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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

C Name of organization
NORTHEAST PROFESSIONAL REGISTRY OF NURSES
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
800 CUMMINGS CENTER NO 2660
City or town, state or province, country, and ZIP or foreign postal code
BEVERLY, MA 01915

D Employer identification number
20-1287349
E Telephone number
(978) 922-3000
G Gross receipts \$ 45,365,963

F Name and address of principal officer
KAREN EICHHORN
800 CUMMINGS CENTER NO 2660
BEVERLY, MA 01915

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

I Tax-exempt status
☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2007

M State of legal domicile
MA

Part I

Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 4

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 561

6 Total number of volunteers (estimate if necessary) 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

Revenue

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

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

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

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

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

Prior Year
187,951
37,208,308
812,927
0
38,209,186

Current Year
129,406
43,786,801
1,449,756
0
45,365,963

Expenses

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

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

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

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

16b Total fundraising expenses (Part IX, column (D), line 25) ▶230

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

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

19 Revenue less expenses Subtract line 18 from line 12

Prior Year
0
0
31,942,796
0
6,926,366
38,869,162
-659,976

Current Year
0
0
33,903,156
0
7,865,336
41,768,492
3,597,471

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year
40,610,018
5,815,198
34,794,820

End of Year
45,845,616
8,106,522
37,739,094

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
KAREN EICHHORN DIRECTOR OF FINANCE
Date
2020-08-17

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
Date
2020-08-17

Check ☐ if self-employed
PTIN
P00743140
Firm's EIN ▶ 86-1065772
Phone no (516) 918-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 38,128,692	including grants of \$	(Revenue \$ 43,786,801)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	38,128,692
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	561	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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:
KAREN EICHORN 800 CUMMINGS CENTER BEVERLY, MA 01915 (978) 922-3000

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(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			
(1) NESTO MD RICHARD PRESIDENT AND TRUSTEE	1 00 65 00	X		X				0	862,978	68,437
(2) O'CONNOR TIMOTHY TRUSTEE, TREASURER, EVP & CFO	1 00 57 00	X		X				0	1,108,721	197,547
(3) SPACKMAN JD DAVID G TTEE, SVP GOV AFFRS, GC& CLERK	1 00 57 00	X		X				0	323,729	41,403
(4) THURLOW JULIANNE TRUSTEE	1 00 1 00	X						0	0	0
(5) EICHHORN KAREN DIR OF FINANCE CONTINUING CARE	1 00 40 00			X				0	149,496	21,926
(6) FISCHER STEVEN P TREASURER	1 00 62 00			X				0	770,210	75,762
(7) GIZMUNT JENNIFER PRESIDENT NSHC	1 00 40 00			X				0	60,797	733
(8) KATZ JAMIE CLERK	1 00 59 00			X				0	560,463	44,008
(9) LEAR MARYELLEN ASSISTANT CLERK	1 00 51 00			X				0	114,453	31,085
(10) LLOYD PETER R ASST. TREASURER & VP CORP, FIN	1 00 47 00			X				0	346,173	64,868
(11) WOODWORTH CONNIE VP FINANCE NHS	1 00 43 00			X				0	254,384	3,543
(12) COSTELLO RN MSN DEBORAH COO, HHH & PALLIATIVE CARE	40 00 0 00				X			217,295	0	8,592
(13) LYONS ALTHEA VP HR & DEVELOPMENT	1 00 42 00			X				0	235,258	61,172
(14) AGAHIGIAN KAREN M EXEC DIR HOSP, PALLIATIVE CARE	40 00 0 00					X		205,938	0	20,768
(15) OLSZAK SUZANNE REGISTERED NURSE	40 00 0 00					X		218,559	0	38,172
(16) RING CYNTHIA REGISTERED NURSE	40 00 0 00					X		193,498	0	7,518
(17) RUANE KATHLEEN DIR OF QUALITY & COMPLIANCE	40 00 0 00					X		140,679	0	5,272

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WARD VERONICA NURSE PRACTITIONER	40 00 0 00					X		142,015	0	583
(19) GRANT MD JD HOWARD R FMR TRUSTEE, PRES AND CEO	0 00 5 00						X	0	4,442,870	248,265
(20) MOORE NANCY FORMER EXEC DIR HERRICK HOUSE	0 00 40 00						X	0	166,111	33,392

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	1,117,984	9,395,643	973,046

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 ▶ 34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORE MEDICAL GROUP 3000 GOFFS FALLS RD SUITE 101 MANCHESTER, NH 03103	RN SERVICES	417,462
PHILIPS LIFELINE PO BOX 403109 ATLANTA, GA 303843109	LIFELINE SERVICES	184,700
SUPPLEMENTAL HEALTH CARE SERVICES PO BOX 677896 DALLAS, TX 752677896	RN SERVICES	144,630

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 ▶ 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	129,406				
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f ▶		129,406				
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE RE	621400	43,717,581	43,717,581			
	b SERVICES TO AFFILIATES	621400	69,220	69,220			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f ▶		43,786,801				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		741,883			741,883	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		707,873					
		b Less cost or other basis and sales expenses	0				
		707,873					
	d Net gain or (loss) ▶		707,873			707,873	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See Instructions ▶		45,365,963	43,786,801	0	1,449,756		

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	225,887	206,204	19,683	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	28,032,876	26,993,287	1,039,437	152
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	355,987	342,645	13,342	
9 Other employee benefits.	3,242,972	3,121,427	121,545	
10 Payroll taxes.	2,045,434	1,968,772	76,652	10
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	5,686		5,686	
d Lobbying.	1,760		1,760	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	86,286		86,286	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,240,118	1,573,412	666,682	24
12 Advertising and promotion.	6,947		6,947	
13 Office expenses.	428,162	329,668	98,476	18
14 Information technology.	129,864	101,424	28,440	
15 Royalties.				
16 Occupancy.	556,120	427,524	128,589	7
17 Travel.	673,474	525,983	147,489	2
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	453,082	214,761	238,321	
23 Insurance.	3,557	3,557		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ADMINISTRATION & GENERAL	1,401,110	584,906	816,204	
b MEDICAL SUPPLIES	1,349,880	1,349,019	861	
c GENERAL SUPPLIES & SERVICES	529,290	386,103	143,170	17
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	41,768,492	38,128,692	3,639,570	230
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		0	1	300	
	2	Savings and temporary cash investments		14,511,487	2	7,667,273	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		5,572,835	4	5,611,975	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		36,063	9	41,016	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	5,604,772			
	b	Less: accumulated depreciation	10b	3,079,451	2,873,964	10c	2,525,321
	11	Investments—publicly traded securities		16,688,852	11	29,245,932	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		926,817	15	753,799	
16	Total assets. Add lines 1 through 15 (must equal line 34)		40,610,018	16	45,845,616		
Liabilities	17	Accounts payable and accrued expenses		4,957,882	17	6,693,077	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		5,700	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		851,616	25	1,413,445	
	26	Total liabilities. Add lines 17 through 25		5,815,198	26	8,106,522	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		32,008,658	27	35,289,765	
	28	Temporarily restricted net assets		2,786,162	28	2,449,329	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		34,794,820	33	37,739,094		
34	Total liabilities and net assets/fund balances		40,610,018	34	45,845,616		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,365,963
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,768,492
3	Revenue less expenses Subtract line 2 from line 1	3	3,597,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,794,820
5	Net unrealized gains (losses) on investments	5	-637,068
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-16,129
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,739,094

