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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

LAHEY CLINIC FOUNDATION INC

Doing business as

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

41 MALL ROAD

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

BURLINGTON, MA 018050001

F Name and address of principal officer

PETER LLOYD

41 MALL ROAD

BURLINGTON, MA 018050001

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

04-2323457

E Telephone number

(781) 744-5100

G Gross receipts \$ 19,320,102

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ LAHEY ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile MA

Part I

Summary

Activities & Governance

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

LAHEY CLINIC FOUNDATION, INC SUPPORTS LAHEY CLINIC HOSPITAL, INC , AND LAHEY CLINIC, INC LAHEY HOSPITAL & MEDICAL CENTER PROVIDES SUPERIOR HEALTH CARE TO EVERY PATIENT

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)

27

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

14

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

0

6 Total number of volunteers (estimate if necessary)

16

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

2,056,126

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

1,890,716

Revenue

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

5,573,460

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

0

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

17,069,811

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

956

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

22,644,227

Expenses

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

0

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

0

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

1,413,291

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

0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶2,092,284

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

1,660,292

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

3,073,583

19 Revenue less expenses Subtract line 18 from line 12

19,570,644

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

961,416,980

21 Total liabilities (Part X, line 26)

544,417,227

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

416,999,753

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

PETER LLOYD\_VP CORPORATE FINANCE

2020-08-17

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ DELOITTE TAX LLP

Firm's address ▶ TWO JERICHO PLAZA

JERICHO, NY 11753

Preparer's signature

Firm's EIN ▶ 86-1065772

Phone no (516) 918-7000

Date 2020-08-17

Check ☐ if self-employed

PTIN P00743140

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 Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 0 including grants of \$ ) (Revenue \$ 0 )  
See Additional Data**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>23</b>	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> . . . . .	Yes	
<b>24a</b>	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> . . . . .	Yes	
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	Yes	
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</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> . . . . .		No
<b>26</b>	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> . . . . .		No
<b>27</b>	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> . . . . .		No
<b>28</b>	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)		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	<b>c</b> 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> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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> . . . . .		No
<b>33</b>	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> . . . . .		No
<b>34</b>	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> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</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> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	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> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes
<b>b</b> If "Yes," enter the name of the foreign country ▶ CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .					
				<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>	No

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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 27		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	No
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b> Yes	
<b>b</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?	<b>16b</b> 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.  
 ▶ KEVIN BENNETT 41 MALL ROAD BURLINGTON, MA 018050001 (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 ☒

☒

● 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]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	0	17,517,541	1,705,999

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 ▶ 0

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BOND CONSTRUCTION INC 145 SPRING ST EVERETT, MA 02149	CONSTRUCTION - LABOR AND MATERIALS	7,564,836
DIVURGENT LLC 4445 CORPORATION LN SUITE 228 VIRGINIA BEACH, VA 23462	IT CONSULTING SERVICES	6,290,335
KPMG LLP PO BOX 120001 DALLAS, TX 753120572	IT CONSULTING SERVICES	5,107,503
SEAMAN DICARLO GENERAL CONTRACTORS INC 9 WHITNEY STREET HOLLISTON, MA 01746	CONSTRUCTION - LABOR AND MATERIALS	3,658,286
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 532880314	IT IMPLEMENTATION COSTS	2,732,655

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 ► 44



**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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b>			
<b>d</b> Related organizations . . . . .	<b>1d</b>			
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	3,047,459		
<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .	53,304			
<b>h Total.</b> Add lines 1a-1f . . . . .	3,047,459			

Program Service Revenue

	Business Code				
<b>2a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> . . . . .					
<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .					

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		11,613,745		2,056,126	9,557,619
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses . . . . .					
<b>c</b> Rental income or (loss) . . . . .					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses . . . . .	2,473,420	582			
<b>c</b> Gain or (loss) . . . . .	0	-582			
<b>d</b> Net gain or (loss) . . . . .	2,473,420	-582	2,472,838		2,472,838
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> GAIN ON DEFEASEMENT . . . . .	900099	2,185,478			2,185,478
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		2,185,478			
<b>12 Total revenue.</b> See Instructions . . . . .		19,319,520	0	2,056,126	14,215,935

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.	2,092,284			2,092,284
<b>f</b> Investment management fees.	877,330		877,330	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.				
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.				
<b>23</b> Insurance.				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> LINE OF CREDIT FEES	87,500		87,500	
<b>b</b> BANK FEES	62,520		62,520	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,119,634	0	1,027,350	2,092,284
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	17,290	
	<b>2</b>	Savings and temporary cash investments . . . . .		13,042,692	<b>2</b>	19,488,859	
	<b>3</b>	Pledges and grants receivable, net . . . . .		1,274,724	<b>3</b>	966,778	
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>		
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	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 . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,008,950	<b>9</b>	811,464	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,370,712,395			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	853,864,808	533,892,223	<b>10c</b>	516,847,587
	<b>11</b>	Investments—publicly traded securities . . . . .		277,877,191	<b>11</b>	265,609,586	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		84,175,384	<b>12</b>	89,613,625	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		50,145,816	<b>15</b>	49,228,191	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		961,416,980	<b>16</b>	942,583,380		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		16,549,730	<b>17</b>	19,316,681	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .		320,642,348	<b>20</b>	307,069,607	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		207,225,149	<b>25</b>	411,481,029	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		544,417,227	<b>26</b>	737,867,317	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		302,545,871	<b>27</b>	91,520,328	
	<b>28</b>	Temporarily restricted net assets . . . . .		45,444,416	<b>28</b>	43,325,880	
	<b>29</b>	Permanently restricted net assets		69,009,466	<b>29</b>	69,869,855	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		416,999,753	<b>33</b>	204,716,063		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		961,416,980	<b>34</b>	942,583,380		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,319,520
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,119,634
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	16,199,886
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	416,999,753
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,046,934
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-232,530,510
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	204,716,063

