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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://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  
BETH ISRAEL LAHEY HEALTH INC  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
20 UNIVERSITY ROAD NO 700  
  
City or town, state or province, country, and ZIP or foreign postal code  
CAMBRIDGE, MA 02138

D Employer identification number  
  
83-2671600  
  
E Telephone number  
  
(617) 667-0003  
  
G Gross receipts \$ 120,988,297

F Name and address of principal officer:  
JOHN KERNDL  
20 UNIVERSITY ROAD NO 700  
CAMBRIDGE, MA 02138

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

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

J Website: ▶ WWW.BILH.ORG

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

L Year of formation: 2018

M State of legal domicile: MA

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 21

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 16

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 60

6 Total number of volunteers (estimate if necessary) . . . . . 6 16

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 2,638,940

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 775,246

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 0

9 Program service revenue (Part VIII, line 2g) . . . . . 9 119,377,210

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 77,250

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 204

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 120,988,297

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 72,334,919

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 160,414

16b Total fundraising expenses (Part IX, column (D), line 25) ▶160,414

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 45,368,852

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 117,864,185

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 3,124,112

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 95,603,815

21 Total liabilities (Part X, line 26) . . . . . 21 92,997,935

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 2,605,880

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  
STEVEN FISCHER, EXEC. VP AND CFO - BILH  
Type or print name and title

2021-08-12  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ DELOITTE TAX LLP  
Firm's address ▶ TWO JERICO PLAZA  
JERICO, NY 117531681

Preparer's signature  
Date 2021-08-15

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

PTIN P00743140

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 36,371,618 including grants of \$ ) (Revenue \$ 116,738,474 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 36,371,618

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> <span style="float: right;">60</span>			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.	<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No	

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	21	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	16	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

**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:  
 ▶STEPHEN DEVEAU 330 BROOKLINE AVE BOSTON, MA 02215 (617) 667-1414

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								12,856,089	7,679,571	3,253,923

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 20

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CHARTIS GROUP PO BOX 2017 JERSEY CITY, NJ 07307	CONSULTING	3,185,916
WORKDAY INC PO BOX 396106 SAN FRANCISCO, CA 941396106	SOFTWARE	2,566,124
KPMG 355 550 SOUTH HOPE ST STE 1500 LOS ANGELES, CA 90071	AUDITING	1,890,291
WILLIS TOWERS WATSON US LLC 28025 NETWORK PLACE CHICAGO, IL 606731280	CONSULTING	1,485,186
PRICEWATERHOUSE COOPER LLP PO BOX 7247-8001 PHILADELPHIA, PA 191708001	AUDITING	1,169,154

**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 ► 58



Form 990 (2019)										Page <b>9</b>							
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													
		f All other contributions, gifts, grants, and similar amounts not included above		1f		1,533,633											
		g Noncash contributions included in lines 1a - 1f:\$		1g		845,633											
		h Total. Add lines 1a-1f . . . . .				1,533,633											
Program Service Revenue				Business Code													
		2a MANAGEMENT FEE REVENUE		541700		101,756,99099,193,5072,563,483											
		b NET PATIENT SERVICE RE		541700		13,353,65813,353,658											
		c LEASED STAFF		541700		4,266,5624,191,10575,457											
		d															
		e															
		f All other program service revenue.															
		g Total. Add lines 2a-2f. . . . .				119,377,210											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) . . . . .				77,250											
		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													
		b Less: cost or other basis and sales expenses		7b													
		c Gain or (loss)		7c													
		d Net gain or (loss) . . . . .															
		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 . . . . .															
		10aGross 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 . . . . .				204204													
e Total. Add lines 11a-11d . . . . .				204													
12 Total revenue. See instructions . . . . .				120,988,297116,738,4742,638,94077,250													

**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	11,622,579	5,389,410	6,233,169	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	53,890,444	24,989,092	28,901,352	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	1,877,040		1,877,040	
<b>9</b> Other employee benefits . . . . .	4,460,312	854,471	3,605,841	
<b>10</b> Payroll taxes . . . . .	484,544	484,544		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	5,486,284	2,575,188	2,911,096	
<b>b</b> Legal . . . . .	5,055,857	419	5,055,438	
<b>c</b> Accounting . . . . .	4,602,194		4,602,194	
<b>d</b> Lobbying . . . . .	274,334		274,334	
<b>e</b> Professional fundraising services. See Part IV, line 17	160,414			160,414
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,149,732	941,098	12,208,634	
<b>12</b> Advertising and promotion . . . . .	27,500		27,500	
<b>13</b> Office expenses . . . . .	298,226	30,920	267,306	
<b>14</b> Information technology . . . . .	1,376,985		1,376,985	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,418,608	155,299	4,263,309	
<b>17</b> Travel . . . . .	84,243	13,198	71,045	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	68,313		68,313	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	798,479	21,918	776,561	
<b>23</b> Insurance . . . . .	11,268		11,268	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISEALLONEOUS	4,204,499	21,650	4,182,849	
<b>b</b> CARE MANAGEMENT SERVICE	2,369,207		2,369,207	
<b>c</b> DATABASE VENDORS	1,003,538		1,003,538	
<b>d</b> DUES AND MEMBERSHIP	984,712		984,712	
<b>e</b> All other expenses	1,154,873	894,411	260,462	
<b>25</b> Total functional expenses. Add lines 1 through 24e	117,864,185	36,371,618	81,332,153	160,414
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	22,734,670	<b>2</b>	71,684,122
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,405,143	<b>4</b>	3,144,719
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,109,324	<b>9</b>	10,384,181
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 11,315,819		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,835,318	4,210,962	<b>10c</b> 9,480,501
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,034,335	<b>15</b>	910,292
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	36,494,434	<b>16</b>	95,603,815	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	23,866,310	<b>17</b>	75,890,220
	<b>18</b> Grants payable . . . . .	888,276	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	10,724,446	<b>25</b>	17,107,715
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	35,479,032	<b>26</b>	92,997,935
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,015,402	<b>27</b>	2,605,880
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	1,015,402	<b>32</b>	2,605,880	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	36,494,434	<b>33</b>	95,603,815	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	120,988,297
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	117,864,185
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,124,112
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,015,402
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,533,634
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,605,880

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 83-2671600  
**Name:** BETH ISRAEL LAHEY HEALTH INC

Form 990 (2019)

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

SEE SCEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TABB MD KEVIN ..... TRUSTEE, CEO & PRESIDENT	59.00 ..... 1.00	X		X				2,193,757	294,494	789,051
KIMBALL MD MPH ALEXA B ..... TRUSTEE	1.00 ..... 59.00	X						0	1,118,125	85,828
LIESCHING MD TIMOTHY ..... TRUSTEE	1.00 ..... 59.00	X						0	613,657	77,871
SULLIVAN MD MARY ANNA ..... TRUSTEE	1.00 ..... 59.00	X						0	339,042	0
MCCULLOUGH DANIEL J MD ..... TRUSTEE	1.00 ..... 59.00	X						0	249,975	35,030
HAO YVONNE ..... TRUSTEE, VICE CHAIR	1.00 ..... 0.00	X		X				0	0	0
HORNIDGE ANN-ELLEN ..... TRUSTEE, CHAIR	1.00 ..... 0.00	X		X				0	0	0
CANEPA JOHN J ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
FRANCISCO BETTY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
GRANT TOM ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GUPTA YOGESH ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
HANNON FACHE PATRICIA ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
JICK DANIEL J ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
LINDE DOUGLAS T ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MANDELL MD JAMES ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MCKENNA MARGARET ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
NORMAN NANCY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
O'HANLEY RONALD ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
TAVENNER MARILYN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
VALETTA ROBERT ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALSH JANE ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
FISCHER STEVEN P ..... TREASURER, OFFICER (EX-OFICIO)	50.00 ..... 10.00			X				1,132,405	178,731	430,191
KATZ JAMIE ..... CLERK, GENERAL COUNSEL	55.00 ..... 5.00			X				805,783	128,867	294,544
NESTO MD RICHARD ..... BILH - CHIEF MEDICAL OFFICER	50.00 ..... 10.00				X			908,538	845,002	140,737
LONGWORTH MD DAVID ..... BILH - ADMINISTRATION	1.00 ..... 59.00				X			0	1,267,211	54,598
LEWIS MD STANLEY M ..... BIDMC - CHIEF STRATEGY OFFICER	50.00 ..... 10.00				X			869,357	169,662	317,540
HULBURT JEFFREY ..... BILH - CHF BUS OFF PERFOR NTWK	50.00 ..... 10.00				X			454,840	246,667	60,742
DEVAUX DEBORAH ..... BILH - EVP, CHF POP HEALTH OFF	59.00 ..... 1.00				X			671,854	0	18,268
GALLAGHER MD DENIS W ..... BILH - PRES PRIM CARE NETWORK	60.00 ..... 0.00				X			567,413	0	57,723
LODGE PAULINE M ..... SVP STRAT PLAN/BUSI DEVELOP	50.00 ..... 10.00				X			447,901	115,160	51,418