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

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

Additional Data

Software ID:

Software Version:

EIN: 20-1287349

Name: NORTHEAST PROFESSIONAL REGISTRY OF NURSES

Form 990 (2018)

Form 990, Part III, Line 4a:

HOME CAREPARTNERING WITH PHYSICIANS, HOSPITALS AND SKILLED FACILITIES, BILH AT HOME HELPS PATIENTS MAKE A SEAMLESS TRANSITION BACK HOME IN THE EVENT OF A HOSPITALIZATION AN EXPERIENCED TEAM OF NURSES, THERAPISTS (PHYSICAL, OCCUPATIONAL AND SPEECH), MEDICAL SOCIAL WORKERS AND HOME HEALTH AIDES WORK TOGETHER TO DEVISE A PERSONALIZED CARE PLAN FOR EACH PATIENT THAT MAY INCLUDE SERVICES SUCH AS SKILLED NURSING, DISEASE AND PAIN MANAGEMENT, EXPERT WOUND CARE, MEDICATION MANAGEMENT, CARDIAC AND PULMONARY CARE, AND PHYSICAL, OCCUPATIONAL AND SPEECH LANGUAGE THERAPY FOR THE PERIOD COVERED BY THIS FILING, BILH AT HOME PROVIDED DIRECT CARE SERVICES TO PATIENTS, INCLUDING PROVIDING MORE THAN 208,000 HOME CARE VISITS, ACROSS NORTHEASTERN MASSACHUSETTS IN ADDITION, DURING THE FISCAL PERIOD COVERED BY THIS RETURN, NORTHEAST PRN WAS 1 NAMED AS A TOP AGENCY OF THE 2018 HOMECARE ELITE, WHICH RECOGNIZES THE TOP-PERFORMING HOME HEALTH AGENCIES IN THE UNITED STATES 2 DESIGNATED AS "AGENCY OF THE MONTH" WITH THE HOME HEALTH QUALITY IMPROVEMENT NATIONAL CAMPAIGN FOR IMPROVEMENT IN MEDICATION MANAGEMENT 3 ACHIEVED A 5-STAR RATING IN HOME HEALTH COMPARE IN THE CATEGORY OF PATIENT EXPERIENCE PALLIATIVE AND HOSPICE CARENORTHEAST PRN OFFERS A RANGE OF PROGRAMS TO MEET THE COMPLEX NEEDS OF PATIENTS AND THEIR FAMILIES COPING WITH ADVANCED ILLNESS THESE PROGRAMS INCLUDE PALLIATIVE CARE, BRIDGE-TO-HOSPICE, HOSPICE AT HOME, AND RESIDENTIAL HOSPICE ALL PATIENTS RECEIVE CARE FROM AN EXPERIENCED CARE TEAM THAT REMAINS THE SAME AS THE PATIENT TRANSITIONS THROUGH DIFFERENT LEVELS OF CARE CARE TEAM MEMBER MAY INCLUDE NURSES, SOCIAL WORKERS, CHAPLAINS, PHYSICAL AND OCCUPATIONAL THERAPISTS, AND OTHER CLINICIANS UPON NEED OR REQUEST NORTHEAST PRN ALSO MANAGES THE SAWTELLE FAMILY HOSPICE HOUSE IN READING, MA, A 10-BED RESIDENTIAL HOSPICE FACILITY THAT PROVIDES COMFORT, CARE, AND EMOTIONAL SUPPORT TO INDIVIDUALS FACING A TERMINAL ILLNESS WHO NO LONGER RESPONDS TO CURATIVE TREATMENT

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

NORTHEAST PROFESSIONAL REGISTRY OF NURSES

Employer identification number

20-1287349

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			63,659	187,951	129,406	381,016
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,886,922	13,688,874	35,152,827	37,208,308	43,786,801	142,723,732
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	12,886,922	13,688,874	35,216,486	37,396,259	43,916,207	143,104,748
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6.)						143,104,748

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	12,886,922	13,688,874	35,216,486	37,396,259	43,916,207	143,104,748
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			401,830	332,763	741,833	1,476,426
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			401,830	332,763	741,833	1,476,426
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	12,886,922	13,688,874	35,618,316	37,729,022	44,658,040	144,581,174
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	98 980 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99 340 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	1 020 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0 660 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><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: 20-1287349
Name: NORTHEAST PROFESSIONAL REGISTRY OF
NURSES

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization NORTHEAST PROFESSIONAL REGISTRY OF NURSES	Employer identification number 20-1287349
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		1,760
j	Total. Add lines 1c through 1i			1,760
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	AS NOTED THROUGHOUT THIS FILING, ON MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH BECAME THE SOLE MEMBER OF, AMONG OTHER ENTITIES, LAHEY HEALTH SHARED SERVICES (LHSS), NORTHEAST HOSPITAL CORP (NHC) D/B/A/ BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITALS, WINCHESTER HOSPITAL AND THE LAHEY CLINIC FOUNDATION (LCF). LCF IN TURN SERVES AS THE SOLE MEMBER OF LAHEY CLINIC INC. AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER. PRIOR TO MARCH 1, 2019 ALL OF THESE ENTITIES WERE PART OF THE LAHEY HEALTH NETWORK. IN ADDITION, ALL OF THESE ENTITIES ARE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. AS PART OF ITS NETWORK SUPPORT FUNCTION LHSS PROVIDES GOVERNMENT RELATION SERVICES TO THE ENTITIES NOTED ABOVE AND OTHER NETWORK AFFILIATES. COSTS INCURRED BY LHSS ON BEHALF OF THESE AFFILIATES ARE CHARGED BACK TO AND ARE INCLUDED WITH OTHER COSTS REPORTED BY THE RESPECTIVE ORGANIZATIONS IN FORM 990, SCHEDULE C, POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES, PART II-B. NORTHEAST PROFESSIONAL REGISTRY OF NURSES ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER NETWORK AFFILIATES AND/OR PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS \$1,760 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST PROFESSIONAL REGISTRY OF NURSES

