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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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 10-01-2019 , and ending 09-30-2020

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
F Name and address of principal officer:
KAREN EICHHORN
20 UNIVERSITY ROAD
CAMBRIDGE, MA 02138

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 ▶

E Employer identification number
20-1287349
E Telephone number
(978) 922-3000
G Gross receipts \$ 42,412,451

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

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:
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.

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

3 Number of voting members of the governing body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)
7a Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶9,042
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here
Signature of officer
KAREN EICHHORN SIGNER
Type or print name and title

2021-08-16
Date

Paid Preparer Use Only
Print/Type preparer's name
Firm's name ▶ DELOITTE TAX LLP
Firm's address ▶ TWO JERICHO PLAZA
JERICHO, NY 11753
Preparer's signature
Date 2021-08-16
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 (2019)

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 \$ 38,712,221 including grants of \$) (Revenue \$ 39,026,341)
	See Additional Data


















4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 38,712,221
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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

Part IV Checklist of Required Schedules (continued)

		Yes	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
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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	2	
	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	0	
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?	Yes	
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?		No
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?		

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 701 EDGEWATER DRIVE SUITE 420 WAKEFIELD, MA 01880 (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.

See instructions for the order in which to list the persons above.

☐ 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) TABB MD KEVIN TTEE (EX-OF), PRES	1.00 64.00	X						0	2,488,251	789,051
(2) FISCHER STEVEN P TTEE (EX-OF), TREAS	1.00 64.00	X		X				0	1,311,136	430,191
(3) KATZ JAMIE CLERK	1.00 29.00			X				0	934,650	294,544
(4) LLOYD PETER R ASST. TREASURER & VP CORP, FIN	1.00 47.00			X				0	439,257	65,893
(5) GIZMUNT JENNIFER PRES, BILH CONTINUING CARE	1.00 2.00			X				0	281,679	22,973
(6) EICHHORN KAREN VP OF FINANCE	1.00 60.00			X				0	149,496	21,926
(7) LEAR MARYELLEN CLERK, FORMER ASSISTANT CLERK	1.00 51.00			X				0	128,555	33,143
(8) OLSZAK SUZANNE REGISTERED NURSE	40.00 0.00					X		207,835	0	38,690
(9) RING CYNTHIA REGISTERED NURSE	40.00 0.00					X		179,799	0	7,134
(10) KALULEANDREW REGISTERED NURSE	40.00 0.00					X		142,913	0	25,932
(11) COULLAHANMICHELLE M DIR OF FINANCE AND INFO TECH	40.00 0.00					X		141,289	0	20,692
(12) RUANEKATHLEEN DIR OF QUALITY & COMPLIANCE	40.00 0.00					X		143,545	0	5,379
(13) LYONS ALTHEA VP HR & DEVELOPMENT	1.00 60.00				X			0	297,582	54,194
(14) COSTELLO DEBORAH RN MSN COO, HHH & PALLIATIVE CARE	40.00 1.00				X			234,578	0	11,240
(15) CONNORS LAURIE VP HUMAN RESOURCES	1.00 60.00				X			0	217,400	46,696
(16) SILVA DONNA ED HOSPICE SERVCS PROGRAM	1.00 40.00			X				0	240,289	27,632
(17) SPACKMAN JD DAVID G FRMR SVP GOV AFF, GEN COUN/CLK	1.00 64.00						X	0	483,369	230,340

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,049,959	11,385,393	3,445,466

		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

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.

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
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Part VIII Statement of Revenue																	
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>							
										(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		2,069,758											
		f All other contributions, gifts, grants, and similar amounts not included above		1f		437,177											
		g Noncash contributions included in lines 1a - 1f: \$		1g													
		h Total. Add lines 1a-1f ▶				2,506,935											
Program Service Revenue				Business Code													
		2a NET PATIENT SERVICE RE		624100		39,026,291											
		b															
		c															
		d															
		e															
		f All other program service revenue															
		g Total. Add lines 2a-2f. ▶				39,026,291											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶				654,334						654,334					
		4 Income from investment of tax-exempt bond proceeds ▶															
		5 Royalties ▶															
				(i) Real		(ii) Personal											
		6a Gross rents		6a													
		b Less: rental expenses		6b													
		c Rental income or (loss)		6c													
		d Net rental income or (loss) ▶															
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a		224,841											
		b Less: cost or other basis and sales expenses		7b		0											
		c Gain or (loss)		7c		224,841											
		d Net gain or (loss) ▶				224,841						224,841					
		8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events ▶															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities ▶															
		10a Gross sales of inventory, less returns and allowances		10a													
b Less: cost of goods sold		10b															
c Net income or (loss) from sales of inventory ▶																	
Miscellaneous Revenue		Business Code															
11a																	
b																	
c																	
d All other revenue				50		50											
e Total. Add lines 11a-11d ▶				50													
12 Total revenue. See instructions ▶				42,412,451		39,026,341		0		879,175							

Form 990 (2019)

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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	597,594	568,372	29,222	
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	27,654,647	26,300,360	1,354,287	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	411,687	392,353	19,334	
9 Other employee benefits	4,158,170	3,962,891	195,279	
10 Payroll taxes	1,941,833	1,850,639	91,194	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	5,493		5,493	
e Professional fundraising services. See Part IV, line 17	9,042			9,042
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	569,936	440,091	129,845	
12 Advertising and promotion	2,626		2,626	
13 Office expenses	495,538	388,799	106,739	
14 Information technology	88,685	69,582	19,103	
15 Royalties				
16 Occupancy	633,108	486,621	146,487	
17 Travel	616,788	483,932	132,856	
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	371,426	291,421	80,005	
23 Insurance	21,501	21,501		
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 GENERAL SUPPLIES AND SE	1,568,059	1,179,389	388,670	
b ADMINISTRATIVE AND GENE	1,320,260	1,040,186	280,074	
c MEDICAL SUPPLIES	1,236,155	1,236,084	71	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	41,702,548	38,712,221	2,981,285	9,042
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		300	1	300	
	2	Savings and temporary cash investments		7,667,273	2	28,060,116	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		5,611,975	4	6,066,779	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		41,016	9	58,036	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,553,569			
	b	Less: accumulated depreciation	10b	4,865,117	2,525,321	10c	2,688,452
	11	Investments—publicly traded securities		29,245,932	11	31,401,375	
	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		753,799	15	349,320	
16	Total assets. Add lines 1 through 15 (must equal line 34)		45,845,616	16	68,624,378		
Liabilities	17	Accounts payable and accrued expenses		6,693,077	17	9,964,799	
	18	Grants payable			18		
	19	Deferred revenue			19	1,522,914	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,413,445	25	15,609,836	
26	Total liabilities. Add lines 17 through 25		8,106,522	26	27,097,549		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		35,289,765	27	38,931,500	
	28	Net assets with donor restrictions		2,449,329	28	2,595,329	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		37,739,094	32	41,526,829	
33	Total liabilities and net assets/fund balances		45,845,616	33	68,624,378		

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	42,412,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,702,548
3	Revenue less expenses. Subtract line 2 from line 1	3	709,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,739,094
5	Net unrealized gains (losses) on investments	5	909,905
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,167,927
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,526,829

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

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

Form 990 (2019)