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEVITA NICOLE ..... BILH - COO PERFORMANCE NETWORK	50.00 ..... 10.00				X			385,940	187,015	32,479
ROWAN MICHAEL ..... BILH - EVP FOR HOSP/AMBUL SERV	60.00 ..... 0.00				X			542,092	0	16,637
JACOBS HILARY C ..... BILH - PRES BEHAV HEALTH SERV	50.00 ..... 10.00				X			403,647	105,730	33,620
JOHNSON PETER ..... BILH - INTERIM CIO	50.00 ..... 10.00				X			418,250	100,150	11,846
SHEEHAN RN MSN JAYNE ..... SVP MUSCLSKTL NTWK, NEBH/BILH	26.00 ..... 24.00				X			255,902	204,594	62,251
TANDON MANU ..... BILH - CHIEF INFORMATION OFF	1.00 ..... 59.00				X			0	434,316	85,980
SZABO MD PHD SCD GYONGYI ..... HMFP - CHIEF ACADEMIC OFFICER	1.00 ..... 59.00				X			0	300,940	61,582
GIZMUNT JENNIFER ..... BILH -PRES CONTINUING CARE	60.00 ..... 0.00				X			281,679	0	22,973
JOHNSTON MELISSA ..... BILH - COO PRIM CARE N REGION	1.00 ..... 59.00				X			0	156,994	11,286
HEALY PETER ..... BIDMC PRESIDENT	50.00 ..... 10.00					X		681,575	151,196	89,191

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAPING KRISTINE ..... CHIEF DEVELOPMENT OFFICER	50.00 ..... 10.00					X		522,111	108,146	241,441
HALAMKA MD JOHN ..... CHIEF INFORMATION OFFICER	50.00 ..... 10.00					X		457,514	105,776	83,321
SEBBA LESLIE ..... MD, INTERNAL MEDICINE	50.00 ..... 10.00					X		417,151	161,794	44,662
DOSSANTOS DEBORAH ESQ ..... DEPUTY GENERAL COUNSEL	50.00 ..... 10.00					X		438,380	96,327	43,113

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BETH ISRAEL LAHEY HEALTH INC

Employer identification number  
83-2671600

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 . . . . . 12
- 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		
See Additional Data Table						
Total	12				69,220,450	0

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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

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

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

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

Section C. Type II Supporting Organizations			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
			1	

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

Section E. Type III Functionally-Integrated Supporting Organizations			Yes	No
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 <b>line 2</b> below.			
b	<input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
			2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
			2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
			3a	Yes
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
			3b	Yes

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <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). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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. . . . .			

**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).

<b>Facts And Circumstances Test</b>

### 990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1:	<p>BETH ISRAEL LAHEY HEALTH, INC. IS ORGANIZED AND IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF , TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC., BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC., BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC., BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC., NEW ENGLAND BAPTIST HOSPITAL, MOUNT AUBURN HOSPITAL, LAHEY CLINIC FOUNDATION, INC., LAHEY HEALTH SHARED SERVICES, INC., NORTHEAST HOSPITAL CORPORATION, WINCHESTER HOSPITAL, ANNA JAKES HOSPITAL, INC., NORTHEAST BEHAVIORAL HEALTH CORPORATION, AND THEIR AFFILIATED ORGANIZATIONS THAT ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE, AND CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OR 509(A)(2) OF THE CODE. AS REPORTED IN THIS FORM 990 SCHEDULE A, PART I LINE 11G, DURING THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. PROVIDED SUPPORT TO BETH ISRAEL DEACONESS MEDICAL CENTER, INC., BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC., BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC., BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC., NEW ENGLAND BAPTIST HOSPITAL, MOUNT AUBURN HOSPITAL, LAHEY CLINIC FOUNDATION, INC., LAHEY HEALTH SHARED SERVICES, INC., NORTHEAST HOSPITAL CORPORATION, WINCHESTER HOSPITAL, ANNA JAKES HOSPITAL, INC., NORTHEAST BEHAVIORAL HEALTH CORPORATION. ADDITIONAL SUPPORT MAY HAVE BEEN PROVIDED TO AFFILIATES OF THESE SUPPORTED ORGANIZATIONS, EACH OF WHICH WAS DESIGNATED BY CLASS AND PURPOSE AS STATED IN THAT GOVERNING DOCUMENT AS AN "AFFILIATED ORGANIZATION" EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE.</p>

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION D, LINE 3:	AS PART OF THE CREATION OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH) SYSTEM, THE BILH BY-LAWS CREATED AN INVESTMENT COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BILH BOARD OF TRUSTEES. THE INVESTMENT COMMITTEE IS DEVELOPING A SYSTEM-WIDE INVESTMENT METHODOLOGY TO ALLOW FOR A CONSISTENT INVESTMENT APPROACH FOR ALL BILH AFFILIATES.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3A:	AS PREVIOUSLY NOTED, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC. (BILH) BECAME THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC., BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC., BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC., BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC., NEW ENGLAND BAPTIST HOSPITAL, MOUNT AUBURN HOSPITAL, LAHEY CLINIC FOUNDATION, INC., LAHEY HEALTH SHARED SERVICES, INC., NORTHEAST HOSPITAL CORPORATION, WINCHESTER HOSPITAL, ANNA JAQUES HOSPITAL, INC., AND NORTHEAST BEHAVIORAL HEALTH CORPORATION. AS SOLE MEMBER, {{ENTITY-NAME}} HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3B:	AS PREVIOUSLY NOTED, EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC. (BILH) BECAME THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC., BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC., BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC., BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC., NEW ENGLAND BAPTIST HOSPITAL, MOUNT AUBURN HOSPITAL, LAHEY CLINIC FOUNDATION, INC., LAHEY HEALTH SHARED SERVICES, INC., NORTHEAST HOSPITAL CORPORATION, WINCHESTER HOSPITAL, ANNA JAQUES HOSPITAL, INC., AND NORTHEAST BEHAVIORAL HEALTH CORPORATION. AS SOLE MEMBER, BETH ISRAEL LAHEY HEALTH, INC. (BILH) HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 83-2671600  
**Name:** BETH ISRAEL LAHEY HEALTH INC

**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
BETH ISRAEL DEACONESS MEDICAL CENTER	042103881	3	Yes		23,533,551	0
BETH ISRAEL DEACONESS HOSPITAL- NEEDHAM	043229679	3	Yes		1,315,062	0
BETH ISRAEL DEACONESS HOSPITAL - MILTON	042103604	3	Yes		1,678,305	0
BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	222667354	3	Yes		3,616,892	0
MOUNT AUBURN HOSPITAL	042103606	3	Yes		5,618,618	0
NEW ENGLAND BAPTIST HOSPITAL	042103612	3	Yes		3,226,311	0
ANNA JAKUES HOSPITAL INC	042104338	3	Yes		1,965,409	0
LAHEY CLINIC FOUNDATION INC	042323457	7	Yes		17,845,599	0
WINCHESTER HOSPITAL FOUNDATION INC	043399570	3	Yes		4,261,957	0
NORTHEAST HOSPITAL CORPORATION	042121317	3	Yes		5,358,746	0
NORTHEAST BEHAVIORAL HEALTH CORPORATION	042777145	10	Yes		400,000	0
LAHEY HEALTH SHARED SERVICES INC	043178972	10	Yes		400,000	0

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](http://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 BETH ISRAEL LAHEY HEALTH INC	Employer identification number 83-2671600
--	--

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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		274,334
<b>j</b>	Total. Add lines 1c through 1i .....			274,334
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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:	BETH ISRAEL LAHEY HEALTH, INC. 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 \$274,334 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BETH ISRAEL LAHEY HEALTH INC

Employer identification number  
83-2671600

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 . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

b

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

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements		9,340,905	526,120	8,814,785
d Equipment . . . . .		1,974,914	1,309,198	665,716
e Other . . . . .				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				9,480,501

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) INTERCO	12,282,044
(3) ESTIMATED THIRD PARTY	4,825,671
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	17,107,715

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	6,312,580,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	6,191,591,703
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,191,591,703
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	120,988,297
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	120,988,297

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	6,239,549,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	6,121,684,815
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,121,684,815
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	117,864,185
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	117,864,185

**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:** 83-2671600  
**Name:** BETH ISRAEL LAHEY HEALTH INC

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	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.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATION 6,191,591,703.



Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATEE AFFILIITIES EXPENSE NET OF ELIMINATION 6,121,684,815.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BETH ISRAEL LAHEY HEALTH INC

Employer identification number  
83-2671600

Part I

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			34,658
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			34,658

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

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

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

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

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

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

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, QUESTION 1	ALTHOUGH BETH ISRAEL LAHEY HEALTH, INC WAS AN INDIRECT TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION DURING THE TAX YEAR, BETH ISRAEL LAHEY HEALTH, INC WAS NOT REQUIRED TO FILE FORM 926, RETURN BY A U.S. TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION.

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, QUESTION 3	ALTHOUGH BETH ISRAEL LAHEY HEALTH, INC HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUIRED TO FILE FORM 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 83-2671600  
**Name:** BETH ISRAEL LAHEY HEALTH INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES		11,658
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		23,000



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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		

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

Return Reference	Explanation
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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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization BETH ISRAEL LAHEY HEALTH INC		Employer identification number 83-2671600

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	
<b>2</b> 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	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
<b>c</b> 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.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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	No
<b>8</b> 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
<b>9</b> 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	DURING THE 2019 CALENDAR YEAR, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN AND PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS RECEIVED BY PARTICIPANTS AND RELATED TO THIS PLAN 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. IN ADDITION, DURING THE 2019 CALENDAR YEAR, SEVERAL ENTITIES WITHIN THE LAHEY HEALTH SYSTEM WERE PARTICIPATING EMPLOYERS IN THE LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN AND THE LAHEY CLINIC 457(B) RETIREMENT SAVINGS PLAN. PURSUANT TO THESE PLANS, ELIGIBLE EMPLOYEES RECEIVED CERTAIN RETIREMENT BENEFITS AND/OR COULD DEFER PART OF THEIR COMPENSATION. UNDER THE DEFINITIONS TO THIS FORM 990, THESE PLANS ARE CONSIDERED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. AMOUNTS DEFERRED BY PARTICIPANTS OR CONTRIBUTIONS RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.

Return Reference	Explanation
PART I, LINE 7	<p>SCHEDULE J, PART I, LINE 7, NON-FIXED PAYMENTS BILH EXECUTIVE COMPENSATION PACKAGES INCLUDE OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING THE BILH NETWORK GOALS, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES. THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE IS REVIEWED AND APPROVED BY THE BETH ISRAEL LAHEY HEALTH (BILH) COMPENSATION COMMITTEE. AS PREVIOUSLY NOTED IN THIS FILING, BILH IS THE MEDICAL CENTER'S SOLE MEMBER AND THE BILH COMPENSATION COMMITTEE IS FULLY STAFFED BY INDEPENDENT MEMBERS. ACROSS THE BILH NETWORK OF AFFILIATES, INCLUDING BETH ISRAEL LAHEY HEALTH, INC., 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.</p>



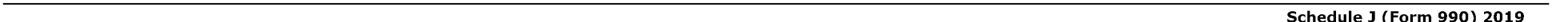
Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:	<p>REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J. OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES 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 DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS. COMPENSATION PAID TO OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES AND WAS PAID FOR POSITIONS HELD DURING THE 2019 CALENDAR YEAR, PRIOR TO THE CREATION OF BETH ISRAEL LAHEY HEALTH. THE FOLLOWING ENTITIES MAY BE REFERRED TO WITHIN THESE EXPLANATORY NOTES BY THE NAMES AND/OR ACRONYMS: BETH ISRAEL LAHEY HEALTH, BILH; BETH ISRAEL DEACONESS MEDICAL CENTER, BIDMC; LAHEY CLINIC, INC., LCI, LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, LCH OR LHMC, NORTHEAST MEDICAL PRACTICE, NMP. 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 &amp; 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 &amp; RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER HEALTH &amp; 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. CANEPA, JOHN J. TRUSTEE BETH ISRAEL LAHEY HEALTH TRUSTEE AND BOARD CO-CHAIR MOUNT AUBURN HOSPITAL TRUSTEE MOUNT AUBURN PROFESSIONAL SERVICES TRUSTEE CAREGROUP PARMENTER HOME CARE &amp; HOSPICE (THROUGH DECEMBER 21, 2019) FRANCISCO, BETTY TRUSTEE - BETH ISRAEL LAHEY HEALTH GRANT, TOM TRUSTEE - BETH ISRAEL LAHEY HEALTH GUPTA, YOGESH TRUSTEE - BETH ISRAEL LAHEY HEALTH HANNON, FACHE, PATRICIA TRUSTEE BETH ISRAEL LAHEY HEALTH, INC. HAO, YVONNE TRUSTEE AND VICE CHAIR - BETH ISRAEL LAHEY HEALTH HORNIDGE, ANN-ELLEN TRUSTEE AND CHAIR - BETH ISRAEL LAHEY HEALTH JICK, DANIEL J. TRUSTEE BETH ISRAEL LAHEY HEALTH DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER</p>

Return Reference	Explanation
SCHEDULE J FOOTNOTES (CONTINUED):	<p>             KIMBALL, M.D., MPH, ALEXA B. TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. PRESIDENT, CHIEF EXECUTIVE OFFICER AND DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC. DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE DIRECTOR (EX-OFFICIO) CONTINUING EDUCATION PROGRAM, INC. D/B/A BETH ISRAEL DEACONESS DEPARTMENT OF PSYCHIATRY FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNCOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS EMERGENCY MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP PROFESSOR OF DERMATOLOGY HARVARD MEDICAL SCHOOL PAYMENTS REPORTED BY: HMFP BASE COMPENSATION: 760,688 INCENTIVE COMPENSATION: 350,174 OTHER REPORTABLE COMPENSATION: 7,263 DEFERRED COMPENSATION: 44,800 NON-TAXABLE BENEFITS: 41,028 LIESCHING, M.D., TIMOTHY TRUSTEE - BETH ISRAEL LAHEY HEALTH CHIEF MEDICAL OFFICER -- LAHEY CLINIC, INC. CHIEF MEDICAL OFFICER - LAHEY CLINIC FOUNDATION, INC. CHIEF MEDICAL OFFICER LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER PAYMENTS REPORTED BY LC: BASE COMPENSATION: 108,720 INCENTIVE COMPENSATION: 19,662 OTHER REPORTABLE COMPENSATION: 1,829 DEFERRED COMPENSATION: 6,807 NON-TAXABLE BENEFITS: 9,546 PAYMENTS REPORTED BY LCH: BASE COMPENSATION: 408,994 INCENTIVE COMPENSATION: 73,966 OTHER REPORTABLE COMPENSATION: 1,829 DEFERRED COMPENSATION: 25,606 NON-TAXABLE BENEFITS: 35,912 OTHER REPORTABLE AND DEFERRED COMPENSATION REPORTED FOR DR, LIESCHING INCLUDES CHANGE IN THE VALUE OF A NONQUALIFIED PLAN TOTALING \$517. LINDE, DOUGLAS T. TRUSTEE BETH ISRAEL LAHEY HEALTH MANDELL, M.D., JAMES TRUSTEE BETH ISRAEL LAHEY HEALTH DIRECTOR BETH ISRAEL DEACONESS MEDICAL CENTER MCCULLOUGH, M.D., DANIEL TRUSTEE - BETH ISRAEL LAHEY HEALTH MEDICAL DIRECTOR NORTHEAST MEDICAL PRACTICE MEDICAL DIRECTOR BETH ISRAEL LAHEY HEALTH PRIMARY CARE PAYMENTS REPORTED BY NMP: BASE COMPENSATION: 233,731 INCENTIVE COMPENSATION: 15,677 OTHER REPORTABLE COMPENSATION: 568 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 35,030 MCKENNA, MARGARET TRUSTEE BETH ISRAEL LAHEY HEALTH NORMAN, NANCY TRUSTEE - BETH ISRAEL LAHEY HEALTH O'HANLEY, RONALD TRUSTEE BETH ISRAEL LAHEY HEALTH SULLIVAN, M.D., MARY ANNA TRUSTEE - BETH ISRAEL LAHEY HEALTH PHYSICIAN LAHEY CLINIC, INC. PAYMENTS REPORTED BY: LC BASE COMPENSATION: 318,744 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 20,298 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 0 TAVENNER, MARILYN TRUSTEE - BETH ISRAEL LAHEY HEALTH MS. TAVENNER'S POSITION AS TRUSTEE ENDED ON JUNE 5, 2020. VALETTA, ROBERT TRUSTEE - BETH ISRAEL LAHEY HEALTH WALSH, JANE TRUSTEE - BETH ISRAEL LAHEY HEALTH FISCHER, STEVEN 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 JAKUES 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 &amp; 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 &amp; RECOVERY SERVICES, INC. TRUSTEE AND TREASURER HEALTH &amp; 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.           </p>

