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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
NORTHEAST HOSPITAL CORPORATION

% TIMOTHY O'CONNOR

Doing business as

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

85 HERRICK STREET

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

BEVERLY, MA 01915

F Name and address of principal officer

HOWARD GRANT JD MD

85 HERRICK STREET

BEVERLY,MA 01915

H(a) Is this a group return for subordinates?

No

☐ Yes ☒ No

H(b) Are all subordinates included?

If "No," attach a list (see instructions)

☐ Yes ☐ No

H(c) Group exemption number

D Employer identification number

04-2121317

E Telephone number

(978) 922-3000

G Gross receipts \$ 350,337,699

I Tax-exempt status

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

J Website: ▶

www.beverlyhospital.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1893

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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,840
	6 Total number of volunteers (estimate if necessary)	6	312
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,345,928
	b Net unrelated business taxable income from Form 990-T, line 34	7b	67,419
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,563,259	1,144,857
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,233,983	343,724,660
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,882,884	1,339,523
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,884,650	2,586,305
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	352,564,776	348,795,345
	14 Benefits paid to or for members (Part IX, column (A), line 4)	58,948	63,675
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	172,908,326	174,151,763
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0	0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	164,682,780	158,741,784
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	337,650,054	332,957,222
	19 Revenue less expenses Subtract line 18 from line 12	14,914,722	15,838,123
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	424,505,420	442,760,457
	22 Net assets or fund balances Subtract line 21 from line 20	234,998,306	245,656,996
		189,507,114	197,103,461

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

2017-06-30

Date

TIMOTHY O'CONNOR EVP/CFO/TREASURER

Type or print name and title

Pnnt/Type preparer's name
JEFFREY ROGERS

Preparer's signature
JEFFREY ROGERS

Date

Check ☐ if self-employed

PTIN
P01074284

Firm's name ▶ BDO USA LLP

Firm's address ▶ TWO INTERNATIONAL PLACE

BOSTON, MA 02110

Firm's EIN ▶

Phone no (617) 422-0700

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(2015)

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

PROVIDING THE HIGHEST QUALITY MEDICAL CARE TO ALL INDIVIDUALS WHO CAN BENEFIT FROM OUR CONTINUUM OF CARE
OUR CONCEPT OF CARE BROADLY EMBRACES HEALTH, WELL-BEING, AND DIGNITY OF THE PATIENTS WE SERVE, REGARDLESS
OF ABILITY TO PAY

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 \$ 143,985,006 including grants of \$) (Revenue \$ 188,164,586) See Additional Data
4b	(Code) (Expenses \$ 117,138,982 including grants of \$ 58,675) (Revenue \$ 127,033,593) See Additional Data
4c	(Code) (Expenses \$ 19,496,789 including grants of \$) (Revenue \$ 22,522,196) See Additional Data
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 280,620,777

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

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 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	TIMOTHY O'CONNOR 41 MALL ROAD BURLINGTON, MA 01805 (781) 744-5100

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

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 ► 271

Section B. Independent Contractors

Form **990** (2015)

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	151,501			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	993,356			
	g	Noncash contributions included in lines 1a-1f \$		83,782			
	h	Total. Add lines 1a-1f ▶		1,144,857			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621400	335,374,447	335,374,447		
	b	OTHER OPERATING REVENUE	621400	7,165,828			7,165,828
	c	PROGRAM RESTRICTED REVENUE	621400	1,184,385	1,184,385		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		343,724,660			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,586,714		
4		Income from investment of tax-exempt bond proceeds . . ▶		40,119			40,119
5		Royalties ▶		0			
6a		(i) Real					
		(ii) Personal					
		Gross rents					
		3,428,612					
b		Less rental expenses		270,089			
c		Rental income or (loss)		3,158,523	0		
d		Net rental income or (loss) ▶		3,158,523	3,158,523		
7a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		103,994					
b		Less cost or other basis and sales expenses			1,194,369		
c		Gain or (loss)		103,994	-391,304		
d		Net gain or (loss) ▶		-287,310	-391,304		103,994
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		77,896			
		a	77,896				
		b	77,896				
c		Net income or (loss) from fundraising events . . ▶		0			
9a		Gross income from gaming activities See Part IV, line 19					
	a						
	b						
c	Net income or (loss) from gaming activities . . . ▶		0				
10a	Gross sales of inventory, less returns and allowances . .						
	a						
	b						
	c						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . ▶		0				
Miscellaneous Revenue		Business Code					
11a	Laboratory Revenue	621500	2,142,576		2,142,576		
b	Other Operating Revenues	621400	203,352		203,352		
c	Non-operating Revenues	624100	-2,749,612			-2,749,612	
d	All other revenue		-168,534			-168,534	
e	Total. Add lines 11a-11d ▶		-572,218				
12	Total revenue. See Instructions ▶		348,795,345	339,326,051	2,345,928	5,978,509	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	55,000	55,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	8,675	8,675		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,887,004	1,759,693	127,311	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	138,046,648	129,065,053	8,981,595	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,729,120	7,101,236	627,884	
9 Other employee benefits.	16,381,779	15,050,988	1,330,791	
10 Payroll taxes.	10,107,212	9,286,140	821,072	
11 Fees for services (non-employees):				
a Management.	75		75	
b Legal.	135,103		135,103	
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	20,881,554	17,121,684	3,759,870	
12 Advertising and promotion.	42,493		42,493	
13 Office expenses.	1,494,415	1,010,590	483,825	
14 Information technology.	867,654	634,342	233,312	
15 Royalties.	0			
16 Occupancy.	5,663,741	4,140,761	1,522,980	
17 Travel.	585,511	428,067	157,444	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	3,384,383	2,474,322	910,061	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	18,600,144	13,598,565	5,001,579	
23 Insurance.	-962,470	-962,470		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	45,373,394	45,367,354	6,040	
b GENERAL SUPPLIES AND SERVICES	21,832,154	15,281,728	6,550,426	
c MASS HEALTH SAFETY NET	2,086,489	1,525,432	561,057	
d ADMINISTRATIVE & GENERAL	38,757,144	17,673,617	21,083,527	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	332,957,222	280,620,777	52,336,445	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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 X ☐ ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		39,099,860	2	46,448,677
	3	Pledges and grants receivable, net		462,064	3	344,556
	4	Accounts receivable, net		40,819,964	4	35,262,565
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,135,653	8	5,849,831
	9	Prepaid expenses and deferred charges		1,509,290	9	2,229,723
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 333,485,513			
	b	Less: accumulated depreciation	10b 199,004,983	148,874,173	10c	134,480,530
	11	Investments—publicly traded securities		66,049,193	11	71,603,380
	12	Investments—other securities. See Part IV, line 11		72,924,505	12	80,591,436
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		48,630,718	15	65,949,759
16	Total assets. Add lines 1 through 15 (must equal line 34)		424,505,420	16	442,760,457	
Liabilities	17	Accounts payable and accrued expenses		24,581,784	17	28,074,996
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		85,618,878	20	82,424,291
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		124,797,644	25	135,157,709
	26	Total liabilities. Add lines 17 through 25		234,998,306	26	245,656,996
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
27		Unrestricted net assets		168,497,970	27	176,486,153
28		Temporarily restricted net assets		10,320,127	28	9,754,694
29		Permanently restricted net assets		10,689,017	29	10,862,614
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
30		Capital stock or trust principal, or current funds			30	
31		Paid-in or capital surplus, or land, building or equipment fund			31	
32		Retained earnings, endowment, accumulated income, or other funds			32	
33		Total net assets or fund balances		189,507,114	33	197,103,461
34		Total liabilities and net assets/fund balances		424,505,420	34	442,760,457