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. BILH'S COVID-19 RESPONSE IN FY 2020BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. SINCE THE START OF THE PANDEMIC (THROUGH JUNE OF 2021), BILH HAS TREATED OVER 8,500 HOSPITALIZED PATIENTS WITH COVID-19 AND PERFORMED MORE THAN 700,000 COVID-19 DIAGNOSTIC TESTS. HIGHLIGHTS OF THE SYSTEM'S PANDEMIC RESPONSE IN FY 2020 INCLUDE: BILH QUICKLY ESTABLISHED AN EMERGENCY OPERATIONS CENTER ("EOC") TO ALIGN SYSTEM EFFORTS ACROSS ITS HOSPITALS AND OTHER BUSINESS UNITS AND WITH EXTERNAL ENTITIES, INCLUDING THE STATE GOVERNMENT. THE EOC HELD REGULAR MEETINGS WITH INCIDENT COMMANDERS, EMERGENCY MANAGERS, AND SENIOR LEADERS FROM BILH HOSPITALS, PRIMARY CARE, AND OTHER SYSTEM ENTITIES TO COORDINATE PLANS, POLICIES, AND COMMUNICATIONS. IT PARTICIPATED IN WEEKLY CONFERENCE OF BOSTON TEACHING HOSPITALS ("COBTH") CALLS AND MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COMMAND CENTER CALLS. A KEY ROLE OF THE EOC INVOLVED MANAGING THE FLOW OF INTERNAL AND EXTERNAL INFORMATION TO ENSURE SITUATIONAL AWARENESS AND ALIGNMENT OF RESPONSES TO THE PANDEMIC. FINALLY, THE EOC WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO CENTRALIZE COVID-19 RELATED DATA COLLECTION AND REPORTING FOR THE SYSTEM, COMMONWEALTH, AND FEDERAL GOVERNMENT. IN MARCH 2020, BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") BECAME ONE OF THE FIRST HOSPITAL LABORATORIES IN THE STATE TO BEGIN IN-HOUSE HIGH-THROUGHPUT POLYMERASE CHAIN REACTION ("PCR") COVID-19 TESTING FOR PATIENTS AND HEALTHCARE WORKERS. BIDMC'S LABORATORY PROVIDED THIS TEST TO BILH HOSPITALS AND OTHER COMMUNITY PARTNERS, SUCH AS HEALTH CENTERS AND CORRECTIONS FACILITIES, AT A TIME OF CRITICAL SUPPLY SHORTAGE. THROUGHOUT THE PANDEMIC, BILH WORKED TOWARD ADDITIONAL IN-HOUSE TESTING CAPABILITIES, INCLUDING HIGH-THROUGHPUT THERMO FISHER INSTRUMENTS AT LAHEY HOSPITAL & MEDICAL CENTER ("LHMC"). THE SYSTEM OPERATIONALIZED MULTIPLE DRIVE-THROUGH COVID-19 TESTING SITES TO ENABLE EASY ACCESS FOR PATIENTS AND STAFF. IN THE SUMMER OF 2020, TO EXPAND HOSPITAL AND CLINIC-BASED COVID-19 TESTING SITES, BILH OPENED AN ADDITIONAL HIGH-CAPACITY DRIVE-THROUGH TESTING SITE IN WOBURN. TO ENSURE CONTINUED ACCESS TO CARE FOR ITS PATIENTS, BILH PRIMARY CARE RAPIDLY DEPLOYED A TELEHEALTH STRATEGY, QUICKLY TRANSITIONED TO COHORT CLINICS TO CARE FOR SICK PATIENTS, AND SUCCESSFULLY MANAGED A PHASED REOPENING BY JULY 2020. BILH ESTABLISHED A TEMPORARY COMMUNITY CRISIS STABILIZATION UNIT AT NEW ENGLAND BAPTIST HOSPITAL TO MANAGE BEHAVIORAL HEALTH PATIENT VOLUME DURING THE PANDEMIC. BILH ESTABLISHED A DAILY HUDDLE CONSISTING OF BILH ED AND BEHAVIORAL HEALTH LEADERS TO DETERMINE APPROPRIATE PATIENT TRANSFERS TO THE UNIT. BILH'S VIRTUAL TRANSFER CENTER WAS FORMED IN SEPTEMBER 2019 TO OPTIMIZE SYSTEM-WIDE BED CAPACITY USING REAL-TIME INFORMATION EXCHANGE AMONG THE THREE EXISTING TRANSFER CENTERS AT BIDMC, LHMC AND MOUNT AUBURN HOSPITAL ("MAH"). THE TRANSFER TEAM PERSONNEL AT THESE CENTERS WORK TOGETHER AS A SINGLE "VIRTUAL" CENTER TO ACCOMMODATE INCOMING TRANSFER REQUESTS BY MAKING ALL BEDS AVAILABLE IN THE SYSTEM BASED ON FACILITY CAPACITY AND LEVEL OF CARE REQUIRED. THE TRANSFER CENTER ENHANCED PATIENT QUALITY, SAFETY, AND ACCESS BY LOAD BALANCING COVID PATIENTS ACROSS ALL OF ITS HOSPITALS SO THAT THESE PATIENTS RECEIVED TIMELY ACCESS TO THE TYPE OF BED AND LEVEL OF CARE NEEDED. BILH COLLABORATED WITH EXTERNAL ENTITIES TO STAND UP A 1,000-BED FIELD HOSPITAL, THE BOSTON HOPE HOSPITAL, AND OPEN AND STAFF A COVID HOTEL FOR UNDERSERVED COMMUNITIES. BILH LAUNCHED A WEBSITE TITLED THE CORONAVIRUS RESOURCE CENTER TO PROVIDE ITS PATIENT COMMUNITY WITH UP-TO-DATE INFORMATION REGARDING THE SYSTEM'S RESPONSE TO THE PANDEMIC, AVAILABLE RESOURCES SUCH AS TESTING SITES, AND INNOVATION EFFORTS UNDERWAY THROUGHOUT BILH (E.G., VAPORIZED HYDROGEN PEROXIDE STERILIZATION FOR N95 RESPIRATORS). BILH LAUNCHED AN INTERNAL WEBSITE WITH RESOURCES FOR ITS STAFF AS WELL. BILH CREATED SYSTEM-WIDE GUIDELINES FOR INFECTION PREVENTION ACROSS MANY DOMAINS, INCLUDING PATIENT AND VISITOR SCREENING AND THE RECONFIGURATION OF AMBULATORY CLINIC SPACES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING. BILH'S HUMAN RESOURCES TEAM DEVELOPED AND PROVIDED SYSTEM-WIDE PROGRAMS, POLICIES, AND TOOLS TO ENSURE ITS HOSPITALS WERE ABLE TO SUPPORT THE PHYSICAL AND EMOTIONAL WELL-BEING OF ITS STAFF WHILE DELIVERING SAFE, EFFECTIVE CARE TO ITS PATIENTS. EXAMPLES OF THESE RESOURCES INCLUDE AN ENHANCED SUPPLEMENTAL LEAVE POLICY; AN EASY-TO-USE, AUTOMATED EMPLOYEE COVID-19 SYMPTOM ATTESTATION TOOL; AN ONLINE, COGNITIVE BEHAVIORAL TREATMENT PROGRAM FOR MANAGING ANXIETY; AND TELECOMMUTING GUIDELINES. IN LATE MARCH 2020 BILH CREATED HOUSING FOR QUARANTINE OF STAFF EXPOSED TO COVID-19. HOUSING WAS SET UP AT A LOCAL UNIVERSITY AND HOTELS COVERING THE NETWORK'S SERVICE AREA. APPROXIMATELY 300 STAFF MEMBERS TOOK ADVANTAGE OF THE HOUSING FROM MARCH TO JULY 2020. IN ADDITION TO HOUSING, FOOD AND SUPPLY DELIVERY SERVICES WERE CREATED TO MINIMIZE PUBLIC CONTACT. BILH COLLABORATED REGULARLY WITH COMMUNITY HEALTH CENTER ("CHC") AFFILIATES ON COVID-RELATED CARE, TESTING, PERSONAL PROTECTIVE EQUIPMENT ("PPE"), AND PATIENT OUTREACH. BILH SHARED REAL-TIME ACCESS TO BILH COVID-19-RELATED OPERATIONAL POLICIES, PROCESSES, AND GUIDELINES IN ADDITION TO TRANSLATED PATIENT HANDOUTS, FLYERS, AND SOCIAL MEDIA GRAPHICS AROUND THE "STOP THE SPREAD" CAMPAIGN. AS HEALTH CENTERS WORKED TO ESTABLISH STABLE SUPPLY CHAINS OF PPE, BILH DONATED GLOVES, N95S, ISOLATION GOWNS, DISINFECTANT WIPES, EYE PROTECTION, HAND SANITIZER, AND SURGICAL MASKS. BILH DEPLOYED STAFF AT COMMUNITY TESTING SITES SUCH AS AT THE DIMOCK CENTER. CHC STAFF WERE INCLUDED IN THE AFOREMENTIONED BILH-FUNDED TEMPORARY HOUSING PROGRAM FOR STAFF. BILH ALSO SUPPORTED SAFETY NET AFFILIATE HOSPITALS WITH REAL-TIME BILH COVID-19 PROTOCOLS AND POLICIES, MED/SURG AND ICU BED LOAD-BALANCING EFFORTS, ICU STAFFING, AND PPE NEEDS. IN FY 2021, BILH CONTINUED TO PLAY A SIGNIFICANT ROLE IN THE COMMONWEALTH'S RESPONSE TO THIS UNPRECEDENTED PUBLIC HEALTH CRISIS, MOST NOTABLY THROUGH ITS PATIENT VACCINATION EFFORTS. BILH WILL PROVIDE DETAIL ON THESE EFFORTS IN ITS FY 2021 TAX RETURN FILING.

