

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10-01-2021, and ending 09-30-2022

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

C Name of organization
LAHEY CLINIC INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
BURLINGTON, MA 018050001

D Employer identification number
04-2704683

E Telephone number
(781) 744-5100

G Gross receipts \$ 361,418,264

F Name and address of principal officer:
CINDY RIOS

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

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

J Website: ▶ WWW.LAHEY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1980

M State of legal domicile:
MA

Part I Summary

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)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	1,564
6 Total number of volunteers (estimate if necessary)	137
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,265,805
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	69,922

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	46,044,341	15,650,191
9 Program service revenue (Part VIII, line 2g)	300,744,744	340,893,130
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,002,840	4,696,406
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,959	38,250
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	350,834,884	361,277,977
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	338,168,493	355,726,412
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,380,235	55,646,750
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	388,548,728	411,373,162
19 Revenue less expenses. Subtract line 18 from line 12	-37,713,844	-50,095,185
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	265,843,829	239,661,515
21 Total liabilities (Part X, line 26)	176,423,575	187,085,450
22 Net assets or fund balances. Subtract line 21 from line 20	89,420,254	52,576,065

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
Date 2023-08-14

CINDY RIOS TREASURER, BILH
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-08-10	Check <input type="checkbox"/> if self-employed	PTIN P01478462
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200 INDIANAPOLIS, IN 46204			Phone no. (317) 464-8600	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 314,366,146 including grants of \$) (Revenue \$ 221,249,056)
See Additional Data

4b (Code:) (Expenses \$ 84,803,194 including grants of \$) (Revenue \$ 53,195,381)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 56,787,972)
See Additional Data

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

4e Total program service expenses ▶ 399,169,340

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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		No
25b	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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	Yes	
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	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	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		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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
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 on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,564		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a	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 . . .		3b	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)? . . .		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	No
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?			
9 Sponsoring organizations maintaining donor advised funds.		8	
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16	No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .			
If "Yes," complete Form 6069.		17	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (26), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: FL, GA, IL, KY, MA, NY, NJ, OK, OR, SC, TN
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KAREN WOLFSON AVP TAXATION BILH SCHRAFFTS CITY CTR 4TH FL 529 CHARLESTOWN, MA 02129 (781) 744-8924

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							10,516,218	16,817,808	1,972,636

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 **▶** 17

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BETH ISRAEL LAHEY HEALTH INC (R) 109 BROOKLINE AVENUE BOSTON, MA 02215	BETH ISRAEL LAHEY HEALTH PROFESSIONAL SE	23,635,448
MEDICUS ANESTHESIA SERVICES LLC 22 ROULSTON RD WINDHAM, NH 03087	PHYSICIAN COVERAGE SERVICES	2,482,549
QUEST HEALTHCARE SOLUTIONS LLC PO BOX 823473 PHILDELPHIA, PA 191823473	CONTRACT LABOR	626,287
RADIATION ONCOLOGY ASSOCIATES PA ATTN TROY B PO BOX 845346 BOSTON, MA 022845346	PHYSICIAN COVERAGE SERVICES	570,016
OPTUMHEALTH CARE SOLUTIONS LLC PO BOX 860216 MINNEAPOLIS, MN 554860216	PATIENT HELPLINE	412,150