Employer identification number
20-1287349

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

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

► \$

b Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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

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

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,802,977	14,357,013			
b Contributions	44,418		13,977,872		
c Net investment earnings, gains, and losses	88,871	2,730,154	1,729,594		
d Grants or scholarships					
e Other expenditures for facilities and programs	437,736	3,284,190	1,350,453		
f Administrative expenses	22,596				
g End of year balance	13,475,934	13,802,977	14,357,013		

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

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		682,052		682,052
b Buildings		2,149,461	971,434	1,178,027
c Leasehold improvements		114,814	23,744	91,070
d Equipment		2,585,949	2,014,187	571,762
e Other		72,496	70,086	2,410
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,525,321

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY PAYABLES	1,366,460
ESTIMATED THIRD-PARTY SETTLEMENTS, NET	46,985
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,413,445

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,267,670,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,222,446,263
e	Add lines 2a through 2d	2e	3,222,446,263
3	Subtract line 2e from line 1	3	45,223,737
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	142,226
c	Add lines 4a and 4b	4c	142,226
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	45,365,963

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

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

1	Total expenses and losses per audited financial statements	1	3,594,794,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,553,123,316
e	Add lines 2a through 2d	2e	3,553,123,316
3	Subtract line 2e from line 1	3	41,670,684
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	97,808
c	Add lines 4a and 4b	4c	97,808
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	41,768,492

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: 20-1287349
Name: NORTHEAST PROFESSIONAL REGISTRY OF NURSES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE USED IN ACCORDANCE WITH DONORS RESTRICTIONS, TO COVER THE COSTS OF ONG OING PROGRAMS, AND TO FURTHER THE EXEMPT PURPOSES, OF NORTHEAST PROFESSIONAL REGISTRY OF N URSE

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	UNREALIZED GAIN/LOSSES -726,171 NET ASSETS RELEASED FROM RESTRICTION 470,122 PRIOR PERIOD ADJUSTMENT -16,129 CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,222,718,441

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RESTRICTED INVESTMENT INCOME 44,418 OTHER EXPENSES RECLASS TO EXPENSES 97,808

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES NET ELIMINATIONS 3,553,123,316

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	OTHER EXPENSES RECLASS TO EXPENSES 97,808

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

Department of the Treasury Internal Revenue Service	Name of the organization NORTHEAST PROFESSIONAL REGISTRY OF NURSES	Employer identification number 20-1287349
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN NORTHEAST PROFESSIONAL REGISTRY OF NURSES (NEPRN) 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. AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN NE PROFESSIONAL REGISTRY OF NURSES'S (NEPRN) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 DETAIL. DURING THE 2018 CALENDAR YEAR, NEPRN WAS A PARTICIPATING EMPLOYER IN THE LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN. PURSUANT TO THIS PLAN, ELIGIBLE EMPLOYEES RECEIVED CERTAIN RETIREMENT BENEFITS AND UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. CONTRIBUTIONS RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.

Return Reference	Explanation
PART I, LINE 7	THE LHSI EXECUTIVE COMPENSATION PACKAGES AND CERTAIN EMPLOYEE COMPENSATION PACKAGES INCLUDED OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING PRE-DETERMINED GOALS FOR THE PERIOD COVERED BY THIS FILING, THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE REPORTED IN THIS FORM 990 WAS REVIEWED AND APPROVED BY THE LHSI COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, WAS FULLY STAFFED BY INDEPENDENT MEMBERS

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	<p>THE FILING ORGANIZATION HAS PROVIDED DETAILED NARRATIVE DISCLOSURE FOR EACH INDIVIDUAL LISTED IN PART VII NOTE, HOWEVER, THAT THE ORDER OF THE NARRATIVE DISCLOSURE INCLUDED BELOW MAY NOT COINCIDE WITH THE ORDER OF THE INDIVIDUALS LISTED IN PART VII AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THIS SHORT PERIOD FORM 990 FOR NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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 HEALTH SYSTEM, INC , LAHEY CLINIC,, INC , LAHEY HEALTH SHARED SERVICES, INC , NORTHEAST MEDICAL PRACTICE, INC , WINCHESTER PHYSICIAN ASSOCIATES, INC , AND WINCHESTER HOSPITAL MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS LHSI, LC, LHSS, NMP, WPA, AND WH RESPECTIVELY CONNORS, LAURIE VP HUMAN RESOURCES NORTHEAST PROFESSIONAL REGISTRY OF NURSES VP HUMAN RESOURCES NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 44,329 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 172 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 4,848</p>

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	<p>COSTELLO, RN, MSN, DEBORAH COO, HHH & PALLIATIVE CARE NE PROFESSIONAL REGISTRY OF NURSES FORMER VP HOME HEALTH OPERATIONS NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES BASE COMPENSATION 216,422 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 873 DEFERRED COMPENSATION 3,617 NON-TAXABLE BENEFITS 4,975 EICHHORN, KAREN DIRECTOR OF FINANCE CONTINUING CARE NE PROFESSIONAL REGISTRY OF NURSES DIRECTOR OF FINANCE CONTINUING CARE NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 149,312 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 184 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 11,624 FISCHER, STEVEN P EFFECTIVE MARCH 1, 2019 MR FISCHER HELD THE FOLLOWING POSITIONS TREASURER NE PROFESSIONAL REGISTRY OF NURSES 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 SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND TREASURER WINCHESTER HOSPITAL FOUNDATION, INC TREASURER WINCHESTER HEALTHCARE MANAGEMENT, INC TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC TREASURER (EX-OFFICIO) LAHEY CLINIC, INC TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST HEALTH SYSTEM, INC TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND TREASURER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL ASSISTANT TREASURER MEDICAL CARE OF BOSTON MANAGEMENT CORP A/K/A AFFILIATED PHYSICIANS GROUP TREASURER LEDGEWOOD HEALTH CARE CORP MR FISCHER HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 ASSISTANT TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR AND TREASURER BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC DIRECTOR BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR MILTON HOSPITAL FOUNDATION DIRECTOR COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR JORDAN PHYSICIAN ASSOCIATES DIRECTOR JORDAN HEALTH SYSTEMS, INC MR FISCHER'S TERM ON THE NE PROFESSIONAL REGISTRY OF NURSES'S BOARD BEGAN MARCH 1, 2019 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 GIZMUNT, JENNIFER PRESIDENT NSHC NE PROFESSIONAL REGISTRY OF NURSES PRESIDENT NSHC NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY NORTHEAST SENIOR HEALTH CORPORATION BASE COMPENSATION 60,797 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 733 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 NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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 SENIOR HEALTH CORPORATION FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER SEACOAST NURSING & REHABILITATION CENTER, INC</p>