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 instructions and the latest information.

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		63,659	187,951	129,406	2,506,935	2,887,951
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	13,688,874	35,152,827	37,208,308	43,786,801	39,026,291	168,863,101
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	13,688,874	35,216,486	37,396,259	43,916,207	41,533,226	171,751,052
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.)						171,751,052

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	13,688,874	35,216,486	37,396,259	43,916,207	41,533,226	171,751,052
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		401,830	332,763	741,833	654,334	2,130,760
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	654,334	2,130,760
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.)	13,688,874	35,618,316	37,729,022	44,658,040	42,187,560	173,881,812
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 2019 (line 8, column (f) divided by line 13, column (f))	15	98.770 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.980 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	1.230 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.020 %

19a 33 1/3% support tests—2019. 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—2018. 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
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>	Yes	No
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>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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.			
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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019

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
--	---

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,493
j	Total. Add lines 1c through 1i			5,493
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:	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 \$5,493 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

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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 instructions and the latest information.

OMB No. 1545-0047

2019

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) 2019

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	13,475,934	13,802,977	14,357,013		
b Contributions	336,984	44,418		13,977,872	
c Net investment earnings, gains, and losses	1,718,943	88,871	2,730,154	1,729,594	
d Grants or scholarships					
e Other expenditures for facilities and programs	267,395	437,736	3,284,190	1,350,453	
f Administrative expenses		22,596			
g End of year balance	15,264,466	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 ▶ 92.000 %

b

Permanent endowment ▶ 8.000 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		2,196,649	1,026,363	1,170,286
c Leasehold improvements		253,126	75,331	177,795
d Equipment		4,330,706	3,690,907	639,799
e Other		91,036	72,516	18,520
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,688,452

Schedule D (Form 990) 2019

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLES	2,064,419
(3) ESTIMATED 3RD PARTY SETTLEMENTS, NET CURRENT - MEDICARE 20 COVID PAY ADV	13,545,417
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	15,609,836

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	6,312,580,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	909,905
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,269,825,189
e	Add lines 2a through 2d	2e	6,270,735,094
3	Subtract line 2e from line 1	3	41,844,906
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	27,038
b	Other (Describe in Part XIII.)	4b	540,507
c	Add lines 4a and 4b	4c	567,545
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	42,412,451

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	6,239,549,000
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	6,197,883,807
e	Add lines 2a through 2d	2e	6,197,883,807
3	Subtract line 2e from line 1	3	41,665,193
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	27,038
b	Other (Describe in Part XIII.)	4b	10,317
c	Add lines 4a and 4b	4c	37,355
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,702,548

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:	THE ORGANIZATION'S ENDOWMENT FUNDS SUBSIDIZES THE COST OF PROVIDING SUPERIOR HEALTH CARE LEADING TO THE BEST POSSIBLE OUTCOME FOR EVERY PATIENT. THE COSTS INCLUDE PATIENT EDUCATION , CONTINUING EDUCATION OF HEALTHCARE PROVIDERS, RESEARCH, AND CAPITAL EXPENDITURES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>BETH ISRAEL LAHEY HEALTH, INC., WHICH SERVES AS THE PARENT OF THE SYSTEM, HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT THE OTHER ENTITIES IN THE SYSTEM, EXCLUDING ITS FOR-PROFIT SUBSIDIARIES, QUALIFY AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, MEET THE CODE'S REQUIREMENTS UNDER SECTION 509(A), AND THEREFORE ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE 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 JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN 2020 AND 2019, RESPECTIVELY.</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS 357,189. CONSOLIDATED AFFILIATES NET ELIMINATIONS 6,269,468,000.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	NON OP ALLOCATION 10,317. ROUNDING 190. RESTRICTED CONTRIBUTIONS 352,000. RESTRICTED REVENUE 178,000.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATES NET ELIMINIATIONS 6,197,883,807.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	NON OP ALLOCATION 10,317.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization NORTHEAST PROFESSIONAL REGISTRY OF NURSES		Employer identification number 20-1287349

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.			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
b	If any of the boxes on 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 on 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.			
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>			
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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	SCHEDULE J PART I QUESTION 4A SEVERANCE AND CHANGE OF CONTROL PAYMENTS AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN NE PROFESSIONAL REGISTRY OF NURSES'S (NEPRN) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 DETAIL. DURING THE 2019 CALENDAR YEAR, ONE OR MORE INDIVIDUALS LISTED IN THIS FORM 990 PART VII AND FORM 990 SCHEDULE J, RECEIVED PAYMENTS ON SEPARATION. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. SCHEDULE J PART I QUESTION 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN NE PROFESSIONAL REGISTRY OF NURSES'S (NEPRN) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 DETAIL. DURING THE 2019 CALENDAR YEAR, INDIVIDUALS LISTED IN THIS FILING MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING NON-QUALIFIED DEFERRED COMPENSATION PLANS: LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN, LAHEY CLINIC 457(B) RETIREMENT SAVINGS PLAN. BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN. PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. 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	ACROSS THE BILH NETWORK OF AFFILIATES, INCLUDING NORTHEAST PROFESSIONAL REGISTRY OF NURSES, 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 BILH COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, WAS FULLY STAFFED BY INDEPENDENT MEMBERS.