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 17

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3,550,021				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,100,170				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			15,650,191			
Program Service Revenue	2a SPECIALTY SERVICES REV	Business Code					
		621400	274,444,437	274,444,437			
	b CLINIC-PRIMARY CARE	621400	56,787,972	53,522,167	3,265,805		
	c PHYSICIAN PART A AND T	621400	9,660,721	9,660,721			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		340,893,130					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,971,386			1,971,386	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		38,250			38,250	
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	2,865,307				
		b Less: cost or other basis and sales expenses	7b	0	140,287		
		c Gain or (loss)	7c	2,865,307	-140,287		
	d Net gain or (loss)			2,725,020		2,725,020	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			361,277,977	337,627,325	3,265,805	4,734,656	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,074,085	6,043,745	30,340	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	301,040,611	299,536,903	1,503,708	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,359,505	9,312,281	47,224	
9 Other employee benefits	24,398,441	24,275,336	123,105	
10 Payroll taxes	14,853,770	14,778,824	74,946	
11 Fees for services (non-employees):				
a Management	1,497		1,497	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,494,431	7,022,317	472,114	
12 Advertising and promotion	69,157		69,157	
13 Office expenses	1,120,567	916,797	203,770	
14 Information technology	47,831	39,769	8,062	
15 Royalties				
16 Occupancy	1,951,527	1,618,655	332,872	
17 Travel	1,434,187	1,192,459	241,728	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,425,202	2,278,345	3,146,857	
23 Insurance	12,096,710	12,096,710		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATION & GENERA	12,888,737	8,790,687	4,098,050	
b BILH (PARENT) ADMIN. &	10,674,356	8,827,277	1,847,079	
c MEDICAL SUPPLIES	2,442,548	2,439,235	3,313	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	411,373,162	399,169,340	12,203,822	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,167	1	9,169
	2 Savings and temporary cash investments	4,407,828	2	-202,086
	3 Pledges and grants receivable, net	12,863,215	3	15,304,061
	4 Accounts receivable, net	22,949,074	4	22,096,164
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,560,296	9	1,712,263
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	78,208,710	11	55,261,299
	12 Investments—other securities. See Part IV, line 11	14,661,176	12	26,296,550
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	131,184,363	15	119,184,095
16 Total assets. Add lines 1 through 15 (must equal line 33)	265,843,829	16	239,661,515	
Liabilities	17 Accounts payable and accrued expenses	127,061,287	17	137,467,333
	18 Grants payable		18	
	19 Deferred revenue	6,484,956	19	-9,848,730
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	42,877,332	25	59,466,847
	26 Total liabilities. Add lines 17 through 25	176,423,575	26	187,085,450
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,544,171	27	4,746,641
	28 Net assets with donor restrictions	84,876,083	28	47,829,424
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	89,420,254	32	52,576,065	
33 Total liabilities and net assets/fund balances	265,843,829	33	239,661,515	

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	361,277,977
2	Total expenses (must equal Part IX, column (A), line 25)	2	411,373,162
3	Revenue less expenses. Subtract line 2 from line 1	3	-50,095,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,420,254
5	Net unrealized gains (losses) on investments	5	-21,569,118
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	34,820,114
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	52,576,065

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 04-2704683

Name: LAHEY CLINIC INC

Form 990 (2021)

Form 990, Part III, Line 4a:

CLINIC SPECIALTY SERVICESEE SCHEDULE O (CLINIC SPECIALTY SERVICE)

Form 990, Part III, Line 4b:

CLINIC PRIMARY CARESEE SCHEDULE O (CLINIC PRIMARY CARE)

Form 990, Part III, Line 4c:

OTHERSEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TABB MD KEVIN TTEE(EX-OFF)&CEO(EX-OFF),LC,LCH,LCF	1.00 64.00	X		X				0	5,034,628	296,171
LONGWORTH MD DAVID TTTE(EX-OFFICIO) & PRES, LC,LCH,LCF	1.00 64.00	X		X				0	1,453,154	36,329
MOURTZINOS MD ARTHUR P TRUSTEE, PHYSICIAN	55.00 2.00	X						714,768	0	48,049
VILLANUEVA MD ANDREW G TRUSTEE, CHIEF QUALITY OFFICER	20.00 40.00	X						0	679,576	62,617
D'AGOSTINO MD RICHARD S TRUSTEE, PHYSICIAN	55.00 2.00	X						655,274	0	85,005
HUNTER MD ALICE A TRUSTEE, PHYSICIAN	55.00 2.00	X						551,761	0	62,195
WINGER MD CHRISTINE TRUSTEE, PHYSICIAN	55.00 2.00	X						522,935	0	62,571
SORCINI MD ANDREA P TRUSTEE (EX-OFF); MSA PRES/PHYSICIAN	55.00 2.00	X						520,959	0	32,882
SRINIVASAN MD JAYASHRI TRUSTEE, PHYSICIAN	55.00 2.00	X						420,342	0	59,810
AQUINO MD PATRICK TRUSTEE, PHYSICIAN	55.00 2.00	X						394,733	0	56,020