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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>b</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	
<b>c</b> 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	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2323457  
**Name:** LAHEY CLINIC FOUNDATION INC

Form 990 (2018)

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

LAHEY CLINIC FOUNDATION, INC , (LCF OR FOUNDATION) IS THE SOLE CORPORATE MEMBER OF LAHEY CLINIC HOSPITAL, INC (LCH), AND LAHEY CLINIC, INC (LCI) THE FOUNDATION HOLDS CAPITAL ASSETS, INVESTMENTS, AND DEBT TO PROVIDE ASSISTANCE TO THE HOSPITAL AND CLINIC FOR THE PROVISION OF PATIENT HEALTH CARE SERVICES, PATIENT EDUCATION, COMMUNITY BENEFITS AND COMMUNITY SERVICE PROGRAMS, CONTINUING EDUCATION OF HEALTH CARE PROVIDERS, AS WELL AS HEALTH CARE RESEARCH ACTIVITIES

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			
AIN CAROLYN ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
BAILEY PHD ERIC M ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
CONNOLLY ANN MARIE ..... TRUSTEE, CHAIR	1 00 ..... 2 00	X		X				0	0	0
CRANDALL ROGER W ..... TRUSTEE	1 00 ..... 3 00	X						0	0	0
CRAWFORD MD BETSEY ..... TRUSTEE	1 00 ..... 41 00	X						0	252,357	38,823
D'AGOSTINO MD RICHARD S ..... TRUSTEE, DIVISION CHAIR	1 00 ..... 41 00	X						0	870,040	73,934
EDMONDS JANE C ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
ESKANDARIAN EDWARD ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
HUNTER MD ALICE A ..... TRUSTEE	1 00 ..... 41 00	X						0	638,803	64,323
IRVING JAMES ..... TRUSTEE	1 00 ..... 2 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			
JENKINS MD ROGER L ..... TRUSTEE	1 00 ..... 41 00	X						0	623,174	67,187
LANG DAVID ..... TRUSTEE, CHAIR	1 00 ..... 2 00	X		X				0	0	0
LONGWORTH MD DAVID ..... TRUSTEE (EX-OFF)/OFFICER	1 00 ..... 61 00	X		X				0	951,824	40,955
MCARDLE JOAN ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
MCGOLDRICK LINDA ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
MOURTZINOS MD ARTHUR P ..... TRUSTEE, PHYSICIAN	1 00 ..... 41 00	X						0	615,238	41,377
NESTO MD RICHARD ..... PRESIDENT & TRUSTEE (EX-OFF)	1 00 ..... 65 00	X		X				0	862,978	68,437
NORDBLOM PETER C ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
PODUSKA J WILLIAM ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
REESE STUART ..... TRUSTEE	1 00 ..... 2 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			
REID PONTE PATRICIA ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
SALTSMAN MD WAYNE ..... TTEE (EX-OFF), PRES MED STAFF	1 00 ..... 41 00	X						0	285,245	61,021
SCHMERGEL GREG ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
SORCINI MD ANDREA P ..... TTEE/MSA PRESIDENT/PHYSICIAN	1 00 ..... 41 00	X						0	549,704	37,832
SRINIVASAN MD JAYASHRI ..... TRUSTEE, DIVISION CHAIR	1 00 ..... 41 00	X						0	402,281	65,581
TABB MD KEVIN ..... TRUSTEE, CEO	1 00 ..... 64 00	X		X				0	1,756,953	143,704
VILLANUEVA MD ANDREW G ..... TRUSTEE, CHIEF QUALITY OFFICER	1 00 ..... 41 00	X						0	480,319	49,359
WAJSGRAS DAVID ..... TRUSTEE	1 00 ..... 2 00	X						0	0	0
WINGER MD CHRISTINE ..... TRUSTEE, PHYSICIAN	1 00 ..... 41 00	X						0	496,386	65,117
BENNETT KEVIN ..... VP FINANCIAL SERVICES	1 00 ..... 43 00			X				0	313,515	66,077



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	1 00 ..... 59 00			X				0	560,463	44,008
LEAR MARYELLEN ..... ASSISTANT CLERK	1 00 ..... 51 00			X				0	114,453	31,085
LLOYD PETER R ..... ASST TREASURER & VP CORP FIN	1 00 ..... 47 00			X				0	346,173	64,868
O'CONNOR TIMOTHY ..... TREASURER, CFO	1 00 ..... 57 00			X				0	1,108,721	197,547
SPACKMAN JD DAVID G ..... CLERK AND GENERAL COUNSEL	1 00 ..... 57 00			X				0	323,729	41,403
THOMPSON JAMES E ..... SVP PHILANTHROPY	1 00 ..... 42 00				X			0	423,230	54,938
GRANT MD JD HOWARD R ..... FORMER TRUSTEE, PRESIDENT	0 00 ..... 5 00						X	0	4,442,870	248,265
GALVIN RN MSN TRACY A ..... FORMER ACNO CRITICAL CARE CDU	0 00 ..... 40 00						X	0	328,875	64,396

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
LAHEY CLINIC FOUNDATION INC

Employer identification number  
04-2323457

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						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

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 ")	5,188,265	3,576,661	3,203,315	5,573,460	3,047,459	20,589,160
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	<b>Total.</b> Add lines 1 through 3	5,188,265	3,576,661	3,203,315	5,573,460	3,047,459	20,589,160
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	<b>Public support.</b> Subtract line 5 from line 4						20,589,160

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	5,188,265	3,576,661	3,203,315	5,573,460	3,047,459	20,589,160
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,110,172	5,182,747	6,668,911	5,230,577	11,613,749	32,806,156
9	Net income from unrelated business activities, whether or not the business is regularly carried on			521,077			521,077
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			130	956	2,185,478	2,186,564
11	<b>Total support.</b> Add lines 7 through 10						56,102,957
12	Gross receipts from related activities, etc. (see instructions)					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	1436 700 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	1545 580 %
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