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	348,795,345
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,957,222
3	Revenue less expenses Subtract line 2 from line 1	3	15,838,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	189,507,114
5	Net unrealized gains (losses) on investments	5	11,648,042
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,889,818
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	197,103,461

Part XII

Financial Statements and Reporting

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

☐

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

Additional Data

Software ID:

Software Version:

EIN: 04-2121317

Name: NORTHEAST HOSPITAL CORPORATION

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	143,985,006	including grants of \$	) (Revenue \$	188,164,586)
Inpatient Services - Northeast Hospital Corporation (the Hospital) is a non-profit community hospital providing high quality care to the sick and injured, regardless of the ability to pay. Inpatient care is available in the areas of critical care, general medicine, surgery, maternity/obstetrics, newborn special care, pediatrics and psychiatry. In FY2016, the Hospital had approximately 22,000 inpatient admissions. The Hospital has four locations, Beverly Hospital, Addison Gilbert Hospital, Lahey Outpatient Center at Danvers and Bayridge Hospital.						

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 117,138,982 including grants of \$ 58,675) (Revenue \$ 127,033,593)

Outpatient Services - The Hospital provides a comprehensive range of outpatient services, providing high quality of care to the sick and injured, regardless of the ability to pay, including (but not limited to) cardiology, oncology, radiology, geriatrics, women's health, rehabilitation, endoscopy, mamography, and cardiopulmonary services. In FY2016 the Hospital had approximately 376,000 outpatient encounters

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 19,496,789 including grants of \$) (Revenue \$ 22,522,196)

Emergency Room - The Hospital (Beverly and Addison) has a 24 hour emergency room, providing high quality care to the sick and injured, regardless of the ability to pay. In FY2016, the Hospital had approximately 44,000 emergency room visits. The emergency room has board certified emergency medicine physicians and specialty trained emergency nurses. Patients seeking care at the hospital have access to advanced life support, intensive care capabilities, and specially trained doctors in pediatrics, cardiology, and anesthesia.

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			
Charles Favazzo Trustee through 6/20/16	1 0 0 0	X						0	0	0
Chnstopher George Trustee	1 0 0 0	X						0	0	0
Robert Irwin Trustee through 6/20/16	1 0 0 0	X						0	0	0
Paul Lundberg Trustee	1 0 0 0	X						0	0	0
Paul McConnell Trustee through 6/20/16	1 0 0 0	X						0	0	0
Kurt Melden Trustee through 6/20/16	1 0 0 0	X						0	0	0
Paul Muniz Trustee through 6/20/16	1 0 0 0	X						0	0	0
Hugh O'Flynn MD Trustee through 6/20/16	1 0 0 0	X						0	0	0
Nancy Palmer Trustee through 6/20/16	1 0 0 0	X						0	0	0
Hugh Taylor MD Trustee	1 0 0 0	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			
Robert Tufts MD Trustee, Ex Officio	1 0 0 0	X						0	0	0
Howard R Grant JD MD TRUSTEE/OFFICER/President/CEO	1 0 50 0	X		X				0	1,264,853	376,483
Alexander Dumas MD Trustee/Physician	1 0 40 0	X						0	330,492	25,743
Timothy O'Connor Officer/EVP CFO & Treasurer	1 0 50 0			X				0	676,721	183,875
David G Spackman Officer/SVP GOV AFFAIRS & Gen	1 0 50 0			X				0	509,537	50,683
Philip Cormier Officer/CEO NHC	40 0 1 0			X				501,481	0	32,513
Maryellen Lear Officer/Director, Legal Suppor	1 0 40 0			X				0	103,586	2,082
Gary P Marlow Officer/VP FINANCE NHS	40 0 1 0			X				0	337,474	50,593
Connie Woodworth Officer/VP Finance	40 0 1 0			X				0	182,931	70
Bruce A Metz SVP Chief Info Officer	1 0 40 0				X			0	442,784	32,447

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			
Elizabeth P Conrad SVP Chief HR Officer	1 0 40 0				X			0	359,246	56,119
David Reis SVP Chief Info Officer	1 0 40 0				X			0	261,509	20,142
Pauline M Lodge SVP Bus Dev Mkt & Communicatio	1 0 40 0				X			0	436,380	44,090
Nicole Devita COO BH/AGH	40 0 1 0				X			369,294	0	31,023
Kimberly A Perryman CNO Beverly Hospital	40 0 1 0				X			308,868	0	52,775
Cynthia C Donaldson VP Ancillary Services	40 0 1 0				X			270,896	0	32,705
Denis S Conroy PRESIDENT/CEO NHS THRU 1/15/15	40 0 1 0					X		550,418	0	4,700
Leslie Sebba MD CMO-ACNO LCPN	40 0 1 0					X		403,311	0	41,133
Peter H Short MD SVP Medical Affairs	40 0 1 0					X		379,077	0	30,790
Steven A Gillespie MD PHYSICIAN	40 0 1 0					X		340,905	0	39,983

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			
Barry Ginsberg MD Medical Director	40 0 1 0					X		336,242	0	39,567

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST HOSPITAL CORPORATION

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number	04-2121317
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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 11, 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 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)

10

☐

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

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 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		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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						►
b 33 1/3% support test—2014.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						►
17a 10%-facts-and-circumstances test—2015.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						►
b 10%-facts-and-circumstances test—2014.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						►
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						►

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

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
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>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

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.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

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

▶ \$

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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	17,166,663	16,416,238	15,809,826	14,545,609	13,124,163
b Contributions	487,483	2,229,079	2,052,818	1,516,024	1,169,967
c Net investment earnings, gains, and losses	979,956	-994,506	1,200,588	1,265,254	1,764,342
d Grants or scholarships	13,909	43,458	123,430	113,205	94,295
e Other expenditures for facilities and programs	2,018,963	440,690	2,523,564	1,403,856	1,418,568
f Administrative expenses					
g End of year balance	16,601,230	17,166,663	16,416,238	15,809,826	14,545,609

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 ▶ 41 200 %

c Temporarily restricted endowment ▶ 58 800 %

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)	Yes	
3a(ii)		No
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' to 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)	Accumulated (c) depreciation	(d) Book value
1a Land	0	5,163,015		5,163,015
b Buildings	0	185,272,583	101,623,692	83,648,891
c Leasehold improvements	0	4,929,165	4,135,863	793,302
d Equipment	0	127,252,352	87,068,929	40,183,423
e Other	0	10,868,399	6,176,500	4,691,899
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				134,480,530

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

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

1	Total revenue, gains, and other support per audited financial statements	1	340,553,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	11,648,042
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	11,648,042
3	Subtract line 2e from line 1	3	328,905,527
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	19,889,818
c	Add lines 4a and 4b	4c	19,889,818
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	348,795,345