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	<p>FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER WINCHESTER HOSPITAL FOUNDATION, INC FORMER PRESIDENT AND TRUSTEE WINCHESTER HEALTHCARE MANAGEMENT, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST MEDICAL PRACTICE, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC FORMER PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC FORMER TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER WINCHESTER HOSPITAL FORMER PRESIDENT AND DIRECTOR LEDGEWOOD HEALTHCARE CORPORATION FORMER PRESIDENT AND DIRECTOR NORTHEAST PROPRIETARY CORPORATION FORMER TRUSTEE -- CONCORD SPECIALISTS, LLC DR GRANT'S POSITION AS LAHEY HEALTH SYSTEM, INC 'S PRESIDENT, TRUSTEE AND CHIEF EXECUTIVE OFFICER AS WELL AS HIS OTHER POSITIONS AT THE LAHEY AFFILIATES NOTED ABOVE, ENDED SEPTEMBER 30, 2018 AS REQUIRED BY THIS FORM 990, THE COMPENSATION AND BENEFITS REPORTED BELOW ARE FOR THE CALENDAR YEAR 2018 PAYMENTS REPORTED BY LHSI BASE COMPENSATION 842,785 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 3,600,085 DEFERRED COMPENSATION 219,222 NON-TAXABLE BENEFITS 29,044 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR GRANT INCLUDES TAXABLE SALARY CONTINUATION PAYMENTS IN THE AMOUNT OF \$3,061,352 WHICH VESTED AT THE TIME OF DR GRANT'S RETIREMENT AND \$220,000 INCLUDABLE IN INCOME UNDER 457(F) IN ADDITION, DEFERRED COMPENSATION INCLUDES \$189,341 OF DEFERRED RETIREMENT BENEFITS WHICH WERE PAID TO DR GRANT AFTER MARCH 15, 2019 AS REQUIRED BY THE FORM 990, THESE AMOUNTS WILL BE REPORTED AGAIN AS OTHER REPORTABLE COMPENSATION IN THE LAHEY AFFILIATE TAX RETURNS COVERING THE FISCAL YEAR ENDING SEPTEMBER 30, 2020 KATZ, J D , JAMIE EFFECTIVE MARCH 1, 2019, MR KATZ HELD THE FOLLOWING POSITIONS CLERK NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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 TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC CLERK WINCHESTER HEALTHCARE MANAGEMENT, INC CLERK (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC CLERK (EX-OFFICIO) LAHEY CLINIC, INC CLERK (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER CLERK (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST MEDICAL PRACTICE, INC TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC CLERK (EX-OFFICIO) WINCHESTER HOSPITAL MR KATZ HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 SENIOR VICE PRESIDENT AND GENERAL COUNSEL BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR AND CLERK BETH ISRAEL DEACONESS MEDICAL CENTER PHARMACY, INC MR KATZ'S TERM ON THE NE PROFESSIONAL REGISTRY OF NURSES'S BOARD BEGAN MARCH 1, 2019 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 LEAR, MARYELLEN MS LEAR SERVES IN THE FOLLOWING POSITIONS EFFECTIVE MARCH 1, 2019 DIRECTOR GOVERNANCE AND BOARD RELATIONS -- BETH ISRAEL LAHEY HEALTH, INC ASSISTANT CLERK -- LAHEY CLINIC FOUNDATION, INC ASSISTANT CLERK -- LAHEY CLINIC HOSPITAL, INC ASSISTANT CLERK -- LAHEY CLINIC, INC ASSISTANT CLERK -- NORTHEAST HOSPITAL CORPORATION MS LEAR HELD THE ADDITIONAL POSITIONS BELOW THROUGH MARCH 1, 2019 UNLESS OTHERWISE SPECIFIED ASSISTANT SECRETARY LAHEY HEALTH SYSTEM, INC ASSISTANT SECRETARY AND DIRECTOR LEGAL SUPPORT SERVICES -- LAHEY HEALTH SHARED SERVICES, INC ASSISTANT SECRETARY -- ADDISON GILBERT SOCIETY, INC ASSISTANT CLERK -- LEDGEWOOD HEALTHCARE CORPORATION ASSISTANT CLERK -- NORTHEAST BEHAVIORAL HEALTH CORPORATION ASSISTANT CLERK -- NORTHEAST HEALTH SYSTEM, INC ASSISTANT CLERK -- NORTHEAST MEDICAL PRACTICE INC ASSISTANT CLERK -- NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC (THROUGH OCTOBER 25, 2018) ASSISTANT CLERK -- NORTHEAST PROPRIETARY CORPORATION ASSISTANT CLERK -- NORTHEAST SENIOR HEALTH CORPORATION (THROUGH OCTOBER 25, 2018) ASSISTANT CLERK -- SEACOAST NURSING AND REHABILITATION CENTER, INC PAYMENTS REPORTED BY LHSS BASE COMPENSATION 102,841 INCENTIVE COMPENSATION 11,143 OTHER REPORTABLE COMPENSATION 469 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 31,085 LLOYD, PETER R ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE NORTHEAST PROFESSIONAL REGISTRY OF NURSES ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE LAHEY HEALTH SYSTEM, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE LAHEY HEALTH SHARED SERVICES, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE LAHEY CLINIC FOUNDATION, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE LAHEY CLINIC, INC ASSISTANT TREASURER AND 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 SEACOAST NURSING AND REHABILITATION CENTER, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE NORTHEAST HEALTH SYSTEM, INC ASSISTANT TREASURER AND VICE PRESIDENT CORPORATE FINANCE NORTHEAST PROPRIETARY CORPORATION PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 327,975 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 18,197 DEFERRED COMPENSATION 36,500 NON-TAXABLE BENEFITS 28,368 LYONS, ALTHEA VP HR & DEVELOPMENT NORTHEAST HOSPITAL CORPORATION VP HR & DEVELOPMENT NORTHEAST MEDICAL PRACTICE, INC VP HR & DEVELOPMENT NE PROFESSIONAL REGISTRY OF NURSES VP HR & DEVELOPMENT NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 215,206 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 20,052 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 34,957 MOORE, NANCY FORMER EXEC DIR HERRICK HOUSE NE PROFESSIONAL REGISTRY OF NURSES EXEC DIRECTOR HERRICK HOUSE & ADULT DAY PROGRAM NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY NORTHEAST SENIOR HEALTH CORPORATION BASE COMPENSATION 159,577 INCENTIVE COMPENSATION 5,000 OTHER REPORTABLE COMPENSATION 1,534 DEFERRED COMPENSATION 5,190 NON-TAXABLE BENEFITS 28,202 NESTO, M D , RICHARD EFFECTIVE MARCH 1, 2019, DR NESTO HELD THE FOLLOWING POSITIONS CHIEF MEDICAL OFFICER, BETH ISRAEL LAHEY HEALTH TRUSTEE (EX-OFFICIO, BILH CEO DESIGNATE) ANNA JACQUES HOSPITAL TRUSTEE (EX-OFFICIO) SEACOAST AFFILIATES GROUP PRACTICE TRUSTEE (EX-OFFICIO, BILH CEO DESIGNATE) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO, BILH CEO DESIGNATE) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HEALTHCARE MANAGEMENT, INC DIRECTOR, WINCHESTER PHYSICIAN ASSOCIATES DIRECTOR, CONCORD SPECIALISTS, LLC DR NESTO HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 TRUSTEE AND PRESIDENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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</p>