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

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
11a		
b A family member of a person described in (a) above?		
11b		
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		
11c		

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		
1		
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		
2		

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)		
1		

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?		
1		
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)		
2		
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		
3		

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		
2a		
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		
2b		
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.		
3a		
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		
3b		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<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). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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: 04-2323457  
Name: LAHEY CLINIC FOUNDATION INC

**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 D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
LAHEY CLINIC FOUNDATION INC

Employer identification number  
04-2323457

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$ 168,883

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
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	331,002,245	288,583,006	341,617,369	305,769,428	325,051,422
b Contributions	1,048,608	2,093,360	744,382	10,883,940	1,108,268
c Net investment earnings, gains, and losses	15,258,175	7,402,168	24,957,232	32,446,063	-4,193,908
d Grants or scholarships					
e Other expenditures for facilities and programs	8,169,812	-33,266,688	78,304,622	7,032,591	15,647,580
f Administrative expenses	498,534	342,977	431,355	449,471	548,774
g End of year balance	338,640,682	331,002,245	288,583,006	341,617,369	305,769,428

2

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

a

Board designated or quasi-endowment

75 000 %

b

Permanent endowment

25 000 %

c

Temporarily restricted endowment

0 %

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

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

(ii) related organizations

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		15,393,209		15,393,209
b Buildings		534,822,675	256,146,710	278,675,965
c Leasehold improvements		20,944,858	9,623,526	11,321,332
d Equipment		783,969,561	574,334,170	209,635,391
e Other		15,582,092	13,760,402	1,821,690
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				516,847,587

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INVESTMENTS	89,613,625	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	89,613,625	

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) BENEFICIAL INTEREST IN PERPETUAL AND LEAD TRUSTS	32,193,603
(2) ASSETS HELD UNDER SPLIT INTEREST AGREEMENTS	6,970,511
(3) INTERCOMPANY RECEIVABLES	4,818,454
(4) INVESTMENT - JOINT VENTURE - FELLSWAY DEVELOPMENT	4,245,979
(5) INVESTMENT - OTHER	656,526
(6) OTHER RECEIVABLES	223,118
(7) INVESTMENT - LAHEY CLINIC INSURANCE CO , LTD	120,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	49,228,191

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 PENSION AND POST RETIREMENT COSTS	389,460,985
INTERCOMPANY PAYABLES	17,038,456
ANNUITY PAYABLE	3,868,015
CONDITIONAL ASSET RETIREMENT OBLIGATIONS	1,113,573
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	411,481,029

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

☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	3,267,670,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	7,212,925
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,252,714,201
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,259,927,126
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,742,874
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	46,265
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	11,530,381
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	11,576,646
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	19,319,520

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	3,594,794,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,593,045,977
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,593,045,977
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,748,023
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	46,265
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,325,346
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,371,611
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	3,119,634

**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:** 04-2323457  
**Name:** LAHEY CLINIC FOUNDATION INC

**Supplemental Information**

Return Reference	Explanation
PART III, LINE 4	LAHEY CLINIC FOUNDATION, INC 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	LAHEY CLINIC FOUNDATION, INC 'S ENDOWMENT FUNDS SUBSIDIZE THE COSTS OF PROVIDING SUPERIOR HEALTH CARE LEADING TO THE BEST POSSIBLE OUTCOME FOR EVERY PATIENT THE COSTS ARE FOR PATIENT CARE, PATIENT EDUCATION, CONTINUING EDUCATION OF HEALTH CARE PROVIDERS, RESEARCH, AND CAPITAL EXPENDITURES



## 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 19,453,295 CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,233,260,906

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PRE-MERGER REVENUE NOT IN AFS 4,892,782 RESTRICTED CONTRIBUTIONS 876,850 RESTRICTED REVENUE 3,704,623 SUBPART F INCOME FROM CAPTIVE INSURANCE COMPANY 2,056,126

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	TRANSFER OF NET ASSETS 109,449,237 CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,483,596,740

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PRE-MERGER EXPENSES NOT IN AFS 1,325,346

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LAHEY CLINIC FOUNDATION INC

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

04-2323457

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No



**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			101,439,716
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			101,439,716

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . .  \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

**Part V**   **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	LAHEY CLINIC FOUNDATION, INC DOES NOT SEPARATELY TRACK EXPENDITURES FOR FUNDRAISING OUTSIDE THE UNITED STATES IN THE NORTH AMERICAN REGION

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2323457

**Name:** LAHEY CLINIC FOUNDATION INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	FUNDRAISING ACTIVITIES		5,773,443
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		13,063,010

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		82,603,263



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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 \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>12</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>13</b> Indicate the percentage of gaming activity conducted in:							
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>13a</b></td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td><b>13b</b></td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	<b>13a</b>		%	<b>13b</b>		%
<b>13a</b>		%					
<b>13b</b>		%					
<b>b</b> An outside facility							
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ► .....							
Address ► .....							
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....							
<b>c</b> If "Yes," enter name and address of the third party							
Name ► .....							
Address ► .....							
<b>16</b> Gaming manager information							
Name ► .....							
Gaming manager compensation ► \$ .....							
Description of services provided ► .....							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
<b>17</b> Mandatory distributions							
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>b</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 LAHEY CLINIC FOUNDATION, INC RECEIVES FUNDRAISING SUPPORT AND ASSISTANCE FROM LHSS COSTS INCURRED BY LHSS ARE ALLOCATED TO, AND REPORTED BY, LAHEY CLINIC FOUNDATION, INC IN THIS FORM 990, SCHEDULE G, SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES, PART I

<div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<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.</div> <div>▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>		<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
	<div>Name of the organization</div> <div>LAHEY CLINIC FOUNDATION INC</div>		<div>Employer identification number</div> <div>04-2323457</div>

Part I Questions Regarding Compensation		Yes	No
<div>1a</div> <div>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.</div> <div> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>			
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>		1b	
<div>2</div> <div>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?</div>		2	
<div>3</div> <div>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.</div> <div> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>			
<div>4</div> <div>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:</div> <div> <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> </div> <div> <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> </div> <div> <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> </div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		4a	Yes
		4b	Yes
		4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>			
<div>5</div> <div>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:</div> <div> <div>a</div> <div>The organization?</div> </div> <div> <div>b</div> <div>Any related organization?</div> </div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		5a	No
		5b	No
<div>6</div> <div>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:</div> <div> <div>a</div> <div>The organization?</div> </div> <div> <div>b</div> <div>Any related organization?</div> </div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		6a	No
		6b	No
<div>7</div> <div>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.</div>		7	No
<div>8</div> <div>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.</div>		8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		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
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 LAHEY CLINIC FOUNDATION, INC 'S (LCF) 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.