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

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

1	Total expenses and losses per audited financial statements	1	332,957,222
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	332,957,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	332,957,222

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2121317

Name: NORTHEAST HOSPITAL CORPORATION

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Due from Affiliates (Short ter	35,103,353
(2) Professional Insurance Receiva	7,699,122
(3) DEFERRED DEBT ISSUE COSTS	2,518,303
(4) OTHER LONG TERM ASSETS	3,236,215
(5) Due from Affiliates (Long term	1,050,069
(6) DEPOSIT INSURANCE RECEIVABLE	5,334,044
(7) ASSETS W/LIMITED USE	628,584
(8) ASSETS UNDER BOND INDENTURE	5,343,043
(9) INVESTMENTS, OTHER	1,020,949
(10) BENEFICIAL INTEREST IN TRUSTS	4,016,077

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
ACCRUED PENSION COSTS	72,894,006
OTHER NON-CURRENT LIABILITIES	17,574,548
Taxable Bond - Series I	9,500,000
Estimated 3rd PArty Settlement	6,953,260
Professional Liability Reserve	10,614,361
Due to Affiliates	16,026,123
Post Retirement Medical Benefits	1,306,871
bond interest payable	102,403
ACCRUED PENSION	186,137

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	Collections and Relation to Exempt Purpose The Addison Gilbert Hospital has an extensive c ollection of art that has been painted or donated by area residents The art is exhibited within the hospital and is loaned to a local museum for wider community access The local nature of the artists and subjects serves to strengthen the link with community residents who utilizer the hospital and it's attendant facilities

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	Endowment funds are used as earmarked by donors to cover costs of ongoing programs of the hospital

Supplemental Information

Return Reference	Explanation
PART X, LINE 1	The Organization's Financial Statements did not report a liability for uncertain tax positions under Fin 48

Supplemental Information

Return Reference	Explanation
Part XI, line 4b	Adjustment to Pension OCI (19,889,818)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events.

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

		(a)Event #1 <u>Golf Tournament</u> (event type)	(b)Event #2 <u>2015 Gala</u> (event type)	(c)Other events <u>0</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	139,909	89,488		229,397
	2 Less Contributions	80,315	71,186		151,501
	3 Gross income (line 1 minus line 2)	59,594	18,302		77,896
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	11,795	910		12,705
	6 Rent/facility costs	20,489	5,334		25,823
	7 Food and beverages	20,104			20,104
	8 Entertainment		5,900		5,900
	9 Other direct expenses	7,206	6,158		13,364
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				77,896
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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 _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12

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?

☐ Yes ☐ No
- 13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,256,001		1,256,001	0 380 %
b Medicaid (from Worksheet 3, column a)			55,954,618	52,925,768	3,028,850	0 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,086,489		2,086,489	0 630 %
Total Financial Assistance and Means-Tested Government Programs			59,297,108	52,925,768	6,371,340	1 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,406,633		2,406,633	0 720 %
f Health professions education (from Worksheet 5)			160,080	14,992	145,088	0 040 %
g Subsidized health services (from Worksheet 6)			30,509,696	25,897,917	4,611,778	1 390 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			177,203		177,203	0 050 %
j Total. Other Benefits			33,253,612	25,912,909	7,340,702	2 200 %
k Total. Add lines 7d and 7j			92,550,720	78,838,677	13,712,042	4 120 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		0		0	
2	Economic development		25,000		25,000	
3	Community support		28,910		28,910	
4	Environmental improvements		0		0	
5	Leadership development and training for community members		14,348		14,348	
6	Coalition building		20,000		20,000	
7	Community health improvement advocacy		284,786		284,786	
8	Workforce development		0		0	
9	Other		30,890		30,890	
10	Total		403,934		403,934	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

2,659,596

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

505,802

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

111,830,126

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

106,077,244

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

5,752,882

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Section B. Facility Policies and Practices

Northeast Hospital Corporation

1

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>beverlyhospital.org</u> b ☐ Other website (list url) _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>beverlyhospital.org</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Northeast Hospital Corporation			
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 300 %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	☒ The FAP was widely available on a website (list url) www.beverlyhospital.org		
b	☐ The FAP application form was widely available on a website (list url)		
c	☐ A plain language summary of the FAP was widely available on a website (list url)		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☐ None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Northeast Hospital Corporation

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☐ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1**Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2**Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3**Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4**Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5**Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6**Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7**State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a,	Northeast Hospital Corporation prepares the Community Benefit Report

Form and Line Reference	Explanation
Part I, Line 7	Line 7a was calculated using worksheet # 1 Lines 7b & 7c were calculated using an internal cost accounting system which provides management with financial information across all payors and services of the organization A cost to charge ratio was used to calculate 7a and 7b and was derived from worksheet # 2 Line 7e is based on the expenditures for Community Benefits Programs from the Mass Attorney General's report and interpreter services provided by the organization at no cost to patients Line 7g is a net community benefit expense of \$4,611,778 as a result of providing behavioral/mental health inpatient and outpatient care to the community despite a financial loss to the organization

Form and Line Reference	Explanation
Part II, Line 2 - Economic Development	Downtown 2020 is Beverly's Main Streets' vision for what downtown Beverly can and should become. A vibrant community that celebrates the arts and creativity with cool places to live, work, shop and play. The vision represents input from more than 1,000 voices from the Beverly community.

Form and Line Reference	Explanation
Part II, Line 3 - Community Support	Name Beverly Bootstraps Amount \$10,000 Purpose Support of the Beverly Bootstraps Mobile Market which provides free, fresh fruits and vegetables along with nutrition and health information to eligible households in the Beverly area Name The Open Door Amount \$10,000 Purpose Support of the Open Door Mobile Market which provides qualified households access to fresh produce in Gloucester and surrounding towns

Form and Line Reference	Explanation
Part II, Line 7 - Community Health Improvement Advocacy	Name Backyard Growers Amount \$10,000 Purpose Implementation and support of a school based gardening program to promote healthy choices among students Name The Open Door - Senior Circle of Care Amount \$10,000 Purpose Provided a unique wrap-around approach to support senior's nutritional needs by giving them the option of cooking at home or meeting for group meals Name Danvers SBIRT Implementation Amount \$5,000 Purpose Assisted Danvers Public Schools in implementing universal substance abuse screening and referral for students utilizing an evidence-based screening process referred to as SBIRT (screening, brief intervention, referral and treatment) Name Housing to Healing Action, Inc Amount \$10,000 Purpose Supported the salary of a shelter counselor who provides case management and counseling services to homeless individuals staying at the Action, Inc emergency homeless shelter in Gloucester, Ma

Form and Line Reference	Explanation
Part III, Line 2	This amount includes all actual bad debt write-offs and subsequent recoveries on patient activity as well as an estimate of the allowance for bad debts on outstanding receivables

Form and Line Reference	Explanation
Part III, Line 3	This activity represents charges written-off to bad debt expense for uninsured patients who were treated in the emergency room

Form and Line Reference	Explanation
Part III, Line 4	The hospital includes its bad debt expense as a line item "Provision for Bad Debts, Net" in its audited Statement of Operations. In addition to reviewing the major categories of revenue, inpatient, outpatient and professional, management monitors the write-offs against established allowances to determine the appropriateness of the underlying assumptions used in estimating the allowance.