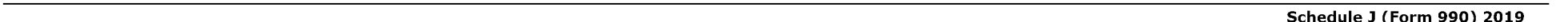
Return Reference	Explanation
<p>SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:</p>	<p>AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THIS SHORT PERIOD FORM 990 FOR NE PROFESSIONAL REGISTRY OF NURSES'S FINAL FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 IS CALENDAR YEAR 2019 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 INCLUDE 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. TABB, M.D., KEVIN FOR THE FILING PERIOD OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020, DR. TABB HELD THE FOLLOWING POSITIONS: PRESIDENT, CHIEF EXECUTIVE OFFICER, AND TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. (BILH) DIRECTOR (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER- LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER -- LAHEY CLINIC, INC. TRUSTEE, PRESIDENT, AND CHIEF EXECUTIVE OFFICER LAHEY HEALTH SHARED SERVICES, INC. DIRECTOR AND PRESIDENT BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. TRUSTEE (EX-OFFICIO) AND PRESIDENT ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO), PRESIDENT BOARD CHAIR NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO), PRESIDENT AND BOARD CHAIR NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO), PRESIDENT, BOARD CHAIR - SEACOAST NURSING & REHABILITATION CENTER, INC. CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER WINCHESTER HOSPITAL DIRECTOR (EX-OFFICIO) AND PRESIDENT WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX-OFFICIO), CHIEF EXECUTIVE OFFICER, AND CHIEF OPERATING OFFICER LAHEY CLINIC FOUNDATION, INC. CHIEF EXECUTIVE OFFICER NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER CAB HEALTH & RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER HEALTH & EDUCATION HOUSING SERVICES, INC. CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL MILTON CHIEF EXECUTIVE OFFICER BID-MILTON PHYSICIAN ASSOCIATES CHIEF EXECUTIVE OFFICER COMMUNITY PHYSICIANS ASSOCIATES CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL NEEDHAM CHIEF EXECUTIVE OFFICER BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH CHIEF EXECUTIVE OFFICER MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER THE JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER JORDAN PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER ANNA JAKUES HOSPITAL CHIEF EXECUTIVE OFFICER SEACOAST AFFILIATED GROUP PRACTICE CO-CHAIR AND MANAGING DIRECTOR, BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: TRUSTEE (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, THE JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) ANNA JAKUES HOSPITAL, INC. ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. TABB SERVED AS THE CHIEF EXECUTIVE OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, DR. TABB COMMENCED HIS POSITION AS TRUSTEE (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO DR. TABB BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS PAID AND REPORTED BY BIDMC: BASE COMPENSATION: 242,245 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 52,249 DEFERRED COMPENSATION: 237,278 NON-TAXABLE BENEFITS: 8,774 PAYMENTS PAID AND REPORTED BY BILH: BASE COMPENSATION: 1,474,632 INCENTIVE COMPENSATION: 719,125 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 501,348 NON-TAXABLE BENEFITS: 41,651 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$274,505. OF THIS AMOUNT, \$223,656 IS UNVESTED. DEFERRED COMPENSATION IN THE AMOUNT OF \$500,000 AND INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.</p>