Return Reference	Explanation
SCHEDULE J FOOTNOTES (CONTINUED):	<p>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 JAKES 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 &amp; 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 &amp; RECOVERY SERVICES, INC. TRUSTEE AND CLERK HEALTH &amp; 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. 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 JAKES 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 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: 696,454 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. LONGWORTH, M.D., DAVID DR. LONGWORTH HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. CHAIR BETH ISRAEL LAHEY HEALTH PRIMARY CARE NETWORK PRESIDENT AND TRUSTEE (EX-OFFICIO) - LAHEY CLINIC FOUNDATION PRESIDENT AND TRUSTEE (EX-OFFICIO) - LAHEY CLINIC INC. PRESIDENT AND TRUSTEE (EX-OFFICIO) - LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE (EX-OFFICIO). BOARD CHAIR (EX-OFFICIO), PRESIDENT (EX-OFFICIO), BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC.(BILHPC) (EFFECTIVE JUNE 5, 2020) TRUSTEE (EX-OFFICIO), PRESIDENT (EX-OFFICIO), BOARD CHAIR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (MCB) (EFFECTIVE MAY 13, 2020) DIRECTOR WINCHESTER PHYSICIAN ASSOCIATES, INC. (EFFECTIVE OCTOBER 23, 2019) AS REQUIRED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. IN HIS POSITIONS AS CHAIR OF THE BETH ISRAEL LAHEY HEALTH NETWORK AS WELL AS PRESIDENT OF THE LAHEY CLINIC FOUNDATION (LCF), LAHEY CLINIC, INC (LC), AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LCH), DR. LONGWORTH RECEIVED PAYMENTS DIRECTLY FROM LCH AND ALSO BETH ISRAEL LAHEY HEALTH (BILH). BILH IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, A SUPPORT ORGANIZATION OF LCF, LCI, LCH AS WELL AS MCB AND BILHPC. COMBINED PAYMENTS REPORTED BY LCH/LC: BASE COMPENSATION: 533,266 INCENTIVE COMPENSATION: 260,730. OTHER REPORTABLE COMPENSATION: 93,050 DEFERRED COMPENSATION: 19,300 NON-TAXABLE BENEFITS: 18,920 PAYMENTS REPORTED BY BILHPC: BASE COMPENSATION: 228,543 INCENTIVE COMPENSATION: 111,742 OTHER REPORTABLE COMPENSATION: 39,879 DEFERRED COMPENSATION: 8,271 NON-TAXABLE BENEFITS: 8,108 OTHER REPORTABLE COMPENSATION REPORTED FOR DR. LONGWORTH INCLUDES \$78,977 OF PTO CASHED OUT WHEN HE BECAME THE CHAIR OF BILH PRIMARY CARE AND PAYMENTS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS TOTALING \$52,809. LEWIS, M.D., STANLEY DR. LEWIS HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. CHIEF STRATEGY OFFICER- BETH ISRAEL LAHEY HEALTH TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TRUSTEE (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PRIMARY CARE INC. (EFFECTIVE JUNE 5, 2020) TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) - MOUNT AUBURN HOSPITAL ASSOCIATE PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL</p>

Return Reference	Explanation
SCHEDULE J FOOTNOTES (CONTINUED):	<p>ALTHOUGH DR. LEWIS 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. LEWIS SERVED AS THE SENIOR VICE PRESIDENT, CHIEF SYSTEM DEVELOPMENT &amp; STRATEGY OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HIS SERVICES TO BIDMC AND THE BIDMC NETWORK OF AFFILIATES AND IN PREPARATION FOR THE CREATION OF BILH. AMOUNTS PAID TO DR. LEWIS BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 101,837 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 67,825 DEFERRED COMPENSATION: 16,035 NON-TAXABLE BENEFITS: 12,132 PAYMENTS MADE AND REPORTED BY BILH: BASE COMPENSATION: 570,232 INCENTIVE COMPENSATION: 299,123 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 229,435 NON-TAXABLE BENEFITS: 59,938 OTHER REPORTABLE COMPENSATION FOR DR. LEWIS INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$67,013. DEFERRED COMPENSATION IN THE AMOUNT OF \$225,000 AND INCLUDED IN THIS FILING FOR DR. 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. DEVAUX, DEBORAH EXECUTIVE VICE PRESIDENT, CHIEF POPULATION HEALTH OFFICER - BETH ISRAEL LAHEY HEALTH, INC. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 493,937 INCENTIVE COMPENSATION: 177,917 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 619 NON-TAXABLE BENEFITS: 17,649 DEVITA, NICOLE CHIEF OPERATING OFFICER - BILH PERFORMANCE NETWORK ALTHOUGH MS. DEVITA SERVED IN THE POSITION 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 ASSUMING HER POSITION ABOVE, MS. DEVITA SERVED AS THE CHIEF OPERATING OFFICER FOR THE LAHEY CLINICAL PERFORMANCE NETWORK AND THE LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION AND WAS COMPENSATED BY THOSE ENTITIES FOR HER. AMOUNTS PAID TO MS. DEVITA BY BILH AND THE LAHEY CLINICAL PERFORMANCE NETWORK/LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 280,588 INCENTIVE COMPENSATION: 95,938 OTHER REPORTABLE COMPENSATION: 9,414 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 9,074 PAYMENTS REPORTED BY LCP: BASE COMPENSATION: 88,148 INCENTIVE COMPENSATION: 26,071 OTHER REPORTABLE COMPENSATION: 72,796 DEFERRED COMPENSATION: 13,609 NON-TAXABLE BENEFITS: 3,076 OTHER REPORTABLE COMPENSATION FOR MS. DEVITA INCLUDES COMBINED PAYMENTS FROM PTO CASHED OUT OF \$51,238 ON COMMENCING HER POSITION AT BILH AND, CONTRIBUTIONS TO, AND CHANGE OF VALUE IN, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$21,238. GALLAGHER M.B.A., DENIS PRESIDENT, PRIMARY CARE NETWORK BETH ISRAEL LAHEY HEALTH, INC TRUSTEE (EX-OFFICIO); TREASURER; PRESIDENT: BETH ISRAEL LAHEY HEALTH PRIMARY CARE (COMMENCING JUNE 5, 2020) PRESIDENT, BETH ISRAEL LAHEY HEALTH PRIMARY CARE: LAHEY CLINIC HOSPITAL, INC. PRESIDENT, BETH ISRAEL LAHEY HEALTH PRIMARY CARE : LAHEY CLINIC, INC. PRESIDENT, BETH ISRAEL LAHEY HEALTH PRIMARY CARE: NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO), TREASURER - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (COMMENCING ON MAY 13, 2020) ALTHOUGH MR. GALLAGHER 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. FOR THE PERIOD COVERED BY THIS FILING, MR. GALLAGHER SERVED AS THE PRESIDENT OF THE PRIMARY CARE NETWORK OF BILH AND WAS COMPENSATED BY LCH FOR HIS SERVICES TO BILH AND THE BILH NETWORK OF AFFILIATES. AMOUNTS PAID TO MR. GALLAGHER BY LCH HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY BILH: BASE COMPENSATION: 363,906 INCENTIVE COMPENSATION: 105,247 OTHER REPORTABLE COMPENSATION: 98,260 DEFERRED COMPENSATION: 30,349 NON-TAXABLE BENEFITS: 27,374 PAYMENTS REPORTED BY: LCH BASE COMPENSATION: 363,906 INCENTIVE COMPENSATION: 105,247 OTHER REPORTABLE COMPENSATION: 98,260 DEFERRED COMPENSATION: 30,349 NON-TAXABLE BENEFITS: 27,374 OTHER REPORTABLE COMPENSATION FOR MR. GALLAGHER INCLUDES CONTRIBUTIONS TO A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$19,000. HULBURT, JEFFREY CHIEF BUSINESS OFFICER - BILH PERFORMANCE NETWORK PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 350,434 INCENTIVE COMPENSATION: 101,861 OTHER REPORTABLE COMPENSATION: 2,545 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 22,498 PAYMENTS REPORTED BY: HMFP BASE COMPENSATION: 134,863 INCENTIVE COMPENSATION: 110,733 OTHER REPORTABLE COMPENSATION: 1,071 DEFERRED COMPENSATION: 22,833 NON-TAXABLE BENEFITS: 8,691 JACOBS, HILARY PRESIDENT BEHAVIORAL HEALTH SERVICES BETH ISRAEL LAHEY HEALTH TRUSTEE(EX-OFFICIO), CHAIR CAB HEALTH &amp; RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO), CHAIR HEALTH &amp; EDUCATION HOUSING SERVICES, INC. TRUSTEE (EX-OFFICIO), CHAIR NORTHEAST BEHVIORAL HEALTH CORPORATION ALTHOUGH MS. JACOBS 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 ASSUMING HER POSITION ABOVE, MS. JACOBS SERVED AS THE PRESIDENT OF BEHAVIORAL HEALTH FOR THE LAHEY HEALTH SYSTEM AND WAS COMPENSATED BY NORTHEAST BEHAVIORAL HEALTH. AMOUNTS PAID TO MS. JACOBS BY BILH AND NORTHEAST BEHAVIORAL HEALTH HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY: NBH BASE COMPENSATION: 52,108 INCENTIVE COMPENSATION: 13,038 OTHER REPORTABLE COMPENSATION: 40,584 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 5,663 PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 291,147 INCENTIVE COMPENSATION: 112,500 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 21,247 OTHER REPORTABLE COMPENSATION FOR MS. JACOBS INCLUDES \$40,221 OF PTO CASHED OUT UPON COMMENCING HER POSITION AT BILH. JOHNSON, PETER INTERIM CIO - BETH ISRAEL LAHEY HEALTH, INC. ALTHOUGH MR. JOHNSON 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 ASSUMING HIS POSITION ABOVE, MR. JOHNSON SERVED AS SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER FOR THE LAHEY HEALTH SYSTEM AND WAS PAID BY LAHEY HEALTH SHARED SERVICES. AMOUNTS PAID TO MR. JOHNSON BY BILH AND LHSS HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 82,650 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 17,500 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 0 PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 418,250 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 11,846 LODGE, PAULINE SVP STRATEGIC PLANNING AND BUSINESS DEVELOPMENT - BETH ISRAEL LAHEY HEALTH, INC. ALTHOUGH MS. LODGE SERVED IN THE POSITION 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 ASSUMING HER POSITION ABOVE, MS. LODGE SERVED AS SENIOR VICE PRESIDENT OF BUSINESS DEVELOPMENT AND COMMUNICATIONS FOR THE LAHEY HEALTH SYSTEM AND WAS PAID BY LAHEY HEALTH SHARED SERVICES. AMOUNTS PAID TO MS. LODGE BY BILH AND LHSS HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 65,578 INCENTIVE COMPENSATION: 20,600 OTHER REPORTABLE COMPENSATION: 28,982 DEFERRED COMPENSATION: 10,614 NON-TAXABLE BENEFITS: 6,676 PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 320,868 INCENTIVE COMPENSATION: 127,033 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 27,408 OTHER REPORTABLE COMPENSATION FOR MS. LODGE INCLUDES \$28,604 OF PTO CASHED OUT UPON COMMENCING HER POSITION AT BILH. ROWAN, MICHAEL EXECUTIVE VICE PRESIDENT FOR HOSPITAL AND AMBULATORY SERVICES - BETH ISRAEL LAHEY HEALTH, INC. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 389,120 INCENTIVE COMPENSATION: 100,000 OTHER REPORTABLE COMPENSATION: 52,972 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 16,637</p>