Return Reference	Explanation
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 LAHEY CLINIC FOUNDATION, INC 'S (LCF) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 DETAIL DURING THE 2018 CALENDAR YEAR, LCF 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
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 FOR LAHEY CLINIC FOUNDATION, INC.'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. LAHEY CLINIC FOUNDATION INC., LAHEY HEALTH SYSTEM, INC., LAHEY CLINIC, INC., LAHEY HEALTH SHARED SERVICES, INC., AND LAHEY CLINIC HOSPITAL, INC. MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS LCF, LHST, LC, LHSS, AND LCH RESPECTIVELY. AIN, CAROLYN TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MS AIN'S TERM ON THE BOARDS LISTED ABOVE ENDED SEPTEMBER 30, 2019. BAILEY P H D, ERIC M. TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. CONNOLLY, ANN MARIE TRUSTEE AND CHAIR LAHEY CLINIC FOUNDATION, INC. TRUSTEE AND CHAIR LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND CHAIR LAHEY CLINIC, INC. MS CONNOLLY'S TERM ON THE BOARDS LISTED ABOVE ENDED SEPTEMBER 30, 2019. 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 &amp; 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 &amp; RECOVERY SERVICES, INC. TRUSTEE AND CLERK HEALTH &amp; 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. CRANDALL, ROGER W. TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. EDMONDS, JANE C. TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. ESKANDARIAN, EDWARD TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MR. ESKANDARIAN'S TERM ON THE BOARDS LISTED ABOVE ENDED NOVEMBER 14, 2018. IRVING, JAMES TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. LANG, DAVID TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MCARDLE, JOAN TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MCGOLDRICK, LINDA TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MS. MCGOLDRICK'S TERM BOARDS LISTED ABOVE ENDED SEPTEMBER 30, 2019. NORDBLOM, PETER C. TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. PODUSKA, WILLIAM J. TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. REESE, STUART TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. REID PONTE, PATRICIA TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MS. REID PONTE COMMENCED THE ROLES ON THE ABOVE LISTED BOARDS EFFECTIVE MARCH 1, 2019. WAJSGRAS, DAVID TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MR. WAJGRAS' TERM ON THE BOARDS LISTED ABOVE SEPTEMBER 30, 2019.</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES, CONTINUED	<p>LIESCHING, M D , TIMOTHY TRUSTEE - BETH ISRAEL LAHEY HEALTH DIVISION CHAIR, PULMONOLOGY AND CRITICAL CARE -- LAHEY CLINIC , INC DIVISION CHAIR, PULMONOLOGY AND CRITICAL CARE LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CHIEF MEDICAL OFFICER -- LAHEY CLINIC , INC CHIEF MEDICAL OFFICER LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER DR LIESCHING SERVED AS THE DIVISION CHAIR, PULMONOLOGY AND CRITICAL CARE THROUGH DECEMBER 31, 2018 AND COMMENCED HIS ROLE AS CHIEF MEDICAL OFFICER EFFECTIVE JANUARY 9, 2019 DR LIESCHING'S TERM ON THE BETH ISRAEL LAHEY HEALTH'S BOARD BEGAN ON MARCH 1, 2019 PAYMENTS REPORTED BY LC BASE COMPENSATION 395,977 INCENTIVE COMPENSATION 41,750 OTHER REPORTABLE COMPENSATION 1,547 DEFERRED COMPENSATION 31,898 NON-TAXABLE BENEFITS 43,584 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 &amp; 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 &amp; RECOVERY SERVICES, INC FORMER PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER HEALTH &amp; 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 842,784 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 3,600,086 DEFERRED COMPENSATION 219,222 NON-TAXABLE BENEFITS 29,043 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 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 &amp; 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 &amp; RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH &amp; 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 671,616 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 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 POSITONS 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 JENKINS M D , ROGER TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC SURGEON, TRANSPLANTATION AND GENERAL SURGERY LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 577,914 INCENTIVE COMPENSATION 23,504 OTHER REPORTABLE COMPENSATION 21,756 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 31,087</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES, CONTINUED	<p>             D'AGOSTINO M D , RICHARD TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC DIVISION CHAIR OF THORACIC &amp; CARDIOVASCULAR SURGERY LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 771,929 INCENTIVE COMPENSATION 57,855 OTHER REPORTABLE COMPENSATION 40,256 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 37,834 MOURTZINOS M D , ARTHUR P TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC UROLOGIST LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 591,698 INCENTIVE COMPENSATION 12,993 OTHER REPORTABLE COMPENSATION 10,547 DEFERRED COMPENSATION 19,156 NON-TAXABLE BENEFITS 22,221 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 JAKUES 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 &amp; 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) &amp; PRESIDENT NORTHEAST HOSPITAL CORPORATION TRUSTEE AND PRESIDENT NORTHEAST MEDICAL PRACTICE TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND PRESIDENT CAB HEALTH &amp; RECOVERY SERVICES, INC TRUSTEE AND PRESIDENT HEALTH &amp; 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 PAYMENTS REPORTED BY LHSI 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 HUNTER M D , ALICE TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC ORTHOPEDIC SURGEON, DIRECTOR OF HAND SURGERY LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 563,390 INCENTIVE COMPENSATION 39,124 OTHER REPORTABLE COMPENSATION 36,289 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 28,223 WINGER M D , CHRISTINE TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC PHYSICIAN, INTERNAL MEDICINE LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 401,142 INCENTIVE COMPENSATION 64,252 OTHER REPORTABLE COMPENSATION 30,992 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 29,017 SRINIVASAN