Return Reference	Explanation
<p>SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:</p>	<p>FISCHER, STEVEN P. MR. FISCHER HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND TREASURER BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC PHARMACY, INC. TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) 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 (EX-OFFICIO) BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) JORDAN PHYSICIAN ASSOCIATES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) ANNA JAQUES HOSPITAL TREASURER - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST HEALTH SYSTEM, INC. TREASURER AND TRUSTEE (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) SEACOAST NURSING & REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION LLC TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) 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. ASSISTANT TREASURER MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE CLERK BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC D/B/A BETH ISRAEL DEACONESS CARE ORGANIZATION ALTHOUGH MR. FISCHER SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. FISCHER SERVED AS THE ASSISTANT TREASURER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. FISCHER COMMENCED HIS POSITION AS EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. FISCHER BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 110,415 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 68,316 DEFERRED COMPENSATION: 14,844 NON-TAXABLE BENEFITS: 13,641 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 702,197 INCENTIVE COMPENSATION: 430,208 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 341,751 NON-TAXABLE BENEFITS: 59,955 OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$67,428. DEFERRED COMPENSATION IN THE AMOUNT OF \$337,500 AND INCLUDED IN THIS FILING FOR MR. FISCHER RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. KATZ, J.D., JAMIE MR. KATZ HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. GENERAL COUNSEL AND CLERK (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. CLERK (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND CLERK BETH ISRAEL LAHEY HEALTH PHARMACY F/K/A BIDMC 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 (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATION, INC. CLERK (EX-OFFICIO) BID-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 (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS CLERK (EX-OFFICIO) ANNA JAQUES 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. THROUGH JUNE 5, 2020 TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK NORTHEAST HEALTH SYSTEM, INC. CLERK (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK SEACOAST NURSING & REHABILITATION CENTER, INC. DIRECTOR (EX-OFFICIO) AND 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 (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) 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 ALTHOUGH MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, MR. KATZ SERVED AS GENERAL COUNSEL FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, MR. KATZ COMMENCED HIS POSITION AS GENERAL COUNSEL AND CLERK (EX-OFFICIO) OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO MR. KATZ BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 81,300 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 47,567 DEFERRED COMPENSATION: 13,217 NON-TAXABLE BENEFITS: 7,530 PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 543,845 INCENTIVE COMPENSATION: 261,938 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,911 NON-TAXABLE BENEFITS: 43,886 OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$46,793. DEFERRED COMPENSATION IN THE AMOUNT OF \$225,000 AND INCLUDED IN THIS FILING FOR MR. KATZ RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2019, WERE NOT FUNDED, WERE NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THEY ARE INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990.</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:	<p> LLOYD, PETER R. VICE PRESIDENT CORPORATE FINANCE & FORMER ASSISTANT TREASURER LAHEY HEALTH SHARED SERVICES, INC. ASSISTANT TREASURER NORTHEAST PROFESSIONAL REGISTRY OF NURSES (THROUGH DECEMBER 21, 2019) PAYMENTS REPORTED BY LHSS: BASE COMPENSATION: 327,840 INCENTIVE COMPENSATION: 67,067 OTHER REPORTABLE COMPENSATION: 44,350 DEFERRED COMPENSATION: 37,000 NON-TAXABLE BENEFITS: 28,893 GIZMUNT, JENNIFER PRESIDENT, CONTINUING CARE BETH ISRAEL LAHEY HEALTH TRUSTEE, PRESIDENT AND CHAIR CAREGROUP HOME CARE & HOSPICE PRESIDENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES PRESIDENT -- NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 236,991 INCENTIVE COMPENSATION: 44,688 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 22,973 EICHHORN, KAREN VICE PRESIDENT, FINANCE NORTHEAST PROFESSIONAL REGISTRY OF NURSESDIRECTOR OF FINANCE TRUSTEE, TREASURER, VICE PRESIDENT, FINANCE CAREGROUP PARAMETER HOME CARE & HOSPICE VICE PRESIDENT, FINANCE BETH ISRAEL LAHEY HEALTH CONTINUING CARE VICE PRESIDENT, FINANCE NORTHEAST SENIOR HEALTH CORP. VICE PRESIDENT, FINANCE SEACOAST NURSING & REHABILITATION CENTER VICE PRESIDENT, FINANCE NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC.: BASE COMPENSATION: 149,312 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 184 DEFERRED COMPENSATION: 10,302 NON-TAXABLE BENEFITS: 11,624 LEAR, MARYELLEN ASSISTANT CLERK -- LAHEY CLINIC FOUNDATION, INC. ASSISTANT CLERK -- LAHEY CLINIC HOSPITAL, INC. ASSISTANT CLERK -- LAHEY CLINIC, INC. ASSISTANT CLERK -- LEDGEWOOD HEALTHCARE CORPORATION ASSISTANT CLERK -- NORTHEAST HOSPITAL CORPORATION CLERK, FORMER ASSISTANT CLERK -- NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. ASSISTANT CLERK -- NORTHEAST PROPRIETARY CORPORATION PAYMENTS REPORTED BY LAHEY HEALTH SHARED SERVICES, INC.: BASE COMPENSATION: 127,864 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 691 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 33,143 CONNORS, LAURIE VICE PRESIDENT OF HUMAN RESOURCES NORTHEAST BEHAVIORAL HEALTH CORPORATION VICE PRESIDENT OF HUMAN RESOURCES - NE PROFESSIONAL REGISTRY OF NURSES VICE PRESIDENT OF HUMAN RESOURCES - NORTHEAST SENIOR HEALTH CORPORATION PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 44,329 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 172 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 4,848 COSTELLO, RN, MSN, DEBORAH CHIEF OPERATING OFFICER OF HOME, HEALTH, AND HOSPICE PALLIATIVE CARE CAREGROUP PARAMETER HOME CARE & HOSPICE CHIEF OPERATING OFFICER OF HOME, HEALTH, AND HOSPICE PALLIATIVE CARE PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NORTHEAST PROFESSIONAL REGISTRY OF NURSES: BASE COMPENSATION: 217,179 INCENTIVE COMPENSATION: 16,522 OTHER REPORTABLE COMPENSATION: 877 DEFERRED COMPENSATION: 6,243 NON-TAXABLE BENEFITS: 4,997 OLSZAK, SUZANNE REGISTERED NURSE NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES: BASE COMPENSATION: 186,880 INCENTIVE COMPENSATION: 13,222 OTHER REPORTABLE COMPENSATION: 7,733 DEFERRED COMPENSATION: 6,497 NON-TAXABLE BENEFITS: 32,193 OTHER REPORTABLE COMPENSATION FOR MS. OLSZAK INCLUDES PTO CASHED OUT IN THE AMOUNT OF \$2,930. RING, CYNTHIA REGISTERED NURSE NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES: BASE COMPENSATION: 151,639 INCENTIVE COMPENSATION: 21,709 OTHER REPORTABLE COMPENSATION: 6,451 DEFERRED COMPENSATION: 5,409 NON-TAXABLE BENEFITS: 1,725 KALULE, ANDREW REGISTERED NURSE NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES: BASE COMPENSATION: 121,688 INCENTIVE COMPENSATION: 9,307 OTHER REPORTABLE COMPENSATION: 11,918 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 25,932 OTHER REPORTABLE COMPENSATION FOR MR. KALULE INCLUDES PTO CASHED OUT IN THE AMOUNT OF \$3,769. COULLAHAN, MICHELLE M DIRECTOR OF FINANCE AND INFORMATION TECHNOLOGY NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES: BASE COMPENSATION: 135,477 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 5,812 DEFERRED COMPENSATION: 4,332 NON-TAXABLE BENEFITS: 16,360 OTHER REPORTABLE COMPENSATION FOR MS. COULLAHAN INCLUDES PTO CASHED OUT IN THE AMOUNT OF \$5,348. RUANE, KATHLEEN DIRECTOR OF QUALITY & COMPLIANCE NORTHEAST PROFESSIONAL REGISTRY OF NURSES PAYMENTS REPORTED BY NE PROFESSIONAL REGISTRY OF NURSES: BASE COMPENSATION: 142,786 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 759 DEFERRED COMPENSATION: 4,284 NON-TAXABLE BENEFITS: 1,095 </p>