Form and Line Reference	Explanation
Part III, Line 8	These costs represent a community benefit because the payment from Medicare is less than the cost to provide care and that shortfall is absorbed by the hospital. In addition, the hospital provides care to a substantial population of Medicaid patients at payment levels well below cost.

Form and Line Reference	Explanation
Part III, Line 9B	THE HOSPITAL'S CREDIT AND COLLECTION POLICIES ARE DEVELOPED TO ENSURE COMPLIANCE WITH APPLICABLE CRITERIA REQUIRED UNDER (1) THE MASSACHUSETTS HEALTH SAFETY NET ELIGIBILITY REGULATION (114 6 CMR 13 00), (2) THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE BAD DEBT REQUIREMENTS (42 CFR 413 89), AND (3) THE MEDICARE PROVIDER REIMBURSEMENT MANUAL (PART I, CHAPTER 3) THIS POLICY IS AVAILABLE TO ALL PATIENTS UPON REQUEST FOR ANY PATIENTS WHO ARE UNINSURED OR UNDERINSURED THE HOSPITAL'S FINANCIAL COUNSELORS WILL WORK WITH THESE PATIENTS AND ASSIST THEM WITH FINDING A FINANCIAL ASSISTANCE PROGRAM THAT MAY COVER SOME OR ALL OF THEIR UNPAID MEDICAL BILLS ONCE THE HOSPITAL KNOWS PATIENTS QUALIFY FOR CHARITY CARE, ALL COLLECTION PROCEDURES END AND THE FULL BALANCE OR THE AMOUNT THAT QUALIFIES UNDER FREE CARE IS WRITTEN OFF FINANCIAL ASSISTANCE IS INTENDED TO HELP LOW-INCOME PATIENTS WHO DO NOT OTHERWISE HAVE THE ABILITY TO PAY FOR THEIR HEALTH CARE SERVICES FINANCIAL ASSISTANCE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, THE HEALTHY START PROGRAM AND HEALTH SAFETY NET, PATIENTS UNDER THESE PROGRAMS WILL RECEIVE AN INITIAL BILL BUT ARE EXEMPT FROM ANY FURTHER COLLECTION OR BILLING PROCEDURES, PURSUANT TO MASSACHUSETTS STATE REGULATIONS

Form and Line Reference	Explanation
Part VI, Q2 - Needs Assessment	Purpose and Approach In FY16, Northeast Hospital Corporation, in conjunction with all hospitals in the Lahey Health System, completed the required triennial Community Health Needs Assessment (CHNA) The purpose of the CHNA is to inform and guide the hospital's selection of and commitment to programs and initiatives that address the health needs of the communities it serves The assessment was conducted in partnership with John Snow Inc , a public health consulting and research organization Northeast Hospital Service Area NHC's community benefits investments are focused on expanding access, addressing barriers to care and improving the health status of residents living in 13 municipalities located in Essex County Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Middleton, Peabody, Rockport, Topsfield and Wenham Methodology The CHNA was conducted in three phases, allowing Northeast Hospital Corporation to - Compile an extensive amount of quantitative and qualitative data - Engage and involve key internal and external stakeholders - Develop a report and detailed Community Health Improvement Plan (CHIP) - Comply with all state and federal IRS community benefits requirements Quantitative Data Sources - Massachusetts Community Health Information Profile (MassCHIP) - U S Census Bureau, American Community Survey 5-Year Estimates (2009-2013) - Behavioral Risk Factor Surveillance System (BRFSS) (2012-2013 aggregate) - CHIA Inpatient Discharges - Massachusetts Health Data Consortium (MHDC) ED Visits - MA Hospital IP Discharges (2008-2012) - MA Cancer Registry (2007-2011) - MA Communicable Disease Program (2001-2013) - MA Hospital ED Discharges (2008-2012) - Massachusetts Vital Records (2008-2012) - Massachusetts Bureau of Substance Abuse Services (BSAS) (2013) - Massachusetts Board of Health Qualitative Data Sources In order to obtain targeted data and understand what health issues are currently perceived by the community, interviews and listening sessions were conducted - Informant interviews with external stakeholders - Random household surveys - Community listening sessions Public Reporting on Information The results of the CHNA were made publically available in various ways including on the Beverly Hospital website, distribution to internal and external community stakeholders and presentations to hospital leaders and staff In addition, report out sessions for key stakeholders in each municipality have been scheduled and will be complete by FY17 The goal of the sessions is to present the findings of the CHNA and to engage them in discussion to gain better understanding of their perceptions of the current health needs, social determinants of health, barriers to care in their communities and discuss potential opportunities for collaboration Priority Target Populations NHC focuses its activities to meet the needs of all segments of the population with respect to age, race, ethnicity, income and gender identity to ensure that all residents have the opportunity to live healthy lives However, based on the assessment's quantitative and qualitative findings, there was broad agreement that NHC's Community Health Improvement Plan should target low-income populations (e.g., low-income individuals/families, older adults on fixed incomes, homeless), older adult populations (e.g., frail, isolated older adults), youth/adolescents (especially those ages 13-18) and other vulnerable populations (e.g., diverse racial/ethnic minorities and linguistically isolated populations) that are more likely than other cohorts to face disparities in access and healthy outcomes Community Health Priorities NHC's CHNA approach and process provided ample opportunity to vet the quantitative and qualitative data compiled during the assessment NHC has framed the community health needs in four priority areas, which together encompass the broad range of health issues and social determinants of health facing the service area These four areas are (1) Wellness, Prevention and Chronic Disease Management, (2) Elder Health, (3) Behavioral Health, and (4) Maternal and Child Health NHC already has a robust Community Health Improvement Plan that has been addressing all the issues identified, but this CHNA has provided new guidance and in valuable insight into quantitative trends and community perceptions that can be used to inform and refine NHC's efforts In addition to our well-established community benefits program, NHC also has a diverse and far-reaching community outreach program that provides service and support to local communities in a variety of ways Support includes participation in or support of food and clothing drives, health fairs, leadership on local nonprofit and community boards, and sponsorship of community events and initiatives Activities for FY16 included - Community Speakers Bureau - Provided funding to support summer reading initiatives in Gloucester and Beverly - Sponsored 10 Am

Form and Line Reference	Explanation
Part VI, Q 2 - Needs Assessment	erican Red Cross blood drives - Partnered with the Beverly Council on Aging on Falls Awareness & Prevention event - Partnered with the Gloucester High School Diabetes Support Group - Provided a free supermarket guided nutrition tour - Held a Holiday Gift Drive and Mittens Tree - Held food drives to support the Beverly and Gloucester food pantries - Cape Ann Farmers Market - Gloucester Sidewalk Bazaar - Beverly Council on Aging Senior Day in the Park - Healthy Kid Day in Gloucester, Ipswich and Beverly - Danvers Kiwanis Bike Rodeo and helmet fitting - Beverly and Danvers Relay for Life - Sponsored several community events including Danvers Family Festival, Beverly's First Night, Rockport's First Night and Beverly Homecoming - Participated in 12 health fairs and several health screenings across the North Shore and Cape Ann - Supported 15 road races with over 5,500 total participants