Return Reference	Explanation
SCHEDULE J FOOTNOTES (CONTINUED):	<p>             SHEEHAN, RN, MSN, JAYNE SENIOR VICE PRESIDENT MUSCULOSKELETAL NETWORK DEVELOPMENT BETH ISRAEL LAHEY HEALTH, INC. SENIOR VICE PRESIDENT MUSCULOSKELETAL NETWORK DEVELOPMENT NEW ENGLAND BAPTIST HOSPITAL SENIOR VICE PRESIDENT , SYSTEM INTEGRATION &amp; CARE COORDINATION - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. SHEEHAN SERVED AS THE SENIOR VICE PRESIDENT SYSTEM INTEGRATION &amp; CARE COORDINATION - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. THROUGH DECEMBER 22, 2019 AT WHICH TIME SHE COMMENCED HER POSITIONS WITH BETH ISRAEL LAHEY HEALTH AND NEW ENGLAND BAPTIST HOSPITAL. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 166,865 INCENTIVE COMPENSATION: 89,037 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 2,650 NON-TAXABLE BENEFITS: 13,020 PAYMENTS REPORTED BY: BIDMC BASE COMPENSATION: 165,160 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 39,434 DEFERRED COMPENSATION: 24,208 NON-TAXABLE BENEFITS: 22,373 OTHER REPORTABLE COMPENSATION FOR MS. SHEEHAN INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$38,285. SZABO, M.D., PH.D., HON., SCD., GYONGYI CHIEF ACADEMIC OFFICER BETH ISRAEL LAHEY HEALTH DIRECTOR (EX-OFFICIO) AND CHIEF ACADEMIC OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER PAYMENTS MADE AND REPORTED BY BIDMC: BASE COMPENSATION: 288,620 INCENTIVE COMPENSATION: 10,000 OTHER REPORTABLE COMPENSATION: 2,320 DEFERRED COMPENSATION: 52,500 NON-TAXABLE BENEFITS: 9,082 GIZMUNT, JENNIFER PRESIDENT, CONTINUING CARE BETH ISRAEL LAHEY HEALTH TRUSTEE, PRESIDENT AND CHAIR CAREGROUP HOME CARE &amp; 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 JOHNSTON, MELISSA CHIEF OPERATING OFFICER, NORTHERN REGION BILH PRIMARY CARE PAYMENTS REPORTED BY: LC BASE COMPENSATION: 156,867 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 127 DEFERRED COMPENSATION: 9,897 NON-TAXABLE BENEFITS: 1,389 TANDON, MANU SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER BETH ISRAEL DEACONESS MEDICAL CENTER CHIEF INFORMATION OFFICER BETH ISRAEL LAHEY HEALTH, INC. MR. TANDON AS THE SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER FOR BETH ISRAEL DEACONESS MEDICAL CENTER, INC. THROUGH SEPTEMBER 14, 2020 WHEN HE BECAME THE CHIEF INFORMATION OFFICER FOR BETH ISRAEL LAHEY HEALTH, INC. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 367,841 INCENTIVE COMPENSATION: 31,293 OTHER REPORTABLE COMPENSATION: 35,182 DEFERRED COMPENSATION: 40,180 NON-TAXABLE BENEFITS: 45,800 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. TANDON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$62,232. OF THIS AMOUNT, \$27,960 IS UNVESTED. HEALY, PETER MR. HEALY HELD THE POSITIONS NOTED BELOW FOR THE FULL FISCAL YEAR COVERED BY THIS FILING UNLESS OTHERWISE NOTED BELOW. PRESIDENT AND DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNCOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CO-CHAIR CARL J. SHAPIRO INSTITUTE FOR EDUCATION &amp; RESEARCH AT HARVARD MEDICAL SCHOOL &amp; BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AS REQUIRED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2019 COMPENSATION. IN HIS POSITION AS PRESIDENT OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) DURING THE 2019 CALENDAR YEAR, MR. HEALY RECEIVED PAYMENTS DIRECTLY FROM BIDMC AND BETH ISRAEL LAHEY HEALTH (BILH). BILH IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, A SUPPORT ORGANIZATION OF BIDMC AND SINCE MARCH 1, 2019, HAS SERVED AS THE SOLE MEMBER OF BIDMC. PAYMENTS REPORTED BY BIDMC: BASE COMPENSATION: 733,536 INCENTIVE COMPENSATION: 59,650 OTHER REPORTABLE COMPENSATION: 39,585 DEFERRED COMPENSATION: 82,058 NON-TAXABLE BENEFITS: 34,414 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. HEALY INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF 107,626. OF THIS AMOUNT, \$68,462 IS UNVESTED. LAPING, KRISTINE CHIEF DEVELOPMENT OFFICER - BETH ISRAEL LAHEY HEALTH, INC. ALTHOUGH MS. LAPING 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, MS. LAPING SERVED AS THE SENIOR VICE PRESIDENT OF DEVELOPMENT FOR BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) AND WAS COMPENSATED BY BIDMC FOR HER SERVICES TO BIDMC. AMOUNTS PAID TO MS. LAPING BY BILH AND BIDMC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 355,548 INCENTIVE COMPENSATION: 166,563 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 155,059 NON-TAXABLE BENEFITS: 37,047 PAYMENTS REPORTED BY: BIDMC BASE COMPENSATION: 73,297 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 34,850 DEFERRED COMPENSATION: 38,501 NON-TAXABLE BENEFITS: 10,834 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS. LAPING INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$61,752. OF THIS AMOUNT, \$27,215 IS UNVESTED. DOSSANTOS, DEBORAH H DEPUTY GENERAL COUNSEL - BETH ISRAEL LAHEY HEALTH, INC. ALTHOUGH MS. DOSSANTOS IN THE POSITION 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 ASSUMING HER POSITION ABOVE, MS. DOSSANTOS SERVED AS VICE PRESIDENT OF LEGAL AFFAIRS AND DEPUTY GENERAL COUNSEL FOR THE LAHEY HEALTH SYSTEM AND WAS PAID BY LAHEY HEALTH SHARED SERVICES. AMOUNTS PAID TO MS. DOSSANTOS BY BILH AND LHSS HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 363,830 INCENTIVE COMPENSATION: 74,550 OTHER REPORTABLE COMPENSATION: 0 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 24,395 PAYMENTS REPORTED BY: LHSS BASE COMPENSATION: 62,348 INCENTIVE COMPENSATION: 14,700 OTHER REPORTABLE COMPENSATION: 19,279 DEFERRED COMPENSATION: 6,832 NON-TAXABLE BENEFITS: 5,166 OTHER REPORTABLE COMPENSATION FOR MS. DOSSANTOS INCLUDES \$19,206 OF PTO CASHED OUT UPON COMMENCING HER POSITION AT BILH. SEBBA, LESLIE CHIEF MEDICAL OFFICER-BETH ISRAEL LAHEY HEALTH PERFORMACE NETWORK ALTHOUGH DR. SEBBA SERVED IN THE POSITION 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 ASSUMING THE POSITION ABOVE, DR. SEBBA SERVED AS THE PRESIDENT AND CHIEF MEDICAL OFFICER OF THE LAHEY CLINICAL PERFORMANCE NETWORK AND THE LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION AND WAS PAID BY NORTHEAST HOSPITAL CORP. AMOUNTS PAID TO DR. SEBBA BY BILH AND NHC HAVE BEEN SEPARATELY REPORTED BELOW. PAYMENTS REPORTED BY: BILH BASE COMPENSATION: 299,076 INCENTIVE COMPENSATION: 105,000 OTHER REPORTABLE COMPENSATION: 13,075 DEFERRED COMPENSATION: 6,720 NON-TAXABLE BENEFITS: 27,144 PAYMENTS REPORTED BY: NHC BASE COMPENSATION: 96,774 INCENTIVE COMPENSATION: 0 OTHER REPORTABLE COMPENSATION: 65,020 DEFERRED COMPENSATION: 0 NON-TAXABLE BENEFITS: 10,798 OTHER REPORTABLE COMPENSATION FOR DR. SEBBA INCLUDES PTO CASHED OUT OF \$29,885, COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$6,191, AND AN INCREASE IN VALUE OF NONQUALIFIED PLANS OF \$27,508.           </p>