Return Reference	Explanation
<p>SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:</p>	<p>O'CONNOR, TIMOTHY FINANCE INTEGRATION LEAD, BETH ISRAEL LAHEY HEALTH FORMER CHIEF FINANCIAL OFFICER -- LAHEY HEALTH SYSTEM INC. MR. O'CONNOR RETIRED FROM HIS POSITION AS BILH FINANCE INTEGRATION LEAD EFFECTIVE DECEMBER 31, 2019. ALTHOUGH THIS FILING IS FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020 AND MR. O'CONNOR SERVED IN THE POSITION ABOVE DURING THAT PERIOD, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. MR. O'CONNOR SERVED AS THE BILH FINANCE INTEGRATION LEAD BEGINNING MARCH 1, 2019. PRIOR TO THAT DATE, MR. O'CONNOR SERVED AS THE EXECUTIVE VICE PRESIDENT, TREASURER AND CHIEF FINANCIAL OFFICER OF LAHEY HEALTH SYSTEM, INC. (LHSI) WHICH INCLUDED POSITIONS SERVING AS THE CHIEF FINANCIAL OFFICER, TREASURER AND TRUSTEE (EX-OFFICIO) FOR THE LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC., LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION, LAHEY HEALTH SHARED SERVICES (LHSS) AND MORE THAN FIFTEEN OTHER ENTITIES WHICH MADE UP THE LAHEY HEALTH SYSTEM OF AFFILIATES. FOR THE CALENDAR YEAR 2019 AND PRIOR TO MARCH 1, 2019, MR. O'CONNOR WAS COMPENSATED BY LAHEY HEALTH SYSTEM, INC. (LHSI) FOR HIS SERVICES TO LHSI AND THE LAHEY NETWORK OF AFFILIATED ENTITIES. EFFECTIVE MARCH 1, 2019, MR. O'CONNOR WAS PAID BY LHSS FOR SERVICES RELATED TO HIS POSITION AS FINANCE INTEGRATION LEAD FOR BETH ISRAEL LAHEY HEALTH. AMOUNTS PAID TO MR. O'CONNOR BY LHSI AND LHSS HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY LHSI: BASE COMPENSATION: 115,160 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 1,168 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 5,577 PAYMENTS REPORTED BY LHSS: BASE COMPENSATION: 525,801 INCENTIVE COMPENSATION: 316,540 OTHER REPORTABLE COMPENSATION: 1,070,221 DEFERRED COMPENSATION: 1,102,107 NON-TAXABLE BENEFITS: 27,880 OTHER REPORTABLE COMPENSATION FOR MR. O'CONNOR INCLUDES \$1,027,164 RELATED TO A 457(F) PLAN. OF THIS AMOUNT, \$787,164 REPRESENTS AMOUNTS CONTRIBUTED BY LHSI TO MR. O'CONNOR'S 457(F) ACCOUNT OVER SEVERAL PRIOR YEARS, PLUS ASSOCIATED INVESTMENT EARNINGS. OTHER REPORTABLE COMPENSATION FOR MR. O'CONNOR ALSO INCLUDES \$161,538 OF PTO CASHED OUT UPON RETIREMENT AT DECEMBER 31, 2019. AS NOTED ABOVE, MR. O'CONNOR RETIRED FROM HIS LONGSTANDING RELATIONSHIP WITH BETH ISRAEL LAHEY HEALTH AND PREVIOUSLY WITH THE LAHEY HEALTH SYSTEM EFFECTIVE DECEMBER 31, 2019. AT THAT TIME, HE BECAME ELIGIBLE FOR CERTAIN SEVERANCE PAYMENTS WHICH BEGAN IN JANUARY 2020. AS ALSO NOTED ABOVE AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED IN THIS RETURN IS FOR THE CALENDAR YEAR 2019. DEFERRED COMPENSATION OF \$1,068,373 INCLUDED IN THIS FILING FOR MR. O'CONNOR INCLUDES SEVERANCE TO BE PAID AFTER DECEMBER 31, 2019. THIS AMOUNT WILL BE REPORTED AGAIN AS OTHER REPORTABLE COMPENSATION IN FUTURE FORMS 990 AS REQUIRED. NESTO, M.D., RICHARD DR. NESTO HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. CHIEF MEDICAL OFFICER, BETH ISRAEL LAHEY HEALTH TRUSTEE (EX-OFFICIO, CEO DESIGNATE) ANNA JAKUES HOSPITAL TRUSTEE (EX-OFFICIO) SEACOAST AFFILIATES GROUP PRACTICE TRUSTEE (EX-OFFICIO, CEO DESIGNATE) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO, CEO DESIGNATE) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HEALTHCARE MANAGEMENT, INC. DIRECTOR, WINCHESTER PHYSICIAN ASSOCIATES (THROUGH DECEMBER 31, 2019) DIRECTOR, CONCORD SPECIALISTS, LLC FORMER TRUSTEE AND PRESIDENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES ALTHOUGH DR. NESTO SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO MARCH 1, 2019, DR. NESTO SERVED AS THE PRESIDENT, CHIEF EXECUTIVE OFFICER AND CHIEF MEDICAL OFFICER OF LAHEY HEALTH SYSTEM, INC. (LHSI) AND WAS COMPENSATED BY LHSI FOR HIS SERVICES TO LHSI AND THE LAHEY NETWORK OF AFFILIATES IN PREPARATION FOR THE CREATION OF BILH. EFFECTIVE MARCH 1, 2019, DR NESTO COMMENCED HIS POSITION AS CHIEF MEDICAL OFFICER OF BETH ISRAEL LAHEY HEALTH AS WELL AS THE OTHER POSITIONS NOTED ABOVE. AMOUNTS PAID TO DR. NESTO BY LHSI AND BILH HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY LHSI: BASE COMPENSATION: 148,548 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 696,354 DEFERRED COMPENSATION: 51,031 NON-TAXABLE BENEFITS: 5,424 PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 621,330 INCENTIVE COMPENSATION: 287,208 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 77,562 OTHER REPORTABLE COMPENSATION FOR DR. NESTO INCLUDES \$564,888 RELATED TO NON-QUALIFIED DEFERRED COMPENSATION PLANS. OF THIS AMOUNT, \$448,584 REPRESENTS AMOUNTS CONTRIBUTED BY LHSI TO DR. NESTO'S 457(F) ACCOUNT OVER SEVERAL PRIOR YEARS, PLUS ASSOCIATED INVESTMENT EARNINGS. OTHER REPORTABLE COMPENSATION FOR DR. NESTO ALSO INCLUDES \$114,231 OF PTO CASHED OUT UPON COMMENCING HIS POSITION AT BILH.</p>