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	<p>TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST HEALTH SYSTEM, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND PRESIDENT SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HOSPITAL FOUNDATION, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT WINCHESTER HEALTHCARE MANAGEMENT, INC TRUSTEE (EX-OFFICIO) AND PRESIDENT LAHEY CLINIC FOUNDATION, INC TREASURER (EX-OFFICIO) LAHEY CLINIC, INC TRUSTEE LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) & PRESIDENT NORTHEAST HOSPITAL CORPORATION TRUSTEE AND PRESIDENT NORTHEAST MEDICAL PRACTICE TRUSTEE (EX-OFFICIO) AND PRESIDENT NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND PRESIDENT CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND PRESIDENT HEALTH & EDUCATION HOUSING SERVICES, INC TRUSTEE AND PRESIDENT WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO), PRESIDENT, AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SYSTEM, INC PRESIDENT AND DIRECTOR LEDGEWOOD HEALTHCARE CORPORATION PRESIDENT AND DIRECTOR NORTHEAST PROPRIETARY CORPORATION DIRECTOR -- WINCHESTER PHYSICIAN ASSOCIATES DR NESTO'S TERM ON THE NORTHEAST PROFESSIONAL REGISTRY OF NURSES'S BOARD ENDED FEBRUARY 28, 2019 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 LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 742,043 INCENTIVE COMPENSATION OTHER REPORTABLE COMPENSATION 120,935 DEFERRED COMPENSATION 36,500 NON-TAXABLE BENEFITS 31,937 OTHER REPORTABLE COMPENSATION FOR DR NESTO INCLUDES COMBINED PAYMENTS TO, AND CHANGE IN VALUE OF, A 457(F) PLAN IN THE AMOUNT OF \$83,602 O'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 TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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 EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER WINCHESTER HOSPITAL FOUNDATION, INC TREASURER, EXECUTIVE VICE PRESIDENT, AND CHIEF FINANCIAL OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC TREASURER AND CHIEF FINANCIAL OFFICER LAHEY CLINIC FOUNDATION, INC TREASURER AND CHIEF FINANCIAL OFFICER LAHEY CLINIC, INC TREASURER AND CHIEF FINANCIAL OFFICER LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER NORTHEAST MEDICAL PRACTICE, INC TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC TREASURER, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER WINCHESTER HOSPITAL DIRECTOR AND TREASURER -- LAHEY CLINICAL PERFORMANCE NETWORK ACCOUNTABLE CARE ORGANIZATION TREASURER -- LAHEY CLINICAL PERFORMANCE NETWORK, LLC DIRECTOR AND TREASURER -- LEDGEWOOD HEALTHCARE CORPORATION DIRECTOR AND TREASURER -- NORTHEAST PROPRIETARY CORP TRUSTEE CONCORD SPECIALISTS, LLC MR O'CONNOR'S TERM ON THE NORTHEAST PROFESSIONAL REGISTRY OF NURSES'S BOARD ENDED FEBRUARY 28, 2019 AS NOTED IN THIS FILING, AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 IS CALENDAR YEAR 2018 COMPENSATION PAYMENTS REPORTED BY LHSI BASE COMPENSATION 671,617 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 437,105 DEFERRED COMPENSATION 164,700 NON-TAXABLE BENEFITS 32,847 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR O'CONNOR INCLUDES CONTRIBUTIONS TO A 457(F) PLAN AND AN INCREASE IN VALUE OF THAT PLAN TOTALING \$506,458 OF THAT AMOUNT \$128,200 WAS UNVESTED AT SEPTEMBER 30, 2019 PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 276,206 INCENTIVE COMPENSATION 57,200 OTHER REPORTABLE COMPENSATION 1,218 DEFERRED COMPENSATION 25,984 NON-TAXABLE BENEFITS 43,304 SPACKMAN, J D , DAVID G MR SPACKMAN HELD THE FOLLOWING POSITIONS FROM OCTOBER 1, 2018 UNTIL MARCH 1, 2019 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 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 SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK WINCHESTER HOSPITAL FOUNDATION, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK WINCHESTER HEALTHCARE MANAGEMENT, INC CLERK AND GENERAL COUNSEL LAHEY CLINIC FOUNDATION, INC CLERK AND GENERAL COUNSEL LAHEY CLINIC, INC CLERK AND GENERAL COUNSEL LAHEY CLINIC HOSPITAL, INC D/B/A LAHEY HOSPITAL AND MEDICAL CENTER SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST HOSPITAL CORPORATION TRUSTEE, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST MEDICAL PRACTICE, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK CAB HEALTH & RECOVERY SERVICES, INC TRUSTEE AND CLERK HEALTH & EDUCATION HOUSING SERVICES, INC SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK WINCHESTER HOSPITAL PAYMENTS REPORTED BY LHSI BASE COMPENSATION 318,145 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,584 DEFERRED COMPENSATION 29,881 NON-TAXABLE BENEFITS 12,005 MR SPACKMAN RETIRED AS LAHEY HEALTH SYSTEM, INC 'S SENIOR VICE PRESIDENT GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK ON MARCH 1, 2019 THURLOW, JULIANNE TRUSTEE NE PROFESSIONAL REGISTRY OF NURSES TRUSTEE, CHAIR NORTHEAST SENIOR HEALTH CORPORATION WOODWORTH, CONNIE VP FINANCE NHS NE PROFESSIONAL REGISTRY OF NURSES OFFICER, VP FINANCE NORTHEAST HOSPITAL CORPORATION OFFICER, VP FINANCE NHC NORTHEAST MEDICAL PRACTICE, INC VP FINANCE NHS NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC BASE COMPENSATION 248,545</p>