M D , PH D , FRCP, JAYASHRI TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC NEUROLOGIST AND DIVISION CHAIR NEUROLOGY LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 373,871 INCENTIVE COMPENSATION 19,450 OTHER REPORTABLE COMPENSATION 8,960 DEFERRED COMPENSATION 34,798 NON-TAXABLE BENEFITS 30,783 SALTSMAN M D , WAYNE TRUSTEE (EX OFFICIO), PRESIDENT OF MEDICAL STAFF LAHEY CLINIC FOUNDATION, INC TRUSTEE (EX OFFICIO), PRESIDENT OF MEDICAL STAFF LAHEY CLINIC HOSPITAL, INC TRUSTEE (EX OFFICIO), PRESIDENT OF MEDICAL STAFF LAHEY CLINIC, INC GERIATRICIAN LAHEY CLINIC, INC DR SALTSMAN'S TERM AS TRUSTEE (EX OFFICIO) AND PRESIDENT OF MEDICAL STAFF BEGAN ON OCTOBER 1, 2018 AND ENDED JULY 1, 2019 PAYMENTS REPORTED BY LC BASE COMPENSATION 260,356 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 24,889 DEFERRED COMPENSATION 25,984 NON-TAXABLE BENEFITS 35,037 SORCINI, M D , ANDREA P TRUSTEE (EX OFFICIO) AND MSA PRESIDENT LAHEY CLINIC FOUNDATION, INC TRUSTEE (EX OFFICIO) AND MSA PRESIDENT LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX OFFICIO) AND MSA PRESIDENT LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 507,558 INCENTIVE COMPENSATION 10,522 OTHER REPORTABLE COMPENSATION 36,100 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 1,732 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 &amp; 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 &amp; RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH &amp; 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 29,398 NON-TAXABLE BENEFITS 12,005           </p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES, CONTINUED	<p>LLOYD, PETER R MR LLOYD SERVED IN THE FOLLOWING POSITIONS FROM MARCH 1, 2019 THORUGH AT LEAST THE REMAINDER OF THE REPORTING PERIOD VICE PRESIDENT CORPORATE FINANCE LAHEY HEALTH SHARED SERVICES ASSISTANT TREASURER -- LAHEY CLINIC FOUNDATION, INC ASSISTANT TREASURER -- LAHEY CLINIC HOSPITAL, INC ASSISTANT TREASURER NORTHEAST PROFESSIONAL REGISTRY OF NURSES MR LLOYD HELD THE ADDITIONAL POSITONS BELOW THROUGH MARCH 1, 2019 ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE LAHEY HEALTH SYSTEM, INC ASSISTANT TREASURER LAHEY HEALTH SHARED SERVICES, INC ASSISTANT TREASURER LAHEY CLINIC FOUNDATION, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE LAHEY CLINIC, INC VICE PRESIDENT CORPORATE FINANCE LAHEY CLINIC HOSPITAL, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE ADDISON GILBERT SOCIETY, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE NORTHEAST HEALTH SYSTEM, INC ASSISTANT TREASURER NORTHEAST MEDICAL PRACTICE ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE SEACOAST NURSING AND REHABILITATION CENTER, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE NORTHEAST PROPRIETARY CORPORATION VICE PRESIDENT CORPORATE FINANCE NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY LHSS BASE COMPENSATION 327,976 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 18,197 DEFERRED COMPENSATION 36,500 NON-TAXABLE BENEFITS 28,368 BENNETT, KEVIN VICE PRESIDENT, FINANCIAL SERVICES LAHEY CLINIC FOUNDATION, INC VICE PRESIDENT, FINANCIAL SERVICES LAHEY CLINIC HOSPITAL, INC VICE PRESIDENT, FINANCIAL SERVICES LAHEY CLINIC, INC VICE PRESIDENT, FINANCIAL SERVICES BETH ISRAEL LAHEY HEALTH PRIMARY CARE F/K/A LAHEY PRIMARY CARE ORGANIZATION I, INC PAYMENTS REPORTED BY LHSS BASE COMPENSATION 301,839 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 11,676 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 29,977 LONGWORTH M D , DAVID TRUSTEE (EX-OFFICIO) AND PRESIDENT, LAHEY CLINIC FOUNDATION TRUSTEE (EX-OFFICIO) AND PRESIDENT, LAHEY CLINIC INC TRUSTEE (EX-OFFICIO) AND PRESIDENT, LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER INTERIM CHAIR, PRIMARY CARE NETWORK, BETH ISRAEL LAHEY HEALTH DR LONGWORTH COMMENCED THE POSITIONS ABOVE AT LAHEY CLINIC, LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER AND THE LAHEY CLINIC FOUNDATION ON OCTOBER 1, 2018 HE COMMENCED HIS POSITION AS CHAIR OF BILH PRIMARY CARE ON MARCH 1, 2019 PAYMENTS REPORTED BY LCH BASE COMPENSATION 751,466 INCENTIVE COMPENSATION 175,000 OTHER REPORTABLE COMPENSATION 25,358 DEFERRED COMPENSATION 29,398 NON-TAXABLE BENEFITS 11,557 THOMPSON, JAMES VICE PRESIDENT, FINANCIAL SERVICES LAHEY CLINIC FOUNDATION, INC VICE PRESIDENT, FINANCIAL SERVICES ADDISON GILBERT SOCIETY, INC VICE PRESIDENT, FINANCIAL SERVICES WINCHESTER HOSPITAL FOUNDATION, INC PAYMENTS REPORTED BY LHSS BASE COMPENSATION 398,665 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 24,565 DEFERRED COMPENSATION 26,025 NON-TAXABLE BENEFITS 28,913 GALVIN R N M S N, TRACY FORMER CHIEF NURSING OFFICER LAHEY CLINIC FOUNDATION, INC CHIEF NURSING OFFICER LAHEY CLINIC HOSPITAL, INC CHIEF NURSING OFFICER LAHEY CLINIC, INC PAYMENTS REPORTED BY LCH BASE COMPENSATION 322,041 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 6,834 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 28,296 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 &amp; 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 &amp; RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH &amp; 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 VILLANUEVA M D , ANDREW TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC INTERIM CHAIR, DEPARTMENT OF MEDICINE LAHEY CLINIC HOSPITAL INTERIM CHAIR, DEPARTMENT OF MEDICINE LAHEY CLINIC INC CHIEF QUALITY OFFICER AND PHYSICIAN LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 431,095 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 49,224 DEFERRED COMPENSATION 36,100 NON-TAXABLE BENEFITS 13,259 CRAWFORD M D , BETSEY TRUSTEE LAHEY CLINIC FOUNDATION, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC TRUSTEE LAHEY CLINIC, INC PHYSICIAN, INTERNAL MEDICINE LAHEY CLINIC, INC PAYMENTS REPORTED BY LC BASE COMPENSATION 216,900 INCENTIVE COMPENSATION 34,608 OTHER REPORTABLE COMPENSATION 849 DEFERRED COMPENSATION 35,077 NON-TAXABLE BENEFITS 3,746</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES, CONTINUED	<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 &amp; 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 &amp; 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 &amp; 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 PRACTICES, 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 &amp; RESEARCH AT HARVARD MEDICAL SCHOOL &amp; 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</p>