Return Reference	Explanation
<p>SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:</p>	<p>WOODWORTH, CONNIE VICE PRESIDENT, FINANCE NORTHEAST HOSPITAL CORPORATION VICE PRESIDENT, FINANCE NORTHEAST MEDICAL PRACTICE, INC. VICE PRESIDENT, FINANCE ADDISON GILBERT SOCIETY VICE PRESIDENT, FINANCE NORTHEAST HEALTH SYSTEM, INC FORMER TREASURER AND VICE PRESIDENT, FINANCE NORTHEAST PROFESSIONAL REGISTRY OF NURSES. AS REQUIRED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. IN HER POSITIONS AS VICE PRESIDENT OF FINANCE OF NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST HEALTH SYSTEM (NHS), AND NORTHEAST MEDICAL PRACTICE (NMP), AND DURING THE 2019 CALENDAR YEAR, MS. WOODWORTH RECEIVED PAYMENTS DIRECTLY FROM LAHEY HEALTH SHARED SERVICES (LHSS). NHC AND LHSS ARE AFFILIATED ORGANIZATIONS WITHIN THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK. LHSS IS ALSO AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SUPPORTED, ALONG WITH NHC, BY A COMMON PARENT, BILH. MS. WOODWORTH'S COMPENSATION FOR THIS PERIOD IS REPORTED BASED ON HER SERVICES PERFORMED AT NHC AND NMP AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY: NMP BASE COMPENSATION: 24,639 INCENTIVE COMPENSATION: 3,931 OTHER REPORTABLE COMPENSATION: 477 DEFERRED COMPENSATION: 2,101 NON-TAXABLE BENEFITS: 945 PAYMENTS REPORTED BY: NHC BASE COMPENSATION: 327,351 INCENTIVE COMPENSATION: 52,227 OTHER REPORTABLE COMPENSATION: 6,338 DEFERRED COMPENSATION: 27,907 NON-TAXABLE BENEFITS: 12,561 OTHER REPORTABLE COMPENSATION FOR MS. WOODWORTH INCLUDES PTO CASHED OUT IN THE AMOUNT OF \$5,577. SPACKMAN, J.D., DAVID G. FORMER SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK LAHEY HEALTH SYSTEM, INC. MR. SPACKMAN RETIRED AS LAHEY HEALTH SYSTEM, INC.'S SENIOR VICE PRESIDENT GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK ON MARCH 1, 2019. PRIOR TO THAT DATE, AND IN THIS ROLE, MR. SPACKMAN'S ROLE ALSO INCLUDED POSITIONS SERVING AS, AMONG OTHERS, TRUSTEE, SECRETARY AND GENERAL COUNSEL OF LAHEY HEALTH SHARED SERVICES, INC., CLERK AND GENERAL COUNSEL OF LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC. AND LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, SENIOR VICE PRESIDENT OF GOVERNMENT AFFAIRS, GENERAL COUNSEL AND CLERK OF NORTHEAST HOSPITAL CORPORATION AND WINCHESTER HOSPITAL. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS FOR THE CALENDAR YEAR 2019. PRIOR TO MARCH 1, 2019, MR. SPACKMAN SERVED IN THE POSITIONS NOTED ABOVE AND WAS COMPENSATED BY LAHEY HEALTH SYSTEM (LHS) FOR HIS SERVICES TO LHS AND THE LAHEY NETWORK OF AFFILIATES AND IN PREPARATION FOR THE CREATION OF BILH. UPON RETIREMENT EFFECTIVE MARCH 1, 2019, MR. SPACKMAN BECAME ELIGIBLE FOR SEVERANCE WHICH WAS PAID BY LAHEY HEALTH SHARED SERVICES (LHSS) AS NOTED FURTHER BELOW. PAYMENTS REPORTED BY: LHS BASE COMPENSATION: 53,012 INCENTIVE COMPENSATION: 30,000 OTHER REPORTABLE COMPENSATION: 659 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 2,028 PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 4,593 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 395,105 DEFERRED COMPENSATION: 227,298 NON-TAXABLE BENEFITS: 1,014 OTHER REPORTABLE COMPENSATION FOR MR. SPACKMAN INCLUDES TAXABLE SALARY CONTINUATION PAYMENTS IN THE AMOUNT OF \$353,366, WHICH VESTED AT THE TIME OF MR. SPACKMAN'S RETIREMENT, AND PTO CASHED OUT UPON RETIREMENT IN THE AMOUNT OF \$41,410. AS NOTED ABOVE, MR. SPACKMAN RETIRED FROM HIS LONGSTANDING RELATIONSHIP WITH BETH ISRAEL LAHEY HEALTH AND PREVIOUSLY WITH THE LAHEY HEALTH SYSTEM EFFECTIVE DECEMBER 31, 2019. AT THAT TIME, HE BECAME ELIGIBLE FOR CERTAIN SEVERANCE PAYMENTS WHICH BEGAN IN JANUARY 2020. AS ALSO NOTED ABOVE AND AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED IN THIS RETURN IS FOR THE CALENDAR YEAR 2019. DEFERRED COMPENSATION OF \$224,857 INCLUDED IN THIS FILING FOR MR. SPACKMAN INCLUDES SEVERANCE TO BE PAID AFTER DECEMBER 31, 2019. THIS AMOUNT WILL BE REPORTED AGAIN AS OTHER REPORTABLE COMPENSATION IN FUTURE FORMS 990 AS REQUIRED. LLYONS, ALTHEA VICE PRESIDENT OF HUMAN RESOURCES & DEVELOPMENT NORTHEAST SENIOR HEALTH CORPORATION VICE PRESIDENT OF HUMAN RESOURCES & DEVELOPMENT ADDISON GILBERT SOCIETY, INC. FORMER VICE PRESIDENT OF HUMAN RESOURCES & DEVELOPMENT SEACOAST NURSING & REHABILITATION CENTER, INC. VICE PRESIDENT OF HUMAN RESOURCES & DEVELOPMENT NORTHEAST PROFESSIONAL REGISTRY OF NURSES VICE PRESIDENT OF HUMAN RESOURCES & DEVELOPMENT NORTHEAST HOSPITAL CORPORATION VICE PRESIDENT OF HUMAN RESOURCES & DEVELOPMENT NORTHEAST MEDICAL PRACTICE, INC. PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 215,206 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 20,052 DEFERRED COMPENSATION: 26,215 NON-TAXABLE BENEFITS: 34,957 OTHER REPORTABLE COMPENSATION FOR MS. LYONS INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$30,217</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				
1TABB MD KEVIN TTEE (EX-OFF), PRES	(i)	0	0	0	0	0	0	0
	(ii)	1,716,877	719,125	52,249	738,626	50,425	3,277,302	0
1FISCHER STEVEN P TTEE (EX-OFF), TREAS	(i)	0	0	0	0	0	0	0
	(ii)	812,612	430,208	68,316	356,595	73,596	1,741,327	0
2KATZ JAMIE CLERK	(i)	0	0	0	0	0	0	0
	(ii)	625,145	261,938	47,567	243,128	51,416	1,229,194	0
3LLOYD PETER R ASST. TREASURER & VP CORP, FIN	(i)	0	0	0	0	0	0	0
	(ii)	327,840	67,067	44,350	37,000	28,893	505,150	0
4GIZMUNT JENNIFER PRES, BILH CONTINUING CARE	(i)	0	0	0	0	0	0	0
	(ii)	236,991	44,688	0	0	22,973	304,652	0
5EICHHORN KAREN VP OF FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	149,312	0	184	10,302	11,624	171,422	0
6LEAR MARYELLEN CLERK, FORMER ASSISTANT CLERK	(i)	0	0	0	0	0	0	0
	(ii)	127,864	0	691	0	33,143	161,698	0
7OLSZAK SUZANNE REGISTERED NURSE	(i)	186,880	13,222	7,733	6,497	32,193	246,525	0
	(ii)	0	0	0	0	0	0	0
8RING CYNTHIA REGISTERED NURSE	(i)	151,639	21,709	6,451	5,409	1,725	186,933	0
	(ii)	0	0	0	0	0	0	0
9KALULEANDREW REGISTERED NURSE	(i)	121,688	9,307	11,918	0	25,932	168,845	0
	(ii)	0	0	0	0	0	0	0
10COULLAHANMICHELLE M DIR OF FINANCE AND INFO TECH	(i)	135,477	0	5,812	4,332	16,360	161,981	0
	(ii)	0	0	0	0	0	0	0
11LYONS ALTHEA VP HR & DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	217,968	47,445	32,169	29,692	24,502	351,776	0
12COSTELLO DEBORAH RN MSN COO, HHH & PALLIATIVE CARE	(i)	217,179	16,522	877	6,243	4,997	245,818	0
	(ii)	0	0	0	0	0	0	0
13CONNORS LAURIE VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	201,340	15,172	888	16,354	30,342	264,096	0
14SILVA DONNA ED HOSPICE SERVICES PROGRAM	(i)	0	0	0	0	0	0	0
	(ii)	207,933	10,000	22,356	24,010	3,622	267,921	0
15SPACKMAN JD DAVID G FMR. SVP GOV AFF, GEN COUN/CLK	(i)	0	0	0	0	0	0	0
	(ii)	57,605	30,000	395,764	227,298	3,042	713,709	0
16O'CONNOR TIMOTHY P FORMER EVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	640,961	316,540	1,071,389	1,102,107	33,457	3,164,454	0
17NESTO MD RICHARD FORMER PRESIDENT AND TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	769,978	287,208	696,354	57,751	82,986	1,894,277	0
18WOODWORTH CONNIE FORMER TREASURER AND VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	351,990	56,159	6,815	30,008	13,507	458,479	0
19GRANT JD MD HOWARD R FMR TTEE/ OFF/ PRES. AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	216,335	0	0	216,335	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

2019

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 III, 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 IV, LINE 12 AND 12A:	<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, 2020 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 AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART V, LINE 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
PART V, LINE 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	<p>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 HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. 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 THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>THE BY-LAWS OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. WERE AMENDED DURING THE FISCAL PERIOD COVERED BY THIS FILING. THE CHANGES TO THE BY-LAWS WERE: UPDATES PURPOSES TO INCLUDE REQUIREMENTS FROM ASSURANCE OF DISCONTINUANCE. EXPANDS RESERVED POWERS OF MEMBER, NORTHEAST SENIOR HEALTH CORPORATION. CHANGES BOARD COMPOSITION TO INCLUDE THREE TO FIVE MEMBERS, INCLUDING THE FOLLOWING EX-OFFICIO BOARD MEMBERS: 1. THE PRESIDENT OF CONTINUING CARE AT BETH ISRAEL LAHEY HEALTH AND 2. THE VICE PRESIDENT OF FINANCE OF CONTINUING CARE AT BETH ISRAEL LAHEY HEALTH THE EX-OFFICIO POSITIONS OF THE TREASURER AND THE CLERK ARE CHANGED: 1. THE TREASURER IS THE TREASURER OF THE CORPORATION'S SOLE CORPORATE MEMBER, NORTHEAST SENIOR HEALTH CORPORATION; AND 2. THE CLERK IS THE ATTORNEY IN THE BETH ISRAEL LAHEY HEALTH OFFICE OF GENERAL COUNSEL SUPPORTING CONTINUING CARE AT BETH ISRAEL LAHEY HEALTH. THE INDEMNIFICATION PROVISIONS ARE MOVED TO THE ARTICLES AND CHANGED TO MATCH THOSE OF OTHER AFFILIATES OF BETH ISRAEL LAHEY HEALTH, INC. THE CONFLICT OF INTEREST PROVISIONS ARE UPDATED TO CROSS-REFERENCE THE SYSTEM-WIDE CONFLICT OF INTEREST POLICY.</p>