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Question 3 - Patient Education	The Hospital provides patients with information about the availability of financial assistance programs that are available through the State of Massachusetts or through the Hospital's own financial assistance program, which may cover all or some of their unpaid bill. For every patient that requires any kind of financial assistance, the Hospital has financial counselors available to assist low-income patients who do not have the ability to pay for their health care services. Such assistance takes into account each individual's ability to contribute to the cost of his or her care. Financial assistance programs include, but are not limited to, MassHealth, Commonwealth Care, Children's Medical Security Plan, The Healthy Start Program and Health Safety Net. Each patient requiring assistance completes an application through the Virtual Gateway (an internet portal designed by the Massachusetts Executive Office of Health & Human Services to provide the general public, medical providers and community based organizations with an online application for the programs offered by the state) or through a standard paper application that also gets sent to the Massachusetts Executive Office of Health and Human Services. This office solely manages the application process for the programs listed above. The Hospital also informs and educates patients about state and federal insurance assistance programs by making this information available on patient hospital bills, on notices posted at every registration site, in brochures at registration desks and waiting rooms, via phone during patient phone calls, through community events and health fairs and by establishing relationships with community agencies such as senior citizens centers, shelters, food pantries, boards of health and school nurses.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Question 4 - Community Information	The Hospital serves the North Shore Community in Massachusetts, which has a population of approximately 300,000. This area includes Beverly, Danvers, Peabody, Saugus, Lynn, Marblehead, Salem, Hamilton, Ipswich, Essex, Manchester, Gloucester and Rockport but anyone who comes to one of the facilities and requires care will receive it, regardless of whether they live in this community. 80% of the community is white, 81.3% have English as a first language and 90% have graduated from high school. As reported in our Public Health Assessment Report, 87% of the adults in the Hospital's service area have a personal health care provider and 80% have health insurance.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Question 5 - Community Health	In addition to the Hospital's community benefits programs, initiatives and activities as noted throughout Schedule H, NHC further promotes the health of the community by encouraging its managers and staff to actively participate in other not-for-profit community organizations, either as board members or supporters. The Hospital responsibly manages facility updates and technological improvements that enable NHC to provide the North Shore with convenient, safe and effective healthcare. The Hospital has a community board with members from the North Shore and surrounding areas, as well as an open medical staff, which allows local area physicians to apply for and receive hospital privileges. The Board of Trustees reviews and approves the Hospital's annual budget and determines estimated surplus funds to be invested back into the community (towards community needs assessments, hospital programs, health initiatives, etc.) Northeast Hospital Corporation has several community benefit services that promote the health of the communities the organization serves. These include health screenings, clinics and seminars developed for breast cancer, skin cancer, depression, diabetes, bone density, blood pressure, flu and CPR. In addition, risk assessments have been developed for cardiovascular, osteoporosis, diabetes, body mass index and breast cancer. A number of disease management initiatives have also been instituted including cardiac rehabilitation, heart failure management, pulmonary rehabilitation, osteoporosis management, vascular health and woman's health screenings. The Hospital also sponsors free support groups within the community for residents dealing with breast cancer, melanoma, prostate cancer, Alzheimer's, early stages of memory loss, post-partum depression, epilepsy and diabetes or who have experienced a stroke, infant loss or the loss of a family member.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Question 6 - Affiliated Health Care System	Lahey Health System, Inc ("Parent") was organized to act as the parent of an integrated health care system. The Parent is the sole corporate member of Lahey Clinic Foundation, Inc. and the Lahey Affiliates ("Lahey") and Northeast Health System, Inc. and the Northeast Affiliates ("Northeast") and as of July 1, 2014, Winchester Healthcare Management, Inc. and the Winchester Affiliates ("Winchester"). Until July 1, 2014, Northeast was the sole member of Northeast Hospital Corporation ("NHC") and functioned as the parent holding company for NHC and other affiliated organizations. Effective July 1, 2014, the Parent is the sole corporate member of NHS, NHC, AND AFFILIATED ORGANIZATIONS. NHC is the sole member of Northeast Medical Practice, Inc. ("NMP"), a corporation organized to manage and operate physician practices. NHC, known as Beverly Hospital, has acute care facilities in northeastern Massachusetts and provides inpatient, outpatient, and emergency care services. Admitting physicians are primarily practitioners in the local area. See Schedule R for a full list of affiliates and related organizations.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Question 7 - States Where Report Filed	Massachusetts

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 04-2121317
Name: NORTHEAST HOSPITAL CORPORATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Northeast Hospital Corporation 85 Herrick Street Beverly, MA 01915	X	X				X			

2015

04-2121317

Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Elizabeth Torrey Johnson Scholarshi	8	8,675			

Part IVSupplemental Information.

Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	The Elizabeth Torrey Johnson Scholarship Fund is maintained by the Friends of Beverly Hospital (a group whICH creates and supports programs and activities that enrich Beverly Hospital) The Fund was established in 1964 and since then has been providing annual scholarships to numerous recipients All eligible applicants must submit an application that INCLUDES THE COST OF TUITION, ROOM & BOARD, FEES AND ALL AVAILABLE FINANCIAL RESOURCES THEY HAVE BEEN AWARDED RECIPIENTS ARE HIGH SCHOOL STUDENTS WHO HAVE VOLUNTEERED A MINIMUM OF 100 HOURS AT THE HOSPITAL AND PLAN TO HAVE CAREERS IN HEALTH CARE CONFIRMATION OF ENROLLMENT IN COLLEGE IS REQUIRED
GRANTS TO ORGANIZATIONS INSIDE THE US	NHC ENCOURAGES APPLICATIONS FOR FUNDING THAT RELATE TO THE MAIN FOCUSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDING MENTAL BEHAVIORAL HEALTH, CHRONIC DISEASE MANAGEMENT, AND ACCESS TO HEALTHCARE SERVICES GRANT REQUESTS MAY BE SUBMITTED FOR UP TO \$10,000 PER ORGANIZATION IN ANY ONE CATEGORY PROGRAMS OR SERVICES UNDER THE GRANT INITIATIVE MUST BE DELIVERED WITHIN THE NHC PRIMARY SERVICE AREA WITH ELIGIBLE APPLICANTS INCLUDING LOCAL COALITIONS OR COLLABORATIVE EFFORTS THAT ARE INTERESTED IN IMPROVING COMMUNITY HEALTH ALL APPLICANTS MUST HAVE AN APPROPRIATE FISCAL AGENT SUCH AS A DESIGNATED 501(C)(3) ORGANIZATION OR BE A MUNICIPALITY AN OBJECTIVE GRANT REVIEW TEAM REVIEWS AND SCORES ALL PROPOSALS AND MAKES FINAL FUNDING DECISIONS ANY APPLICATION THAT DOES NOT MEET THE TIMELINE MAY NOT BE REVIEWED AND/OR MAY RECEIVE A LOWER TOTAL SCORE REVIEWERS ARE SCREENED OUT FOR ANY POTENTIAL CONFLICT OF INTEREST IN THE FUNDING DECISION