Additional Data

Software ID:  
Software Version:  
EIN: 04-2323457  
Name: LAHEY CLINIC FOUNDATION INC

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				
CRAWFORD MD BETSEY TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	216,900	34,608	849	35,077	3,746	291,180	0
D'AGOSTINO MD RICHARD S TRUSTEE, DIVISION CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	771,929	57,855	40,256	36,100	37,834	943,974	0
HUNTER MD ALICE A TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	563,390	39,124	36,289	36,100	28,223	703,126	0
JENKINS MD ROGER L TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	577,914	23,504	21,756	36,100	31,087	690,361	0
LONGWORTH MD DAVID TRUSTEE (EX-OFF)/OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	751,466	175,000	25,358	29,398	11,557	992,779	0
MOURTZINOS MD ARTHUR P TRUSTEE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	591,698	12,993	10,547	19,156	22,221	656,615	0
NESTO MD RICHARD PRESIDENT & TRUSTEE (EX-OFF)	(i)	0	0	0	0	0	0	0
	(ii)	742,043	0	120,935	36,500	31,937	931,415	0
SALTSMAN MD WAYNE TTEE (EX-OFF), PRES MED STAFF	(i)	0	0	0	0	0	0	0
	(ii)	260,356	0	24,889	25,984	35,037	346,266	0
SORCINI MD ANDREA P TTEE/MSA PRESIDENT/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	507,558	10,522	31,624	36,100	1,732	587,536	0
SRINIVASAN MD JAYASHRI TRUSTEE, DIVISION CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	373,871	19,450	8,960	34,798	30,783	467,862	0
TABB MD KEVIN TRUSTEE, 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
VILLANUEVA MD ANDREW G TRUSTEE, CHIEF QUALITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	431,095	0	49,224	36,100	13,259	529,678	0
WINGER MD CHRISTINE TRUSTEE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	401,142	64,252	30,992	36,100	29,017	561,503	0
BENNETT KEVIN VP FINANCIAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	301,839	0	11,676	36,100	29,977	379,592	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	(i)	0	0	0	0	0	0	0
	(ii)	415,671	111,276	33,516	17,792	26,216	604,471	0
LLOYD PETER R ASST TREASURER & VP CORP FIN	(i)	0	0	0	0	0	0	0
	(ii)	327,976	0	18,197	36,500	28,368	411,041	0
O'CONNOR TIMOTHY TREASURER, CFO	(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 CLERK AND GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	318,145	0	5,584	29,398	12,005	365,132	0
THOMPSON JAMES E SVP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	398,665	0	24,565	26,025	28,913	478,168	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 FORMER TRUSTEE, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	842,784	0	3,600,086	219,222	29,043	4,691,135	0
GALVIN RN MSN TRACY A FORMER ACNO CRITICAL CARE CDU	(i)	0	0	0	0	0	0	0
	(ii)	322,041	0	6,834	36,100	28,296	393,271	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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
LAHEY CLINIC FOUNDATION INC

Employer identification number  
04-2323457

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 . . . . .					2016		2017	
		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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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	PART I, ROW C, COLUMN F THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES PART II, COLUMN 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 &amp; 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-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>

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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LAHEY CLINIC FOUNDATION INC

Employer identification number  
04-2323457

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 AQUISITION		X		X		X
C MDFA - SERIES 2012G	04-3431814	NONEXXXXX	07-11-2012	4,991,000	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		4,991,000		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 . . . . .			2015					
		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X	X			

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

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



**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://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  
LAHEY CLINIC FOUNDATION INC

Employer identification number

04-2323457

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)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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 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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
LAHEY CLINIC FOUNDATION INC

Employer identification number  
04-2323457

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	4,999	OTHER
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	13	48,305	OTHER
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
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING A COMBINATION OF NUMBER OF CONTRIBUTIONS AND NUMBER OF ITEMS RECEIVED IN PART I, COLUMN (B)

