from line	e 13	29	478,079.
30	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018 (see			•
•	instructions)				30_	0.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29				31_	478,079.
-LHA	For Paperwork Reduction Act Notice, see instructions.				Schedul	e M (Form 990-T) 2019

	NORTHEAST HOSP	ITAL CORPOR	NOITAS		04-21213	317		
Schedule	e A - Cost of Goods	Sold. Enter	method of invento	ory valuation				
1 Invento	ry at beginning of year	1		6 Inventory at end of year		6		
2 Purchas	ses	2		7 Cost of goods sold. Sub	otract line 6			
3 Cost of	labor	3		from line 5. Enter here a	ind in Part I,	ll		
4a Addition	nal section 263A costs			line 2		7		
(attach	schedule)	4a		8 Do the rules of section 2	263A (with respect to		Yes	No
b Other c	osts (attach schedule)	4b		property produced or ac	equired for resale) apply to			
	Add lines 1 through 4b	5		the organization?	•			
Schedule	e C - Rent Income (I	rom Real	Property and I	Personal Property Le	eased With Real Prop	erty)		
(see instru	uctions)							
1. Description	of property							
(1)								
(2)		,						
(3)								
(4)								
	· · · · · · · · · · · · · · · · · · ·		ed or accrued		3(a) Deductions directly	, connected with the	inaama in	
(a)	From personal property (if the perci rent for personal property is more t 10% but not more than 50%)	entage of han	of rent for per	d personal property (if the percentage sonal property exceeds 50% or if is based on profit or income)	columns 2(a) ar	nd 2(b) (attach sched	ule)	1
(1)								
(2)								
(3)								
(4)								
Total			Total					
. ,	ome. Add totals of columns 2 page 1, Part I, line 6, column		ter -		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		
Schedule	e E - Unrelated Deb	t-Financed	Income (see in	nstructions)				
				2. Grass income from	 Deductions directly con to debt-finance 	nected with or alloca ced property	ble	
	Description of debt-fine	anced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		chedule)	is
(1) ACH-IN	NDEPENDENT PHYSICIAL			156,416.		STATEMENT		,470.
()	NA LEASES	10		98,121.		0.1		0.
(3) LOCD I				428,462.			136	450.
	INDEPENDENT PHYSICIA	ANS		13,173.		<u> </u>		173.
4. Amo debt on o	unt of average acquisition r allocable to debt-financed perty (attach schedule)	5. Average of or debt-fina	adjusted basis allocable to nced property	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocabl (column 6 x t 3(a) a	le deducti	ions
.,		(attac	h schedule)		·			
(1)	116,333,169.		116,333,169.	100.00%	156,416	i.	68,	,470.
(2)	116,333,169.		116,333,169.	100.00%	98,121			0.
(3)	116,333,169.		116,333,169.	100.00%	428,462	·-	136,	,450.
(4)	116,333,169.		116,333,169.	100.00%	13,173	1.	13,	,173.
					Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals				•	696,172	·	218,	,093.
	ends-received deductions in	cluded in columi	n 8	•		•		0.

FORM 990-T (M)	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
	- SUBTOTAL -	1	68,470.	68,470.
			136,450.	
	- SUBTOTAL -	3	13,173.	136,450.
	- SUBTOTAL -	4	,	13,173.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	3(B)		218,093.

NORTHEAST HOSPITAL CORPORATION EIN:04-2121317 Tax Year Ending September 30, 2020

Attachment to Form 990-T

Northeast Hospital Corporation (hereinafter "member"), a corporation that is a member of a controlled group, certifies that:

- The member has no operations in or related to a boycotting country (or with the government, a company, or a national of a boycotting country);
- The member did not own stock, directly or indirectly, in any corporation having such operations:
- The member did not receive any boycott requests;
- The member did not own stock, directly or indirectly, of any corporation receiving a request;
- The member is not entitled to (or forfeits) the benefits of the foreign tax credit, the deferral of earnings of a controlled foreign corporation (CFC), IC-DISC benefits, FSC benefits, or the extraterritorial income exclusion; and
- Form 5713 was filed on the member's behalf by Beth Israel Deaconess Medical Center (EIN: 04-2103881) and Lahey Clinical Hospital (EIN: 04-2704686)

Date:

8/16/21