Additional Data

Software ID:  
Software Version:  
EIN: 83-2671600  
Name: BETH ISRAEL LAHEY HEALTH INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TABB MD KEVIN TRUSTEE, CEO & PRESIDENT	(i)	1,474,632	719,125	0	501,348	41,651	2,736,756	0
	(ii)	242,245	0	52,249	237,278	8,774	540,546	0
1KIMBALL MD MPH ALEXA B TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	760,688	350,174	7,263	44,800	41,028	1,203,953	0
2LIESCHING MD TIMOTHY TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	517,714	93,628	2,315	32,413	45,458	691,528	0
3SULLIVAN MD MARY ANNA TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	318,744	0	20,298	0	0	339,042	0
4 MCCULLOUGH DANIEL J MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	233,730	15,677	568	0	35,030	285,005	0
5FISCHER STEVEN P TREASURER, OFFICER (EX-OFFICIO)	(i)	702,197	430,208	0	341,751	59,955	1,534,111	0
	(ii)	110,415	0	68,316	14,844	13,641	207,216	0
6KATZ JAMIE CLERK, GENERAL COUNSEL	(i)	543,845	261,938	0	229,911	43,886	1,079,580	0
	(ii)	81,300	0	47,567	13,217	7,530	149,614	0
7NESTO MD RICHARD BILH - CHIEF MEDICAL OFFICER	(i)	621,330	287,208	0	6,720	77,562	992,820	0
	(ii)	148,648	0	696,354	51,031	5,424	901,457	0
8LONGWORTH MD DAVID BILH - ADMINISTRATION	(i)	0	0	0	0	0	0	0
	(ii)	761,809	372,473	132,929	27,571	27,027	1,321,809	0
9LEWIS MD STANLEY M BIDMC - CHIEF STRATEGY OFFICER	(i)	570,232	299,125	0	229,435	59,938	1,158,730	0
	(ii)	101,837	0	67,825	16,035	12,132	197,829	0
10HULBURT JEFFREY BILH - CHF BUS OFF PERFOR NTWK	(i)	350,434	101,861	2,545	6,720	22,498	484,058	0
	(ii)	134,863	110,733	1,071	22,833	8,691	278,191	0
11DEVAUX DEBORAH BILH - EVP, CHF POP HEALTH OFF	(i)	493,937	177,917	0	619	17,649	690,122	0
	(ii)	0	0	0	0	0	0	0
12GALLAGHER MD DENIS W BILH - PRES PRIM CARE NETWORK	(i)	363,906	105,247	98,260	30,349	27,374	625,136	0
	(ii)	0	0	0	0	0	0	0
13LODGE PAULINE M SVP STRAT PLAN/BUSI DEVELOP	(i)	320,868	127,033	0	6,720	27,408	482,029	0
	(ii)	65,578	20,600	28,982	10,614	6,676	132,450	0
14DEVITA NICOLE BILH - COO PERFORMANCE NETWORK	(i)	280,588	95,938	9,414	6,720	9,074	401,734	0
	(ii)	88,148	26,071	72,796	13,609	3,076	203,700	0
15ROWAN MICHAEL BILH - EVP FOR HOSP/AMBUL SERV	(i)	389,120	100,000	52,972	0	16,637	558,729	0
	(ii)	0	0	0	0	0	0	0
16JACOBS HILARY C BILH - PRES BEHAV HEALTH SERV	(i)	291,147	112,500	0	6,720	21,247	431,614	0
	(ii)	52,108	13,038	40,584	0	5,653	111,383	0
17JOHNSON PETER BILH - INTERIM CIO	(i)	418,250	0	0	0	11,846	430,096	0
	(ii)	82,650	0	17,500	0	0	100,150	0
18SHEEHAN RN MSN JAYNE SVP MUSCLSKTL NTWK, NEBH/BILH	(i)	166,865	89,037	0	2,650	13,020	271,572	0
	(ii)	165,160	0	39,434	24,208	22,373	251,175	0
19TANDON MANU BILH - CHIEF INFORMATION OFF	(i)	0	0	0	0	0	0	0
	(ii)	367,841	31,293	35,182	40,180	45,800	520,296	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> SZABO MD PHD SCD GYONGYI HMFP - CHIEF ACADEMIC OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	288,620	10,000	2,320	52,500	9,082	362,522	0
<b>1</b> GIZMUNT JENNIFER BILH -PRES CONTINUING CARE	(i)	236,991	44,688	0	0	22,973	304,652	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> JOHNSTON MELISSA BILH - COO PRIM CARE N REGION	(i)	0	0	0	0	0	0	0
	(ii)	156,867	0	127	9,897	1,389	168,280	0
<b>3</b> HEALY PETER BIDMC PRESIDENT	(i)	621,925	59,650	0	27,281	0	708,856	0
	(ii)	111,611	0	39,585	77,830	7,133	236,159	0
<b>4</b> LAPING KRISTINE CHIEF DEVELOPMENT OFFICER	(i)	355,548	166,563	0	155,059	37,047	714,217	0
	(ii)	73,296	0	34,850	38,501	10,834	157,481	0
<b>5</b> HALAMKA MD JOHN CHIEF INFORMATION OFFICER	(i)	313,035	144,479	0	5,076	31,114	493,704	0
	(ii)	72,668	0	33,108	35,836	11,295	152,907	0
<b>6</b> SEBBA LESLIE MD, INTERNAL MEDICINE	(i)	299,076	105,000	13,075	6,720	27,144	451,015	0
	(ii)	96,774	0	65,020	0	10,798	172,592	0
<b>7</b> DOSSANTOS DEBORAH ESQ DEPUTY GENERAL COUNSEL	(i)	363,830	74,550	0	6,720	24,395	469,495	0
	(ii)	62,348	14,700	19,279	6,832	5,166	108,325	0