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

Department of the Treasury

Name of the organization  
LAHEY CLINIC FOUNDATION INC

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

04-2323457

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 1	LAHEY CLINIC FOUNDATION, INC (LCF) SUPPORTS LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC), ENABLING LHMC TO PROVIDE SUPERIOR HEALTH CARE LEADING TO THE BEST POSSIBLE OUTCOMES FOR EVERY PATIENT AS ONE OF THE WORLD'S PREMIER HEALTH CARE ORGANIZATIONS, LAHEY HOSPITAL & MEDICAL CENTER AIMS TO EXCEED EACH PATIENT'S HIGH EXPECTATIONS FOR SERVICE AND TO ADVANCE MEDICINE THROUGH RESEARCH AND THE EDUCATION OF TOMORROW'S HEALTH CARE LEADERS LAHEY CLINIC FOUNDATION, WORKING WITH LAHEY HOSPITAL & MEDICAL CENTER, IS COMMITTED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF COMMUNITY RESIDENTS BY SUPPORTING LOCAL ORGANIZATIONS ALIGNED WITH THIS MISSION ON MARCH 1, 2019, THE LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC FOUNDATION, 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
PART V, LINE 7G	LAHEY CLINIC FOUNDATION, INC 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
PART V, LINE 7H	LAHEY CLINIC FOUNDATION, INC 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
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	LAHEY CLINIC FOUNDATION, INC 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 LAHEY CLINIC FOUNDATION, INC 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 LAHEY CLINIC FOUNDATION, INC LAHEY HEALTH SYSTEM, INC WHICH MERGED INTO LAHEY CLINIC FOUNDATION EFFECTIVE MARCH 1, 2019, PREVIOUSLY SERVED AS SOLE MEMBER

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE MEMBER OF LAHEY CLINIC FOUNDATION, INC HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN LAH EY CLINIC FOUNDATION, INC 'S BY-LAWS SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZ ATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSIT IVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M G L ") CHAPTER 180, AS AMEND ED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 IN ADDITION, EXCEPT AS ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAW S, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRE D BY M G L CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M G L CHAPTER 180 NOTW ITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT TH E APPROVAL OF THE BOARD (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANT HROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPOR ATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENT S OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSO LIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER, (B) APPROVE OR REQUIRE ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES, OR (C) AMEND OR RESTAT E THESE BYLAWS TO CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS F OR THE PERIOD ENDING ON THE THIRD ANNIVERSARY OF THE DATE THE MEMBER BECOMES THE SOLE CORP ORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFIL IATION OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNANIMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE MEMBER) AND THE APPROVAL OF THE MEMBER'S BOARD OF TRUSTEES (THE "MEMBER'S BO ARD") THE MEMBER MAY NOT CAUSE THE CORPORATION TO CEASE OPERATING A SEPARATELY LICENSED H OSPITAL FACILITY, OR CLOSE ANY ESSENTIAL SERVICE OF SUCH HOSPITAL FACILITY, WITHOUT CONSUL TING WITH THE BOARD PRIOR TO TAKING SUCH ACTION THE POWERS AND RESPONSIBILITIES OF THE BO ARD INCLUDE THE FOLLOWING (A) PROVIDING RECOMMENDATIONS TO THE MEMBER REGARDING (I) APPOI NTMENT, 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 CLINIC AL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS , (B) ENSURING COMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING CRE DENTIALING AND OTHER MEDICAL STAFF MATTERS, (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PLAN NING, MAKING RECOMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL REV IEW OF THE CORPORATION'S STRAT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>EGIC AND FINANCIAL PLAN AND GOALS, (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AN D CAPITAL BUDGETS AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES, (E) MAKING RECOMMENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS, (F ) PROVIDING OVERSIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY, (G) REVIEWING DISASTER PLANS THAT DEAL WITH BOTH INTERNAL (E G , FIRE) AND EXTERNAL DISASTERS , AND (H) EVALUATING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONTIN UE TO MEET COMMUNITY NEEDS EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHALL ACT IN AN ADVISORY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWERS (A) POWERS EXPRESSLY GRANTED BY THE MEMBER FROM TIME TO TIME, (B) POWER TO EXERCISE ITS A UTHORITY AS A MEMBER OF OTHER CORPORATIONS, (C) POWER TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) OR UNDER THESE BYLAWS WITH RESPECT TO THE MEMBER, AND (D) POWERS TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH SYS TEM, INC , BETH ISRAEL DEACONESS MEDICAL CENTER, INC , NEW ENGLAND BAPTIST HOSPITAL, INC , MOUNT AUBURN HOSPITAL, CAREGROUP, INC , AND SEACOAST REGIONAL HEALTH SYSTEMS, INC THE PO WERS OF THE BOARD IN CLAUSES (A) AND (B) OF THE PRECEDING SENTENCE SHALL BE SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE THE POWERS OF THE BOARD IN CLAUSE (C) AND ( D) OF THE FIRST SENTENCE OF THIS PARAGRAPH SHALL BE INDEPENDENT OF THE MEMBER AND NOT SUBJ ECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE NOTWITHSTANDING CLAUSE (B) ABOVE, THE POWER OF THE CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJECT TO THE FOLLOWING LIMITATIONS (X) ALL STATUTORY POWERS THAT RESIDE IN TH E CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE CORPORATION ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF , THE MEMBER, (Y) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTH ER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CONSU LTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPORAT ION, AND (Z) OTHER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPR ESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BO ARD</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 LAHEY CLINIC FOUNDATION, INC THIS FORM 990 IS REVIEWED BY THE VP OF FINANCE OF LAHEY CLINIC FOUNDATION, INC , THE TAX DIRECTOR OF BILH AND DELOITTE TAX, LLP A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE LAHEY CLINIC FOUNDATION, INC BOARD PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>LAHEY CLINIC FOUNDATION, INC 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 LAHEY CLINIC FOUNDATION, INC , 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 LAHEY CLINIC FOUNDATION, INC '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 LAHEY CLINIC FOUNDATION, INC BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE PROCESS WAS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR LAHEY CLINIC FOUNDATION, INC 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 B, LINE 15	<p>AS NOTED THROUGHOUT THIS FILING, LAHEY CLINIC FOUNDATION, INC BECAME A MEMBER OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES WITH BILH SERVING AS LAHEY CLINIC FOUNDATION, INC 'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BETH ISRAEL LAHEY HEALTH NETWORK EFFECTIVE MARCH 1, 2019 PRIOR TO THAT DATE, LAHEY CLINIC FOUNDATION, INC WAS A MEMBER OF THE LAHEY HEALTH SYSTEM, AND LAHEY HEALTH SYSTEM, INC (LHSI) SERVED AS LAHEY CLINIC FOUNDATION, INC 'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE LAHEY HEALTH SYSTEM IN THIS ROLE LHSI MAINTAINED THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOYEES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE LAHEY HEALTH SYSTEM TO THAT END, LHSI HAD A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AS REQUIRED BY THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2018 COMPENSATION AS SUCH, COMPENSATION REPORTED IN THIS FORM 990 FOR LAHEY CLINIC FOUNDATION, INC 'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE LHSI COMPENSATION COMMITTEE PRIOR TO THE CREATION OF BILH THE LHSI COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW THE LHSI COMPENSATION COMMITTEE ESTABLISHED THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR THE LAHEY HEALTH SYSTEM NETWORK OF AFFILIATES INCLUDING THE LHSI CHIEF EXECUTIVE OFFICER, OTHER MEMBERS OF SENIOR MANAGEMENT AT LHSI AND ITS AFFILIATES THE COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT IT COMPLIED WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIED UPON WRITTEN COMPENSATION SURVEYS AND STUDIES PRODUCED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE MET TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWED THE COMPENSATION SURVEY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM THE COMPENSATION COMMITTEE THEN VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE LHSI CEO THE COMPENSATION PACKAGE FOR THE LHSI CEO VOTED BY THE COMPENSATION COMMITTEE WAS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	LAHEY CLINIC FOUNDATION, INC '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
PART VI, LINE 16	LAHEY CLINIC FOUNDATION, INC NEGOTIATES ARRANGEMENTS TO INCLUDE TERMS AND SAFEGUARDS TO ENSURE THAT THE ORGANIZATION'S EXEMPT STATUS IS PROTECTED FROM A LEGAL PERSPECTIVE, IN-HOUSE LEGAL COUNSEL, WITH THE INPUT OF EXTERNAL LEGAL COUNSEL, REVIEWS ALL PROPOSED JOINT VENTURE AND PARTNERSHIP AGREEMENTS FROM A FINANCIAL PERSPECTIVE, THE FINANCE MANAGEMENT TEAM REVIEWS ALL PROPOSED JOINT VENTURE AND PARTNERSHIP AGREEMENTS BOTH REVIEWS TAKE PLACE BEFORE LAHEY CLINIC FOUNDATION, INC ENTERS INTO ANY SUCH AGREEMENT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 XI, LINE 9	CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFITS -137,804,813 TRANSFERS (TO) FROM AFFILIATES -109,449,237 NET ASSETS RELEASED TO/FROM AFFILIATES 16,290,673 REDESIGNATION OF GIFT ANNUITIES 488,993 SUBPART F INCOME FROM CAPTIVE INSURANCE COMPANY -2,056,126