Additional Data

Software ID:
Software Version:
EIN: 04-2121317
Name: NORTHEAST HOSPITAL CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Backyard Growers 269 Main Street gloucester,MA 01930	47-1553021	501(c)(3)	10,000				IMPLEMENT SCHOOL BASED RAISED BED GARDEN PROGRAM AT ELEMENTARY SCHOOLS
Beverly bootstraps 198 rantoul street beverly,MA 01915	04-3254507	501(c)(3)	10,000				Mobile food market
The Open Door 28 Emerson Ave Gloucester,MA 01930	22-2513482	501(c)(3)	20,000				Support for open door food pantry

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Housing to Healing Action Inc 180 Main St Gloucester, MA 01930	04-2389332	501(c)(3)	10,000				Services for the Homeless

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(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				
See Additional Data Table							

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, LINE 4A-B	THE ORGANIZATION MAINTAINS A 457F NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN PHYSICIANS, EXECUTIVE MANAGEMENT, AND DEFINED MEDICAL STAFF. THE PLAN OFFERS PARTICIPATING EMPLOYEES AN ANNUAL DEFERRAL OF COMPENSATION IN ADDITION TO THEIR SALARIES. FOR THE CURRENT PERIOD, THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457F NON-QUALIFIED DEFERRED COMPENSATION PLAN- HOWARD R. GRANT, J.D., M.D. \$220,000 TIMOTHY O'CONNOR \$121,600
PART I, LINE 7	THE NON-FIXED PAYMENT BONUSES REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II) ARE DETERMINED BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH INCLUDES A GROUP OF TRUSTEES. IN A SUBJECTIVE MANNER, THE COMMITTEE TAKES INTO ACCOUNT THE ACHIEVEMENTS OF BOTH THE ORGANIZATION AND THE INDIVIDUAL TO DETERMINE THE APPROPRIATE AMOUNT OF SUCH BONUSES, WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE ORGANIZATION MEETING ITS CORPORATE GOALS (INCLUDING NET INCOME) AND QUALITY MEASURES (SUCH AS PATIENT SATISFACTION AND QUALITY OF CARE).
FORM 990, PART VII AND SCHEDULE J, PART II	NORTHEAST HOSPITAL CORPORATION AND ITS RELATED ORGANIZATIONS DO NOT COMPENSATE ANY TRUSTEE IN THEIR CAPACITY AS A TRUSTEE. ALL COMPENSATION PAID IS FOR WORK PERFORMED IN THE EMPLOYEE'S JOB TITLE, WHICH IS LISTED ON FORM 990, PART II DIRECTLY FOLLOWING THE TITLE OF "TRUSTEE."

Additional Data

Software ID:

Software Version:

EIN: 04-2121317

Name: NORTHEAST HOSPITAL CORPORATION

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				
1Howard R Grant JD MD TRUSTEE/OFFICER/President/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	991,853	231,000	42,000	345,387	31,096	1,641,336	
1Timothy O'Connor Officer/EVP CFO & Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	549,361	103,360	24,000	156,600	27,275	860,596	
2David G Spackman Officer/SVP GOV AFFAIRS & Gen	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	387,777	101,365	20,395	28,978	21,705	560,220	
3Alexander Doumas MD Trustee/Physician	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	312,492	-	18,000	-	25,743	356,235	
4Philip Cormier Officer/CEO NHC	(i)	405,575	53,906	42,000	10,600	21,913	533,994	
	(ii)	-----	-	-	-	-	-	-----
5Gary P Marlow Officer/VP FINANCE NHS	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	275,620	37,500	24,354	28,978	21,615	388,067	
6Connie Woodworth Officer/VP Finance	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	141,605	17,326	24,000	-	70	183,001	
7Bruce A Metz SVP Chief Info Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	358,305	34,825	49,654	28,978	3,469	475,231	
8Elizabeth P Conrad SVP Chief HR Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	309,316	28,000	21,930	28,978	27,141	415,365	
9David Reis SVP Chief Info Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	234,663	9,680	17,166	18,621	1,521	281,651	
10Pauline M Lodge SVP Bus Dev Mkt & Communicatio	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	356,955	56,000	23,425	25,595	18,495	480,470	
11Nicole DevitaCOO BH/AGH	(i)	294,838	40,370	34,086	21,116	9,907	400,317	
	(ii)	-----	-	-	-	-	-	-----
12Kimberly A Perryman CNO Beverly Hospital	(i)	253,170	42,656	13,042	25,595	27,180	361,643	0
	(ii)	-----	-	-	-	-	-	-----
13Cynthia C Donaldson VP Ancillary Services	(i)	205,528	22,968	42,400	10,136	22,569	303,601	
	(ii)	-----	-	-	-	-	-	-----
14Denis S Conroy PRESIDENT/CEO NHS THRU 1/15/15	(i)	96,693	52,552	401,173	3,867	833	555,118	
	(ii)	-----	-	-	-	-	-	-----
15Leslie Sebba MD CMO-ACNO LCPN	(i)	295,784	48,834	58,693	10,600	30,533	444,444	
	(ii)	-----	-	-	-	-	-	-----
16Peter H Short MD SVP Medical Affairs	(i)	304,335	51,496	23,246	10,600	20,190	409,867	
	(ii)	-----	-	-	-	-	-	-----
17Steven A Gillespie MD PHYSICIAN	(i)	315,105	-----	25,800	10,600	29,383	380,888	
	(ii)	-----	-	-	-	-	-	-----
18Barry Ginsberg MD Medical Director	(i)	296,967	12,863	26,412	10,600	28,967	375,809	
	(ii)	-----	-	-	-	-	-	-----

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

NORTHEAST HOSPITAL CORPORATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

04-2121317

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS DEV FIN AGENCY SERIES H	04-3431814	57586EC41	11-30-2012	23,000,000	CONSTRUCT AMBULATORY FACILITY		X		X		X
B MASS HEALTH & EDU FAC AUTH SERIES G	04-3431814	57586EC41	10-27-2004	55,000,000	CONSTRUCT BH ER & GARAGE		X		X		X
C MASS HEALTH & EDUCATION FAC AUTH SERIES M	04-2456011	57585KA57	05-30-2003	13,410,000	RENOVATE BH ENDOSCOPY& PACU		X		X	X	
D MASS DEV FIN AGENCY SERIES J	04-3431814	57586EC41	11-30-2012	15,065,000	REFINANCE SERIES F-2, F-3		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		11,100,000		3,162,134		6,000,000
2 Amount of bonds legally defeased		0		0		0		0
3 Total proceeds of issue		23,987,136		57,055,604		13,591,182		15,065,000
4 Gross proceeds in reserve funds		0		4,085,669		89,384		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		22,814,350		9,375,639		0		14,945,250
7 Issuance costs from proceeds		147,692		814,592		67,050		256,320
8 Credit enhancement from proceeds		0		2,375,606		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		0		38,370,020		12,001,950		0
11 Other spent proceeds		0		0		0		0
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion	2007		2007		2004		2012	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	BANK OF AMERICA		Merrill Lynch		0		0	
c	Term of hedge	30 %		2980 %					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K - REBATE DATE COMPUTATION	MASS DEVELOPMENT FINANCE AGENCY SERIES H - 09/06/2013 REMARKETED MASS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES G - 02/23/2015 MASS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES M-2 DONE AT POOL LEVEL ANNUALLY MASS DEVELOPMENT FINANCE AGENCY SERIES J - 01/11/2016