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As Filed Data -

DLN: 93493228044361

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
BETH ISRAEL LAHEY HEALTH INC

Employer identification number  
83-2671600

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art—Works of art . . . .				
2	Art—Historical treasures . .				
3	Art—Fractional interests . .				
4	Books and publications . . .				
5	Clothing and household goods . . . . .				
6	Cars and other vehicles . . .				
7	Boats and planes . . . . .				
8	Intellectual property . . . .				
9	Securities—Publicly traded .				
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests . . . . .				
12	Securities—Miscellaneous . .				
13	Qualified conservation contribution—Historic structures . . . . .				
14	Qualified conservation contribution—Other . . . .				
15	Real estate—Residential . . .				
16	Real estate—Commercial . . .				
17	Real estate—Other . . . . .				
18	Collectibles . . . . .				
19	Food inventory . . . . .				
20	Drugs and medical supplies . .				
21	Taxidermy . . . . .				
22	Historical artifacts . . . . .				
23	Scientific specimens . . . .				
24	Archeological artifacts . . . .				
25	Other ► ( COVID-RELATED PPE )	36	845,523	REPLACEMENTS COST	
26	Other ► ( COVID-RELATED HYGIENE SUPPLIES )	2	1,707	REPLACEMENTS COST	
27	Other ► ( COVID-RELATED FOOD FOR FOR-HIRE STAFF )	1	1,403	REPLACEMENTS COST	
28	Other ► ( )				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .			Yes No	
b	If "Yes," describe the arrangement in Part II.			30a No	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			31 No	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .			32a No	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
PART I, COLUMN (B):	BETH ISRAEL LAHEY HEALTH, INC. REPORTS EACH SEPARATE GIFT AS AN ITEM FOR PURPOSES OF REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
BETH ISRAEL LAHEY HEALTH INC

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

83-2671600

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART I, LINE 1 PRIMARY MISSION:	BETH ISRAEL LAHEY HEALTH'S MISSION IS TO SUPPORT ITS AFFILIATES IN THE NETWORK'S MISSION TO IMPROVE THE HEALTH OF PATIENTS, THEIR FAMILIES AND THE COMMUNITIES SERVED. BILH STRIVES TO ACCOMPLISH THIS MISSION BY DELIVERING THE HIGH-QUALITY HEALTH CARE THAT EVERY PATIENT DESERVES. BILH BELIEVES THAT EFFECTIVE CARE IS EASILY ACCESSIBLE AND SIMPLE TO ACCESS SO IT IS BILH'S FOCUS TO PROVIDE PATIENTS WITH CARE THAT IS IN CLOSE PROXIMITY AND CONVENIENT REGARDLESS OF WHERE PATIENTS LIVE, THEIR HEALTH HISTORY OR STAGE OF LIFE.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 1, PRIMARY MISSION:	BETH ISRAEL LAHEY HEALTH'S MISSION IS TO SUPPORT ITS AFFILIATES IN THE NETWORK'S MISSION TO IMPROVE THE HEALTH OF PATIENTS, THEIR FAMILIES AND THE COMMUNITIES SERVED. BILH STRIVES TO ACCOMPLISH THIS MISSION BY DELIVERING THE HIGH-QUALITY HEALTH CARE THAT EVERY PATIENT DESERVES. BILH BELIEVES THAT EFFECTIVE CARE IS EASILY ACCESSIBLE AND SIMPLE TO ACCESS SO IT IS BILH'S FOCUS TO PROVIDE PATIENTS WITH CARE THAT IS IN CLOSE PROXIMITY AND CONVENIENT REGARDLESS OF WHERE PATIENTS LIVE, THEIR HEALTH HISTORY OR STAGE OF LIFE.

Return Reference	Explanation
<p>PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>BETH ISRAEL LAHEY HEALTH (BILH) IS THE PARENT AND A SUPPORT ORGANIZATION OF THE BILH NETWORK OF AFFILIATES. THE NETWORK COMPRISES AN INTEGRATED HEALTH CARE DELIVERY 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 INCLUDES 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. DURING THE FISCAL PERIOD COVERED BY THIS FILING, 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 JACQUES 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). THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. AS A SUPPORT ORGANIZATION OF THESE ENTITIES, BILH PROVIDES CENTRALIZED SERVICES AND SUPPORT TO ITS AFFILIATES IN AREAS SUCH AS MANAGEMENT, STRATEGIC PLANNING, HUMAN RESOURCES AND BENEFITS, LEGAL SERVICES, FINANCE, AUDIT, INVESTMENT, COMPLIANCE AND TAXATION AS WELL AS PATIENT CARE CONTRACTING AND OTHER SERVICES. BILH'S SUPPORT OF ITS AFFILIATES ENABLES THE NETWORK AS A WHOLE TO ACCOMPLISH ITS PRIMARY MISSION OF IMPROVING THE HEALTH OF PATIENTS, THEIR FAMILIES AND THE COMMUNITIES SERVED. BILH STRIVES TO ACCOMPLISH THIS MISSION BY DELIVERING THE HIGH-QUALITY HEALTH CARE THAT EVERY PATIENT DESERVES. BILH BELIEVES THAT EFFECTIVE CARE IS EASILY ACCESSIBLE AND SIMPLE TO USE SO IT IS BILH'S FOCUS TO PROVIDE PATIENTS WITH CARE THAT IS IN CLOSE PROXIMITY AND CONVENIENT REGARDLESS OF WHERE PATIENTS LIVE, THEIR HEALTH HISTORY OR STAGE OF LIFE AND BILH IS ACCOMPLISHING THIS GOAL BY PROVIDING SUPPORT TO EACH OF ITS AFFILIATES, PROVIDING AN ORGANIZATIONAL STRUCTURE AND OPERATING MODEL WHICH IS DRIVEN BY FOUR DEEPLY INTERCONNECTED DOMAINS DESIGNED TO ADVANCE MEANINGFUL PARTNERSHIPS ACROSS ORGANIZATIONS, CARE SETTINGS, SPECIALTIES, AND GEOGRAPHIES TO ENSURE BILH PATIENTS RECEIVE THE CARE THEY NEED IN THE COMMUNITIES WHERE THEY LIVE AND WORK. BILH IS DELIVERING ON TH</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	E PROMISE TO BILH PATIENTS AND COMMUNITIES TO EXPAND ACCESS AND PROVIDE EXTRAORDINARY CARE , WHILE ALSO ADVANCING MEDICINE THROUGH DISCOVERY AND EDUCATION. BILH IS ACCOMPLISHING THI S MISSION BY PROVIDING SUPPORT TO ITS AFFILIATES WHICH INCLUDE: 1. A PHYSICIAN ENTERPRISE THAT ENCOMPASSES THE SYSTEM'S NETWORK OF EMPLOYED PRIMARY CARE AND SPECIALTY PHYSICIANS LO CATED THROUGHOUT OUR REGION; 2. A HOSPITAL AND AMBULATORY SERVICES GROUP THAT INCLUDES WOR LD-CLASS ACADEMIC MEDICAL CENTERS AND TEACHING HOSPITALS WITH AFFILIATIONS WITH HARVARD ME DICAL SCHOOL AND TUFTS UNIVERSITY SCHOOL OF MEDICINE; LEADING COMMUNITY HOSPITALS; A RENOW NED ORTHOPEDICS HOSPITAL; AND COMPREHENSIVE AMBULATORY CENTERS; 3. A POPULATION HEALTH ENT ERPRISE THAT EMBRACES A NEW MODEL OF CARE TO IMPROVE THE HEALTH OF ALL THOSE SERVED BY BIL H; THE POPULATION HEALTH DOMAIN INCLUDES THE SYSTEM'S CLINICALLY INTEGRATED NETWORK OF AFF ILIATED PROVIDERS AND VITAL SERVICES, INCLUDING BEHAVIORAL HEALTH AND HOME CARE SERVICES; 4. A ROBUST NETWORK OF ADMINISTRATIVE AND OPERATIONAL SERVICES TO ADVANCE STRATEGIC GOALS, BOTH LOCALLY AND AT THE SYSTEM LEVEL, THAT OFFERS EXPERTISE AND STANDARDIZED RESOURCES BA SED ON BEST PRACTICES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
BILH'S COVID-19 RESPONSE IN FY 2020	<p>BETH 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 &amp; 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"</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
BILH'S COVID-19 RESPONSE IN FY 2020	<p>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</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
BILH'S COVID-19 RESPONSE IN FY 2020	EALTH'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.