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	<p>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 JAQUES 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) AS A NEWLY CREATED HEALTHCARE SYSTEM, BILH ENGAGED KPMG TO PERFORM A FINANCIAL AUDIT OF THE SYSTEM 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 AND ITS AFFILIATES</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SCHEDULE C	LAHEY CLINIC FOUNDATION, INC DOES NOT ENGAGE IN ANY DIRECT LOBBYING EFFORTS HOWEVER, VARIOUS AFFILIATES OF LAHEY CLINIC FOUNDATION, INC , MAY HAVE ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF THEMSELVES AND OTHER AFFILIATED NETWORK ENTITIES TOTAL LOBBYING EXPENDITURES WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	<p>VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF LCF MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO LCF. SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE. LCF MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN. FROM TIME TO TIME, LCF MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY. THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED \$10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING. ALL OF THE ABOVE TRANSACTIONS WERE AT ARMS-LENGTH AND IN ACCORDANCE WITH THE LCF CONFLICT OF INTEREST POLICY. 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 RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN 2019. PART IV, LINE 12. 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 JAKES 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. (HMFPI), 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	MEMBER

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LAHEY CLINIC FOUNDATION INC

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

04-2323457

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

No

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 I - V	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 LAHEY CLINIC FOUNDATION, INC 'S FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR

Additional Data

Software ID:  
Software Version:  
EIN: 04-2323457  
Name: LAHEY CLINIC FOUNDATION INC

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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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 BIDMC INC	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

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 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 BIDMC INC	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 STREET BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH 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	

**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 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 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**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	BETH ISRAEL LAHEY HEALTH INC	R	4,109,581	FMV
<b>(1)</b>	LAHEY HEALTH SYSTEMS INC	L	61,311	FMV
<b>(2)</b>	LAHEY CLINIC INC	L	23,656,718	FMV
<b>(3)</b>	LAHEY CLINIC HOSPITAL INC	L	79,867,957	FMV
<b>(4)</b>	BETH ISRAEL LAHEY HEALTH PRIMARY CARE FKA LPCO	L	3,177,299	FMV
<b>(5)</b>	NORTHEAST BEHAVIORAL HEALTH CORPORATION	R	696,289	FMV
<b>(6)</b>	LAHEY HEALTH SHARED SERVICES INC	M	20,511,856	FMV
<b>(7)</b>	BETH ISRAEL LAHEY HEALTH INC	L	527,913	FMV
<b>(8)</b>	BETH ISRAEL LAHEY HEALTH INC	L	718,426	FMV