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	MASS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES M-2 REBATE COMPUTATIONS ARE DONE AT THE POOL LEVEL ANNUALLY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NORTHEAST HOSPITAL CORPORATION

Employer identification number
04-2121317

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	X		1,515	Donor Valuation
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	36,266	High-low Average
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	X	1	37,000	Independent Appraisa
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 ► (Auction Items)	X	3	1,501	Donor Valuation
26 Other ► (Child Car Seats)	X	1	7,500	Actual Value
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, LINE 32B	The organization uses an independent broker to sell donated securities

SCHEDULE O
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization NORTHEAST HOSPITAL CORPORATION	Employer identification number 04-2121317
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	COMMITTED TO PROVIDING THE HIGHEST QUALITY MEDICAL SERVICES TO ALL INDIVIDUALS WHO CAN BENEFIT FROM OUR CONTINUUM OF CARE. OUR CONCEPT OF CARE BROADLY EMBRACES THE HEALTH, WELL-BEING, AND DIGNITY OF THE PATIENTS WE SERVE, COMBINED WITH COMMUNITY OUTREACH AND SUPPORT FOR ORGANIZATIONS ALIGNED WITH OUR MISSION OF IMPROVING THE OVERALL HEALTH OF THE AREA RESIDENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	Volunteers support the services of the hospital's staff. They are trained and supervised by employees of the department to which they are assigned. Individual volunteer schedules vary depending on department needs and may include evening and weekend hours. Total hours provided by volunteers in FY 16 were 24,444. Volunteers receive training specific to their duties prior to performing their job and are often paired with a veteran volunteer or staff member until they are comfortable working on their own. Volunteers attend hospital orientation to learn safety, infection control, and patient confidentiality including HIPAA requirements prior to being placed. They are also given health screenings and receive yearly safety updates.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6, 7A, & 7B	EFFECTIVE MAY 1, 2012, LAHEY CLINIC FOUNDATION, INC AND NORTHEAST HEALTH SYSTEM, INC COMPLETED AN AFFILIATION WITH EACH OTHER AND ESTABLISHED A NEW ORGANIZATION, LAHEY HEALTH SYSTEM, INC ("LHS"), TO SERVE AS THE PARENT OF EACH AND THE HEALTH SYSTEM ON JULY 1, 2014, LHS AND WINCHESTER HEALTHCARE MANAGEMENT, INC ENTERED INTO AN AFFILIATION THE SOLE CORPORATE MEMBER OF THE REPORTING ORGANIZATION IS LAHEY HEALTH SYSTEM, INC THE REPORTING ORGANIZATION'S MEMBER HAS, WITH RESPECT TO THE REPORTING ORGANIZATION, THE RIGHT TO EXERCISE ALL POWERS CONFERRED ON MEMBERS OF NON-PROFIT CORPORATIONS UNDER MASSACHUSETTS GENERAL LAWS CHAPTER 180, INCLUDING, WITHOUT LIMITATION, POWERS WITH RESPECT TO THE FOLLOWING (A) APPOINTMENT AND REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES, (B) AMENDMENT OF THE ARTICLES OF ORGANIZATION, (C) AMENDMENT OF THE BY-LAWS, (D) THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, AND (E) THE MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER CORPORATION THE ARTICLES OF INCORPORATION OF THE REPORTING ORGANIZATION WERE AMENDED JULY 1, 2014 AND THE BY-LAWS WERE AMENDED ON JULY 1, 2014 TO REFLECT THE AFOREMENTIONED CHANGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT PREPARED THE IRS FORM 990 ALONG WITH INDEPENDENT TAX CONSULTANTS WHO SIGN THE RETURN AS A PAID PREPARER PRIOR TO THE FILING DATE, A DRAFT OF THE IRS FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES VIA A SECURE WEBSITE IN ADDITION, THE FINAL FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES VIA THE SAME SECURE WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, TRUSTEES, KEY EMPLOYEES, PHYSICIANS, AND MANAGEMENT EMPLOYEES AT ALL LEVELS, ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM THE LHS CORPORAT E COMPLIANCE DEPARTMENT MONITORS AND REVIEWS EACH DISCLOSURE FOR COMPLIANCE WITH THE CONFL ICT OF INTEREST POLICY THROUGH DISCLOSURE SOFTWARE, TRAINING, AND INDIVIDUAL REVIEWS WITH PHYSICIANS, KEY EMPLOYEES, AND MANAGERS IF A CONFLICT IS IDENTIFIED THAT INDIVIDUAL WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITY RELATED TO THE SAID CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 14	LAHEY HEALTH SYSTEM, INC AND AFFILIATES HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY KNOWN AS THE "RETENTION OF ADMINISTRATIVE AND CLINICAL DOCUMENTS"

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND OTHER COMPLIANCE POLICIES ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE IN ADDITION, THE ORGANIZATION PRESENTS FINANCIAL INFORMATION TO THE PUBLIC AS AN ATTACHMENT TO ITS MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL FORM PC WHICH IS OPEN TO PUBLIC INSPECTION ON THE MASS GOV WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	ADJUSTMENT TO PENSION OCI (19,889,818) TOTAL TO FORM 990, PART XI, LINE 9 (19,889,818)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	NORTHEAST HOSPITAL CORPORATION AND ITS RELATED ORGANIZATIONS DO NOT COMPENSATE ANY TRUSTEE IN THEIR CAPACITY AS A TRUSTEE ALL COMPENSATION PAID IS FOR WORK PERFORMED IN THE EMPLOY EE'S JOB TITLE, WHICH IS LISTED ON FORM 990, PART VII DIRECTLY FOLLOWING THE TITLE OF "TRU STEE"

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 4	LAHEY HEALTH SYSTEM, INC IS IN CONTACT WITH FEDERAL AND STATE LEGISLATORS REGARDING HEALTH CARE REFORM ISSUES THAT COULD POTENTIALLY HAVE AN IMPACT ON THE ORGANIZATION AND ITS RELATED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SCHEDULE B, LINE 1 & 2	LAHEY HEALTH SHARED SERVICES, INC ("LHSS") COMPENSATES (PROCESSES PAYMENT) ALL INDEPENDENT CONTRACTORS (VENDORS) ON BEALF OF THE LAHEY HEALTH SYSTEM, INC FAMILY OF ORGANIZATIONS UNDER ITS TAX ID NUMBER LHSS ISSUES FORM 1099S TO THE INDEPENDENT CONTRACTORS AND SUBMITS THE SAME INFORMATION TO THE INTERNAL REVENUE SERVICE THE LAHEY HEALTH SYSTEM, INC FAMIL Y OF ORGANIZATIONS REIMBURSES LHSS FOR ALL VENDOR PAYMENTS MADE EITHER DIRECTLY OR INDIRECTLY ON THEIR BEHALF

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST HOSPITAL CORPORATION

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number
04-2121317

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

Part IIIPart 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.