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:</p> <p>(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	<p>AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF LAHEY HEALTH SHARED SERVICES (LHSS), WHICH IS IN TURN, THE SOLE MEMBER OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES. THIS FORM 990 IS PREPARED IN CONJUNCTION WITH THE LHSS FINANCE STAFF. IN ADDITION, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND DEPARTMENTS WITHIN BILH, NORTHEAST PROFESSIONAL REGISTRY OF NURSES AND OTHER AFFILIATES TO ENSURE THAT OTHER FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS MAY INCLUDE: FINANCIAL ASSISTANCE AND REIMBURSEMENT, COMPLIANCE, GRADUATE MEDICAL EDUCATION, LEGAL, COMMUNITY BENEFITS, GOVERNANCE, DEVELOPMENT, HUMAN RESOURCES AND PAYROLL, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. THE TAX RETURNS REVIEWED BY THE BILH EXECUTIVE DIRECTOR, TAXATION, NORTHEAST PROFESSIONAL REGISTRY OF NURSESS CHIEF FINANCIAL OFFICER AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF NORTHEAST PROFESSIONAL REGISTRY OF NURSES'S BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<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, 2020 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 AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS NOTED THROUGHOUT THIS FILING, NORTHEAST PROFESSIONAL REGISTRY OF NURSES IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) 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. IN THIS ROLE BILH MAINTAINS THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOYEES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE BETH ISRAEL LAHEY HEALTH NETWORK AND TO THAT END, BILH HAS A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AND EXCEPT AS OTHERWISE NOTED BELOW, COMPENSATION REPORTED IN THIS FORM 990 FOR NORTHEAST PROFESSIONAL REGISTRY OF NURSES'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE BILH COMPENSATION COMMITTEE. THE BILH COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW. THE BILH COMPENSATION COMMITTEE ESTABLISHES THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES INCLUDING THE BILH CHIEF EXECUTIVE OFFICER AS WELL AS OTHER MEMBERS OF SENIOR MANAGEMENT AT BILH AND ITS AFFILIATES. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UPON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. FOR SOME CATEGORIES OF POSITIONS, THE COMPENSATION COMMITTEE WILL REVIEW THE COMPENSATION STRUCTURE AND TARGETS AS A GROUP, RATHER THAN BY INDIVIDUAL. COMPENSATION FOR THE BILH CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTES TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BILH CEO. THE COMPENSATION PACKAGE FOR THE BILH CEO VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES. THE COMPENSATION COMMITTEE PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), RE BUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION. IN ADDITION, AS REQUIRED BY THIS FORM 990 AND FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2019 COMPENSATION. PRIOR TO THE MARCH 1, 2019 NORTHEAST PROFESSIONAL REGISTRY OF NUR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SES 'S EMPLOYEES MAY HAVE RECEIVED COMPENSATION FROM ANOTHER ENTITY WITHIN THE LAHEY HEALTH SYSTEM NETWORK OF AFFILIATES. ON BEHALF OF ALL MEMBERS OF LAHEY HEALTH SYSTEM, INC. (LHS), LHS MAINTAINED A PROCESS WHICH CONTAINED THE SAME PROCEDURES AS NOTED ABOVE FOR BILH AND EACH OF THOSE INDEPENDENT COMPENSATION COMMITTEES MAINTAINED PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4 958-6(C), REBUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION, AND THE COMPENSATION OF THE CHIEF EXECUTIVE FOR EACH ENTITY WAS SENT TO THE APPLICABLE BOARD FOR APPROVAL AFTER DELIBERATIONS BY THE ENTITY'S COMPENSATION COMMITTEE.

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 XI, LINE 9:	NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATION -230,811. TRANSFER FROM AFFILIATES 2,399,000. ROUNDING -262.

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

2019

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 Yes	
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)NORTHEAST HOSPITAL CORPORATION	P	1,141,209	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
SCHEDULE R PARTS I THROUGH V:	DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) 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 (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKUES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THESE ENTITIES MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. THE BY-LAW OF THESE ENTITIES 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). IN ADDITION, UNDER INTERNAL REVENUE CODE SECTION 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 IT'S AFFILIATES ARE INCLUDED IN 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 AVENUE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
930 COMMONWEALTH AVENUE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	CAREGROUP CLINICAL RESEARCH LLC	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
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 STREET 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 STREET 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	
300 LONGWOOD AVENUE BOSTON, MA 02215 04-3200113	SUPPORT	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE 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	
247 STATION DRIVE WESTWOOD, MA 02186 04-3426253	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 83-2671600	SUPPORT	MA	501(C)(3)	12A, I	N/A	Yes	
41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVENUE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
185 PILGRIM ROAD BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
375 LONGWOOD AVENUE 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 STREET PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	Yes	
130 KING STREET WEST TORONTO, ONTARIO 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	
41 MALL ROAD BURLINGTON, MA 01805 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	Yes	
375 LONGWOOD AVENUE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	

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
464 HILLSIDE AVENUE NEEDHAM, MA 02492 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH PRIMARY CARE	Yes	
330 MOUNT AUBURN STREET 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 STREET 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 AVENUE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVENUE 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 STREET 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 STREET BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
800 CUMMINGS 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 AVENUE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
302 WASHINGTON STREET GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVENUE NEWBURYPORT, MA 01950 04-3318952	FUNDRSG ORG	MA	501(C)(3)	12A, I	ANNA JAQUES HOSPITAL INC	Yes	
275 SANDWICH STREET PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
39 DOUBLET HILL ROAD WESTON, MA 02493 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
GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C				Yes	
HUNTINGFIELD CORPORATION C/O LAHEY CLINIC FOUNDATION INC 41 BURLINGTON, MA 01805 000000000	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C				Yes	
JORDAN COMMUNITY ACO INC 275 SANDWICH STREET PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C				Yes	
LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
LEDGEWOOD HEALTHCARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	KY	N/A	C				Yes	
NORTHEAST PHYSICIAN HOSPITAL ORGANIZATION INC 500 CUMMINGS CENTER STE 6500 BEVERLY, MA 01915 04-3258053	PHYS HOSP ORG	MA	N/A	C				Yes	
NORTHEAST PHYSICAN PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3285837	PHYSICIAN OFFICE	MA	N/A	C				Yes	
NORTHEAST PROPRIETARY CORP 100 POWERS STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C				Yes	
WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C				Yes	
WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C				Yes	
WINCHESTER PHYSICIAN HOSPITAL ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 47-2646454	PHYS HOSP ORG	MA	N/A	C				Yes	