**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
FORM 990, PART V, QUESTION 7G:	BETH ISRAEL LAHEY HEALTH, INC. DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 7H:	BETH ISRAEL LAHEY HEALTH, INC. DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 1098-C.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<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 JAKES 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	SUMMARY OF CHANGES: THE BY-LAWS OF BETH ISRAEL LAHEY HEALTH, INC. WERE AMENDED DURING THE FISCAL PERIOD COVERED BY THIS FILING. THE CHANGES TO THE BY-LAWS WERE: CHANGES COMPOSITION OF EXECUTIVE COMMITTEE TO ALSO INCLUDE THE VICE CHAIR(S), THE FINANCE COMMITTEE CHAIR, AND THE COMPENSATION AND BENEFITS COMMITTEE CHAIR. CHANGES COMPOSITION OF COMPENSATION AND BENEFITS COMMITTEE TO BE COMPRISED OF THE MEMBERS OF THE EXECUTIVE COMMITTEE THAT ARE INDEPENDENT TRUSTEES OR INDIVIDUALS WHO, IF SUCH INDIVIDUALS WERE TRUSTEES, WOULD QUALIFY AS INDEPENDENT TRUSTEES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THIS FORM 990 IS REVIEWED BY THE EXECUTIVE VP AND CFO OF BETH ISRAEL LAHEY HEALTH, INC., THE TAX DIRECTOR OF BETH ISRAEL LAHEY HEALTH, INC. (BILH) AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE BETH ISRAEL LAHEY HEALTH, INC. BOARD PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BETH ISRAEL LAHEY HEALTH, INC. IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) SYSTEM OF AFFILIATES. ALL ENTITIES IN THE BILH NETWORK ADHERE TO THE BILH CONFLICT OF INTEREST POLICY AND MAINTAIN A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY AT THE ENTITY LEVEL. PURSUANT TO THESE POLICIES, ALL OF BETH ISRAEL LAHEY HEALTH, INC.'S OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST AND TAX QUESTIONNAIRE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS AND AFFILIATIONS MAINTAINED BY OFFICERS, TRUSTEES, OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A REAL OR PERCEIVED CONFLICT OF INTEREST. THE BILH OFFICE OF INTEGRITY AND COMPLIANCE, IN CONJUNCTION WITH THE BILH TAX DEPARTMENT, ADMINISTERS THE CONFLICT OF INTEREST AND TAX QUESTIONNAIRE PROCESS ANNUALLY. BILH INTEGRITY AND COMPLIANCE COLLECTS AND REVIEWS ALL DISCLOSURES. DISCLOSURES FOR BILH EXECUTIVES AND KEY EMPLOYEES ARE ASSIGNED APPROPRIATE FOLLOW-UP ACTION IN ACCORDANCE WITH THE BILH POLICY. A SUMMARY OF POSITIVE RESPONSES OF BETH ISRAEL LAHEY HEALTH, INC. IS PROVIDED TO THE BETH ISRAEL LAHEY HEALTH, INC.'S COMPLIANCE OFFICER FOR REVIEW FINAL DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT. ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICIES IS SUBJECT TO ONGOING REVIEW BY BETH ISRAEL LAHEY HEALTH, INC. AS WELL AS THE BILH INTEGRITY AND COMPLIANCE OFFICE. PURSUANT TO THE BILH CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. IN ADDITION AS NOTED ABOVE, THE ANNUAL CONFLICT OF INTEREST PROCESS OUTLINE ABOVE IS JOINTLY ISSUED BY THE BILH TAX DEPARTMENT, TO ENSURE THAT THE QUESTIONNAIRE IS DISTRIBUTED TO ALL CURRENT AND FORMER MEMBERS OF THE BETH ISRAEL LAHEY HEALTH, INC. BOARD OF TRUSTEES AS WELL AS FORMER OFFICERS AND KEY EMPLOYEES. THE TAX QUESTIONNAIRE PROCESS IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR BETH ISRAEL LAHEY HEALTH, INC. TO COMPLETELY AND ACCURATELY COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES.</p>



## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>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), REBUTTABLE 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 BILH EMPLOYEES MAY HAVE RECEIVED COMPENSATION FROM ANOTHER ENTITY WITHIN THE NETWORKS WHICH JOINED TO CREATE THE BILH NETWORK. EACH OF THOSE ENTITIES 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 53.4958-6(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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 941,098. MANAGEMENT AND GENERAL EXPENSES 1,854,772. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,795,870. PURCHASED SERVICE: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 8,179,978. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,179,978. OTHER FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 2,173,884. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,173,884.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER TO AFFILIATES -1,533,633. OTHER CHANGES TO NET ASSETS -1. OTHER CHANGES TO NET ASSETS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART XII, LINE 2C	<p>ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAQUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH). AS A NEWLY CREATED HEALTHCARE SYSTEM, BILH ENGAGED KPMG TO PERFORM A FINANCIAL AUDIT OF THE SYSTEM. THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2019. THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND ITS AFFILIATES.</p>

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BETH ISRAEL LAHEY HEALTH INC

Employer identification number  
83-2671600

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
(1) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC 20 UNIVERSITY RD CAMBRIDGE, MA 02138 84-1912872	HEALTHCARE CONTRACTING ORGANIZATION	MA	32,537,000	1,616,000	BETH ISRAEL LAHEY HEALTH INC
(2) LAHEY CLINICAL PERFORMANCE NETWORK LLC 25 MALL RD BURLINGTON, MA 01805 27-3336906	HEALTHCARE CONTRACTING ORGANIZATION	MA	4,387,000	17,025,000	BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC
(3) LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION LLC 41 MALL RD BURLINGTON, MA 01805 45-5449249	HEALTHCARE CONTRACTING ORGANIZATION	MA	5,323,000	4,871,000	BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC
(4) BETH ISRAEL DEACONESS PHYSICIANS ORGANIZATION LLC DBA BID CARE ORG LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	HEALTHCARE CONTRACTING ORGANIZATION	MA	4,191,000	21,581,000	BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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



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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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: 83-2671600  
Name: BETH ISRAEL LAHEY HEALTH INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND 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		No
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			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 STATEGIC 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 JAKUES 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 JAKUES 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	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	MA	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, KY 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		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	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ANNA JAQUES HOSPITAL	Q	2,547,533	FMV
ANNA JAQUES HOSPITAL	P	3,598,639	FMV
MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE	P	65,906	FMV
BETH ISRAEL DEACONESS HOSPITAL MILTON INC	Q	2,467,152	FMV
BETH ISRAEL DEACONESS HOSPITAL MILTON INC	P	586,301	FMV
BETH ISRAEL DEACONESS MEDICAL CENTER INC	Q	23,731,324	FMV
BETH ISRAEL DEACONESS MEDICAL CENTER INC	P	20,574,603	FMV
BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	Q	1,870,745	FMV
BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC	P	788,373	FMV
BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC	Q	4,357,332	FMV
BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC	P	3,265,670	FMV
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC	P	416,304	FMV
LAHEY HEALTH SHARED SERVICES INC	P	5,109,907	FMV
LAHEY HEALTH SHARED SERVICES INC	Q	163,248,504	FMV
MOUNT AUBURN HOSPITAL	Q	6,576,643	FMV
MOUNT AUBURN HOSPITAL	P	5,395,182	FMV
NORTHEAST BEHAVIORAL HEALTH CORPORATION	Q	3,895,366	FMV
NORTHEAST BEHAVIORAL HEALTH CORPORATION	P	1,695,149	FMV