Return Reference	Explanation
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	<p>INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,840 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 3,543 MS WOODWORTH TERM ON THE NE PROFESSIONAL REGISTRY OF NURSES'S BOARD ENDED ON FEBRUARY 28, 2019 OLSZAK, SUZANNE REGISTERED NURSE NE PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES BASE COMPENSATION 210,559 INCENTIVE COMPENSATION 8,000 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 6,811 NON-TAXABLE BENEFITS 31,361 AGAHIGIAN, KAREN M EXEC DIRECTOR - HOSPICE & PALLIATIVE CARE NE PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES BASE COMPENSATION 205,538 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 400 DEFERRED COMPENSATION 6,313 NON-TAXABLE BENEFITS 14,455 RING, CYNTHIA REGISTERED NURSE NE PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES BASE COMPENSATION 189,798 INCENTIVE COMPENSATION 3,700 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 5,820 NON-TAXABLE BENEFITS 1,698 WARD, VERONICA NURSE PRACTITIONER NE PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES BASE COMPENSATION 142,015 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 583 RUANE, KATHLEEN DIRECTOR OF QUALITY & COMPLIANCE NE PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES BASE COMPENSATION 140,679 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 4,199 NON-TAXABLE BENEFITS 1,073</p>



Additional Data

Software ID:
Software Version:
EIN: 20-1287349
Name: NORTHEAST PROFESSIONAL REGISTRY OF NURSES

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				
NESTO MD RICHARD PRESIDENT AND TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	742,043	0	120,935	36,500	31,937	931,415	0
O'CONNOR TIMOTHY TRUSTEE, TREASURER, EVP & 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 TTEE, SVP GOV AFFRS, GC& CLERK	(i)	0	0	0	0	0	0	0
	(ii)	318,145	0	5,584	29,398	12,005	365,132	0
EICHHORN KAREN DIR OF FINANCE CONTINUING CARE	(i)	0	0	0	0	0	0	0
	(ii)	149,312	0	184	10,302	11,624	171,422	0
FISCHER STEVEN P TREASURER	(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
WOODWORTH CONNIE VP FINANCE NHS	(i)	0	0	0	0	0	0	0
	(ii)	248,544	0	5,840	0	3,543	257,927	0
COSTELLO RN MSN DEBORAH COO, HHH & PALLIATIVE CARE	(i)	216,422	0	873	3,617	4,975	225,887	0
	(ii)	0	0	0	0	0	0	0
LYONS ALTHEA VP HR & DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	215,206	0	20,052	26,215	34,957	296,430	0
AGAHIGIAN KAREN M EXEC DIR HOSP, PALLIATIVE CARE	(i)	205,538	0	400	6,313	14,455	226,706	0
	(ii)	0	0	0	0	0	0	0
OLSZAK SUZANNE REGISTERED NURSE	(i)	210,559	8,000	0	6,811	31,361	256,731	0
	(ii)	0	0	0	0	0	0	0
RING CYNTHIA REGISTERED NURSE	(i)	189,798	3,700	0	5,820	1,698	201,016	0
	(ii)	0	0	0	0	0	0	0
GRANT MD JD HOWARD R FMR TRUSTEE, PRES AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	842,784	0	3,600,086	219,222	29,043	4,691,135	0
MOORE NANCY FORMER EXEC DIR HERRICK HOUSE	(i)	0	0	0	0	0	0	0
	(ii)	159,577	5,000	1,534	5,190	28,202	199,503	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

NORTHEAST PROFESSIONAL REGISTRY OF NURSES

Employer identification number

20-1287349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	NORTHEAST PROFESSIONAL REGISTRY OF NURSES, D/B/A BILH AT HOME AND FORMERLY AS LAHEY HEALTH AT HOME (NORTHEAST PRN), OFFERS SUPPORT TO PATIENTS FOLLOWING A HOSPITAL STAY, DURING RECOVERY, OR TO ASSIST WITH END-OF-LIFE NEEDS, AS CLOSE TO HOME AS CAN BE SAFELY MANAGED NORTHEAST PRN IS COMMITTED TO PROVIDING EXCEPTIONAL PATIENT AND FAMILY-CENTERED CARE AND IS RECOGNIZED AS AN INDUSTRY LEADER FOR INNOVATION, COLLABORATION, AND EXCELLENCE IN QUALITY 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 JAUQUES 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) PRIOR TO MARCH 1, 2019, NORTHEAST PRN WAS A MEMBER OF THE LAHEY HEALTH SYSTEM 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 AND OFFER ACCESS TO NORTHEAST PRN PATIENTS ACCESS TO A COMPREHENSIVE RANGE OF HEALTHCARE SERVICES ACROSS BILH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>NORTHEAST PROFESSIONAL REGISTRY OF NURSES, D/B/A BILH AT HOME AND FORMERLY AS LAHEY HEALTH AT HOME (NORTHEAST PRN), OFFERS SUPPORT TO PATIENTS FOLLOWING A HOSPITAL STAY, DURING RECOVERY, OR TO ASSIST WITH END-OF-LIFE NEEDS, AS CLOSE TO HOME AS CAN BE SAFELY MANAGED NORTHEAST PRN IS COMMITTED TO PROVIDING EXCEPTIONAL PATIENT AND FAMILY-CENTERED CARE AND IS RECOGNIZED AS AN INDUSTRY LEADER FOR INNOVATION, COLLABORATION, AND EXCELLENCE IN QUALITY ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAKUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH) PRIOR TO MARCH 1, 2019, NORTHEAST PRN WAS A MEMBER OF THE LAHEY HEALTH SYSTEM 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 AND OFFER ACCESS TO NORTHEAST PRN PATIENTS ACCESS TO A COMPREHENSIVE RANGE OF HEALTHCARE SERVICES ACROSS BILH</p>