(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 IVPart III

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)Lahey Clinic Insurance Co LTD PO Box HM 2450 HAMILTON, Bermuda BD	Insurance	BD	LHS	Foreign Corp					No
(2)Winchester Healthcare Enterprises 41 Highland Avenue Winchester, MA 01890 04-2932059	Healthcare	MA	WHM	C CORP					No
(3)Winchester Physician Associates Inc 41 Highland Avenue winchester, MA 01890 04-3262963	Physician Service	MA	WHM	C Corp					No
(4)Northeast Proprietary Corporation 85 Herrick Street Beverly, MA 01915 04-2855191	MANAGEMENT	MA	NHS	C CORP					No
(5)Perpetual Trusts (10) 41 Mall Road Burlington, MA 01805	Support	MA	See Part VII	Trust	906,158	20,000,028			No
(6)REMAINDER TRUSTS (19) 41 MALL ROAD BURLINGTON, MA 01805	SUPPORT	MA	SEE Part VII	TRUST	1,518,358	6,468,375			No
(7)POOLED INCOME FUNDS (3) 41 MALL ROAD BURLINGTON, MA 01805	SUPPORT	MA	SEE Part VII	TRUST		1,025,772			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	Yes	
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
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			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NORTHEAST MEDICAL PRACTICE INC	A	324,797	fmv

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:

Software Version:

EIN: 04-2121317

Name: NORTHEAST HOSPITAL CORPORATION

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
Lahey health system inc 41 mall road burlington, MA 01805 61-1665701	support	MA	501(C)(3)	11C	na		No
Lahey Clinic Foundation Inc 41 mall road burlington, MA 01805 04-2323457	Support	MA	501(C)(3)	7	LHS		No
lahey clinic hospital inc 41 mall road burlington, MA 01805 04-2704686	hHEALTHCARE	MA	501(C)(3)	3	lcf		No
LAHEY clinic inc 41 mall road burlington, MA 01805 04-2704683	hHEALTHCARE	MA	501(C)(3)	9	lcf		No
lahey health shared services inc 41 mall road burlington, MA 01805 04-3178972	ADMIN SUPPORT	MA	501(C)(3)	9	LHS		No
LAHEY PHYSICIAN COMMUNITY ORGANIZATION I 41 MALL ROAD BURLINGTON, MA 01805 47-2248298	HEALTHCARE	MA	501(C)(3)	11A	LHS		No
WINCHESTER HEALTHCARE MANAGEMENT INC 41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-2701817	management	MA	501(C)(3)	11A	LHS		No
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-3399570	SUPPORT	MA	501(C)(3)	11a	WHM		No
WINCHESTER HOSPITAL 41 HIGHLAND AVENUE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	WHM		No
WINCHESTER COMMUNITY ACCOUNTABLE CARE OR 41 HIGHLAND AVENUE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	11A	WHM		No
VISITING NURSE ASSOC OF MIDDLESEX-EAST 607 NORTH AVENUE WAKEFIELD, MA 01880 04-6151873	HEALTHCARE	MA	501(C)(3)	9	LHS		No
COMMUNITY CARE INC 607 NORTH AVENUE WAKEFIELD, MA 01880 90-0396973	HEALTHCARE	MA	501(C)(3)	9	LHS		No
NORTHEAST MEDICAL PRACTICE INC 85 HERRICK STREET BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	9	NHC	Yes	
NORTHEAST BEHAVIORAL HEALTH CORPORATION 199 ROSEWOOD DRIVE SUITE 250 DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	7	LHS		No
HES HOUSING SERVICES INC 199 ROSEWOOD DRIVE SUITE 250 DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	9	NBH		No
CAB HEALTH & RECOVERY SERVICES INC 199 ROSEWOOD DRIVE SUITE 250 DANVERS, MA 01923 04-2400270	SUBSTANCE ABU	MA	501(C)(3)	9	NBH		No
NORTHEAST SENIOR HEALTH CORPORATION 85 HERRICK STREET BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	9	LHS		No
NORTHEAST PROF REGISTRY OF NURSES 800 CUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	9	NSH		No
SEACOAST NURSING & REHABILITATION CENTER 300 WASHINGTON STREET GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	9	LHS		No
ADDISON GILBERT SOCIETY INC 41 MALL ROAD BURLINGTON, MA 01805 46-4371382	SUPPORT	MA	501(C)(3)	7	LHS		No

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
NORTHEAST HEALTH SYSTEM INC 85 HERRICK STREET BEVERLY, MA 01915 04-3240453	SUPPORT	MA	501(C)(3)	11C	LHS		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Lahey Clinic Insurance Co LTD PO Box HM 2450 HAMILTON, Bermuda BD	Insurance	BD	LHS	Foreign Corp					No
(1) Winchester Healthcare Enterprises 41 Highland Avenue Winchester, MA 01890 04-2932059	Healthcare	MA	WHM	C CORP					No
(2) Winchester Physician Associates Inc 41 Highland Avenue winchester, MA 01890 04-3262963	Physician Service	MA	WHM	C Corp					No
(3) Northeast Proprietary Corporation 85 Herrick Street Beverly, MA 01915 04-2855191	MANAGEMENT	MA	NHS	C CORP					No
(4) Perpetual Trusts (10) 41 Mall Road Burlington, MA 01805	Support	MA	See Part VII	Trust	906,158	20,000,028			No
(5) REMAINDER TRUSTS (19) 41 MALL ROAD BURLINGTON, MA 01805	SUPPORT	MA	SEE Part VII	TRUST	1,518,358	6,468,375			No
(6) POOLED INCOME FUNDS (3) 41 MALL ROAD BURLINGTON, MA 01805	SUPPORT	MA	SEE Part VII	TRUST		1,025,772			No

Supplemental Information, Part VII

Return Reference	Explanation
FORM 990, SCHEDULE R, PART IV	Lahey Clinic Foundation, Inc , Northeast Hospital Corporation and Winchester Hospital, respectively, have four, four and one perpetual trusts The perpetual trusts are domiciled in Massachusetts, PENNSYLVANIA, AND FLORIDA Lahey Clinic Foundation, Inc has nineteen remainder trusts The remainder trusts are domiciled in Massachusetts, New Hampshire, WISCONSIN, AND NEW YORK Lahey Clinic Foundation, Inc has three pooled income funds, domiciled IN MASSACHUSETTS

Supplemental Information, Part VII

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	The Lahey Health Shared Services, Inc Philanthropy Department conducts fundraising and solicitation efforts on behalf of all entities within the Lahey Health System, Inc family of organizations, except "Winchester" as listed in IRS Form 990, Schedule R, Part II The Winchester Hospital Foundation, Inc Philanthropy Department conducts fundraising and solicitation efforts on behalf of all entities within "Winchester", also listed in IRS Form 990, Schedule R, Part II Lahey Health System, Inc and its related organizations, Lahey Clinic Foundation, Inc and its related organizations, Winchester Healthcare Management, Inc and its related organizations, Northeast Behavioral Health Corporation and its related organizations, Northeast Senior Health Corporation and its related organization, Northeast Health System, Inc and its related organization, and Northeast Hospital Corporation and its related organization, provide various corporate and OTHER SERVICES TO EACH OTHER THE ORGANIZATIONS REIMBURSE EACH OTHER FOR EXPENSES INCURRED SUCH AS EMPLOYEE SALARIES AND BENEFITS, MATERIALS, SUPPLIES, UTILITIES, ETC CASH IS TRANSFERRED BETWEEN THE ORGANIZATIONS