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 V, QUESTION 7G	NORTHEAST PROFESSIONAL REGISTRY OF NURSES DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 7H	NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC (BILH) IS THE SOLE MEMBER OF LAHEY HEALTH SHARED SERVICE, THE MEMBER OF NORTHEAST SENIOR HEALTH CORPORATION, THE MEMBER OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	A MAJORITY OF THE NORTHEAST PROFESSIONAL REGISTRY OF NURSES BOARD SERVE IN THEIR POSITION EX-OFFICIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE MEMBER OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN NORTHEAST PROFESSIONAL REGISTRY OF NURSES'S BYLAWS ANY ACTION TO BE TAKEN BY THE SOLE MEMBER SHALL BE DEEMED DULY AUTHORIZED WHEN TAKEN BY THE BOARD OF TRUSTEES OF NORTHEAST SENIOR HEALTH CORPORATION OR ITS DULY AUTHORIZED REPRESENTATIVE ANY SUCH ACTION MAY BE TAKEN WITHOUT A MEETING IF CONFIRMED THROUGH A DULY AUTHORIZED WRITTEN COMMUNICATION BY THE BOARD OR REPRESENTATIVE OF NORTHEAST SENIOR HEALTH CORPORATION FILED WITH THE SECRETARY OF THE CORPORATION NOTWITHSTANDING ANY PROVISIONS TO THE CONTRARY, ANY ACTION TAKEN BY THE BOARD WITH REGARD TO THE FOLLOWING MATTERS SHALL NOT BE EFFECTIVE WITHOUT THE APPROVAL OF THE SOLE MEMBER (A) EXECUTION OF ANY UNBUDGETED DEBT INSTRUMENTS, NOTES, GUARANTEES, MORTGAGES OR PLEDGES ABOVE \$50,000 REQUIRE APPROVAL OF THE SOLE MEMBER, EXECUTION OF ANY UNBUDGETED DEBT INSTRUMENTS, NOTES GUARANTEES, MORTGAGES OR PLEDGES OF \$50,000 OR LESS REQUIRE APPROVAL OF THE PRESIDENT OF THE SOLE MEMBER AS WELL AS THE BOARD OF THIS CORPORATION (B) EXECUTION OF ANY UNBUDGETED CONTRACTS FOR SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OR ACQUISITION OF PROPERTY, REAL OR PERSONAL, (I) HAVING AN ANNUAL OR SINGLE TRANSACTION COST IN EXCESS OF \$100,000 SHALL REQUIRE APPROVAL OF THE SOLE MEMBER AND (II) HAVING AN ANNUAL OR TRANSACTION COST IN EXCESS OF \$50,000 SHALL REQUIRE APPROVAL OF THE PRESIDENT OF THE SOLE MEMBER (C) INCURRENCE OF ANY UNBUDGETED EXPENSES (I) IN EXCESS OF \$50,000 SHALL REQUIRE APPROVAL OF THE PRESIDENT OF THE SOLE MEMBER AND (II) IN EXCESS OF \$250,000 SHALL REQUIRE THE APPROVAL OF THE SOLE MEMBER (D) EXECUTION OF ANY UNBUDGETED CONTRACTS GENERATING ANNUAL REVENUE IN EXCESS OF \$100,000 SHALL REQUIRE APPROVAL OF THE PRESIDENT OF THE SOLE MEMBER AND (II) GENERATING ANNUAL REVENUE IN EXCESS OF \$400,000 SHALL REQUIRE APPROVAL OF THE SOLE MEMBER (E) FILING OF PETITIONS FOR VOLUNTARY DISSOLUTION OR FOR VOLUNTARY BANKRUPTCY (F) ADOPTION OF AMENDMENTS TO THE BY-LAWS OR ARTICLES OF ORGANIZATION, SUCH POWER TO BE EXERCISED EXCLUSIVELY BY THE SOLE MEMBER (G) ADOPTION OF ANNUAL OPERATING AND CAPITAL BUDGETS (H) ADOPTION OR SIGNIFICANT REVISION TO ANY LONG-RANGE STRATEGIC PLAN, BUSINESS DEVELOPMENT PLAN, OR ANY ACTION REQUIRING THE FILING OF AN APPLICATION FOR A DETERMINATION OF NEED OR ANY SIGNIFICANT TRANSACTION HAVING LONG TERM STRATEGIC IMPLICATIONS (I) ACQUISITION OF THE CORPORATION OR ITS ASSETS BY ANOTHER ENTITY OR CONSOLIDATION OF THE CORPORATION WITH ANY OTHER ENTITY WHETHER ACCOMPLISHED THROUGH ACQUISITION, MERGER, CONSOLIDATION OR DELEGATION OF CONTROL POWERS OR ACQUISITION OF ANOTHER ENTITY BY THE CORPORATION (J) APPOINTMENT OF TRUSTEES OF THE CORPORATION, SUCH POWER TO BE EXERCISED EXCLUSIVELY BY THE SOLE MEMBER (K) REMOVAL OF TRUSTEES OF THE CORPORATION, SUCH POWER TO BE EXERCISED EXCLUSIVELY BY THE SOLE MEMBER AFTER NOTICE TO THE CHAIRPERSON OF THE CORPORATION AND AN OPPORTUNITY FOR THE CHAIRPERSON TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>BE HEARD BY THE BOARD OF TRUSTEES OF THE SOLE MEMBER, EXCEPT IN CIRCUMSTANCES WHERE THE SOLE MEMBER DETERMINES THAT AN IMMEDIATE REMOVAL ACTION IS NECESSARY TO PRESERVE THE ASSETS OF THE CORPORATION (1) ANY DECISION CONCERNING THE EXERCISE OR NON-EXERCISE OF VETO POWER HELD BY THE CORPORATION RELATIVE TO THE ACTIONS OF ANY CORPORATION OF WHICH THE CORPORATION IS THE CONTROLLING MEMBER (M) THE POWER TO SELECT AND REMOVE ANY OR ALL OFFICERS OF THE CORPORATION SHALL BE EXERCISED SOLELY BY THE SOLE MEMBER AFTER CONSULTATION WITH THE CHAIRPERSON OF THIS CORPORATION (N) THE POWER TO APPOINT AND REMOVE THE CHAIRPERSON OF THIS CORPORATION SHALL BE EXERCISED EXCLUSIVELY BY THE SOLE MEMBER AFTER CONSULTATION WITH THE BOARD OF TRUSTEES OF THIS CORPORATION AND AN OPPORTUNITY FOR THAT BOARD TO SUGGEST CANDIDATES (O) COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND ALL SENIOR EXECUTIVES (CUMULATIVELY "SENIOR EXECUTIVES") OF THIS CORPORATION SHALL BE SET BY THE PRESIDENT OF THE SOLE MEMBER AND SHALL BE SUBJECT TO APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD OF THE SOLE MEMBER THE TERM "COMPENSATION" SHALL INCLUDE, BUT NOT BE LIMITED TO, SALARY, BONUSES, SEVERANCE BENEFITS, DEFERRED COMPENSATION (WHETHER PROVIDED THROUGH SALARY DEFERRAL, INSURANCE VEHICLE, SERP OR OTHER RETIREMENT FUNDING VEHICLE), ANY PAYMENT, CONTINGENT OR OTHERWISE, WHICH IS INTENDED TO PROVIDE FUNDING OR OTHER BENEFITS TO THE SENIOR EXECUTIVES WHETHER VESTING IMMEDIATELY OR AT SOME FUTURE DATE, AND TO INCLUDE ANY BENEFITS NOT GENERALLY AVAILABLE TO ALL FULL-TIME EMPLOYEES OF THIS CORPORATION ANY AGREEMENT PURPORTING TO ESTABLISH DURATION OR CONDITIONS OF EMPLOYMENT, COMPENSATION OR BENEFITS, OTHER THAN AS MAY GENERALLY BE AVAILABLE TO ALL FULL-TIME EMPLOYEES OF THIS CORPORATION SHALL BE NULL AND VOID UNLESS AUTHORIZED IN WRITING BY THE PRESIDENT OF THE SOLE MEMBER</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 HEALTH SHARE SERVICES, WHICH IS THE SOLE MEMBER OF NORTHEAST SENIOR HEALTH CORPORATION, WHICH IS THE SOLE MEMBER OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES THIS FORM 990 IS REVIEWED BY THE VP OF FINANCE OF NORTHEAST SENIOR HEALTH CORPORATION, THE TAX DIRECTOR OF BILH AND DELOITTE TAX, LLP A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE NORTHEAST PROFESSIONAL REGISTRY OF NURSES BOARD PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>NORTHEAST PROFESSIONAL REGISTRY OF NURSES HAS A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY PURSUANT TO THAT POLICY, ALL OFFICERS, TRUSTEES, MANAGERS AND KEY EMPLOYEES ARE ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS MAINTAINED BY THESE INDIVIDUALS AND/OR THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A CONFLICT OF INTEREST LAHEY HEALTH SHARED SERVICES (LHSS), AN AFFILIATE OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND PROVIDES ADMINISTRATIVE AND CENTRALIZED OPERATIONAL SUPPORT TO ITS AFFILIATES THE LHSS COMPLIANCE DEPARTMENT ADMINISTERS THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE PROCESS ON BEHALF OF ITS AFFILIATES ALL POSITIVE RESPONSES ARE REVIEWED AND EVALUATED BY A COMPLIANCE TEAM MEMBER FOR DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT ANY ACTIVITY THAT REQUIRES FURTHER REVIEW IS CAREFULLY EVALUATED ADDITIONAL DOCUMENTATION MAY BE REQUESTED AND/OR A MANAGEMENT PLAN DEVELOPED DEPENDING ON THE NATURE AND TYPE OF POTENTIAL CONFLICT AT TIMES, A PARTICULAR ARRANGEMENT MAY BE REVIEWED BY LEGAL AND/OR REVIEWED BY A COMMITTEE OR OTHER AUTHORIZED LEADERSHIP BODY PURSUANT TO THE CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN THAT MAY REQUIRE DISCLOSURE AND RECUSAL, AS WELL AS APPROPRIATE DOCUMENTATION ADDITIONALLY, AS PREVIOUSLY NOTED IN THIS FILING, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH (BILH) BECAME THE SOLE MEMBER OF LHSS AND NORTHEAST PROFESSIONAL REGISTRY OF NURSES'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BILH SYSTEM IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE BILH TAX DEPARTMENT ISSUED A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE NORTHEAST PROFESSIONAL REGISTRY OF NURSES BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE PROCESS WAS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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>DESCRIPTION OF PROCESS TO DETERMINE COMPENSATION OF THE ORGANIZATIONS CEO AND OTHER OFFICERS AND KEY EMPLOYEES AS NOTED THROUGHOUT THIS FILING, NORTHEAST PROFESSIONAL REGISTRY OF NURSES BECAME A MEMBER OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES WITH BILH SERVING AS NORTHEAST PROFESSIONAL REGISTRY OF NURSES'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, NORTHEAST PROFESSIONAL REGISTRY OF NURSES WAS A MEMBER OF THE LAHEY HEALTH SYSTEM, AND LAHEY HEALTH SYSTEM, INC (LHSI) SERVED AS NORTHEAST PROFESSIONAL REGISTRY OF NURSES'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 NORTHEAST PROFESSIONAL REGISTRY OF NURSES'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	NORTHEAST PROFESSIONAL REGISTRY OF NURSES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION BETH ISRAEL LAHEY HEALTH TAX DEPARTMENT 109 BROOKLINE AVENUE, SUITE 300 BOSTON, MA 02215

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART 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 L NARRATIVE	VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO NORTHEAST PROFESSIONAL REGISTRY OF NURSES SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE NORTHEAST PROFESSIONAL REGISTRY OF NURSES MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, NORTHEAST PROFESSIONAL REGISTRY OF NURSES 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 NORTHEAST PROFESSIONAL REGISTRY OF NURSES CONFLICT OF INTEREST POLICY

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST PROFESSIONAL REGISTRY OF NURSES

Employer identification number
20-1287349

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?

	Yes	No
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	No
e Loans or loan guarantees by related organization(s)	1e	No
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	No
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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BETH ISRAEL LAHEY HEALTH INC	M	200,648	FMV
(2) BETH ISRAEL LAHEY HEALTH INC	R	372,154	FMV
(3) LAHEY CLINIC HOSPITAL INC	R	183,241	FMV
(4) NORTHEAST HOSPITAL CORPORATION	R	3,298,792	FMV
(5) LAHEY CLINIC INSURANCE CO LTD	R	1,401,110	FMV

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 NORTHEAST PROFESSIONAL REGISTRY OF NURSE'S FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR

Additional Data

Software ID:
Software Version:
EIN: 20-1287349
Name: NORTHEAST PROFESSIONAL REGISTRY OF NURSES

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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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
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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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	HMFP AT BIDMC	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 JAKUES 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	