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			
CRAWFORD MD BETSEY TRUSTEE, PHYSICIAN	55.00 2.00	X						238,143	0	34,529
LANG DAVID TRUSTEE, CHAIR	10.00 20.00	X		X				0	0	0
ALEXANDER PAUL TRUSTEE	1.00 2.00	X						0	0	0
BAILEY PHD ERIC M TRUSTEE	1.00 2.00	X						0	0	0
CRANDALL ROGER TRUSTEE	1.00 2.00	X						0	0	0
CRUZ MELISSA TRUSTEE	1.00 2.00	X						0	0	0
EDMONDS JANE C TRUSTEE	1.00 2.00	X						0	0	0
IRVING JAMES TRUSTEE	1.00 2.00	X						0	0	0
MATIAS JUANA TRUSTEE	1.00 2.00	X						0	0	0
MCARDLE JOAN TRUSTEE	1.00 2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORDBLOM PETER C TRUSTEE	1.00 2.00	X						0	0	0
PODUSKA WILLIAM J TRUSTEE	1.00 2.00	X						0	0	0
REID PONTE PATRICIA TRUSTEE	1.00 2.00	X						0	0	0
REYNOLDS MARY TRUSTEE	1.00 2.00	X						0	0	0
ROBINS SHANNON TRUSTEE	1.00 2.00	X						0	0	0
SCHMERGEL GREG TRUSTEE	1.00 2.00	X						0	0	0
KERNDL JOHN TREASURER (EX-OFF);BILH EVP & CFO	1.00 64.00			X				0	1,365,000	26,877
KATZ ESQ JAMIE CLERK (EX-OFF);BILH GEN COUNSEL	1.00 64.00			X				0	1,255,848	22,043
BENNETT KEVIN TREASURER (EX-OFF), CFO, INTERIM COO	1.00 59.00			X				0	549,294	59,783
TIMKO ESQ APRIL ASSISTANT CLERK (EX-OFFIO)	1.00 54.00			X				160,210	0	27,057

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			
CONNELLY CPA MBA MICHAEL INTRM CFO,ASST TREAS (AS OF 5/15/22)	20.00 40.00			X				0	0	0
STAIN MD STEVEN DEPT OF SURGERY CHAIR	27.50 27.50				X			0	991,606	43,110
JOHNSON MD MS FACP ELIZABETH H CMO;PRES OF BILHPC AS OF 4/8/22	25.00 30.00				X			0	767,580	45,323
ANTONIADES EFSTATHIOS COO	1.00 57.00				X			0	686,147	55,516
LIESCHING MD TIMOTHY CHIEF MEDICAL OFFICER	18.00 37.00				X			0	656,870	77,830
GALLAGHER DENIS W PRESIDENT OF BILHPC UNTIL 4/8/22	1.00 59.00				X			0	646,822	43,659
CREIGHTON MD MALCOLM CHAIR HOSP BASED SERV & DEPT EM MED	55.00 1.00				X			611,301	0	63,103
KEITZ MD SHERI CHAIR OF DEPT OF MEDICINE	1.00 55.00				X			0	592,525	75,329
ROBINSON MPH MBA JASON VP HOSPITAL SERVICES&ACADEMIC AFFAIRS	1.00 55.00				X			0	389,601	53,937
BOWEN-BENITICH MBA BRIGITTE VP SURGICAL SERVICES	1.00 55.00				X			0	408,096	25,284

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			
SENARIAN EMILY VP MED SERVICES & AMBULATORY PERFORM	1.00 55.00				X			0	366,241	16,558
GHOAWALA ZOHER DIVISION CHAIR, NEUROSURGERY & PHYS	55.00 0.00					X		1,068,318	0	76,080
WHITMORE ROBERT NEUROSURGEON	55.00 0.00					X		915,541	0	49,488
MAGGE SUBU NEUROSURGEON	55.00 0.00					X		844,341	0	63,191
SMAROFF GREGORY PHYSICIAN	55.00 0.00					X		715,821	0	60,889
KASPARYAN NURHAN ORTHOPEDIC SURGEON	55.00 0.00					X		737,902	0	66,813
FISCHER STEVEN P FRMR EX-OFF TREAS;FRMR BILH EVP&CFO	0.00 0.00						X	0	974,820	47,235
MARX MD JEFFREY L FORMER INTERIM DEPT CHAIR	0.00 0.00						X	907,868	0	68,644
ROSENBLATT MD MICHAEL S FORMER CMO HOSPITAL	0.00 0.00						X	536,001	0	68,709

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
LAHEY CLINIC INC

Employer identification number
04-2704683

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,214,594	5,200,849	11,264,603	46,044,341	15,650,191	88,374,578
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	293,672,582	314,330,634	279,053,617	300,744,744	340,893,130	1,528,694,707
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	303,887,176	319,531,483	290,318,220	346,789,085	356,543,321	1,617,069,285
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,135	225,000				230,135
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.	5,135	225,000				230,135
8 Public support. (Subtract line 7c from line 6.)						1,616,839,150

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	303,887,176	319,531,483	290,318,220	346,789,085	356,543,321	1,617,069,285
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,729	255,866	876,626	4,045,799	4,734,656	10,054,676
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	141,729	255,866	876,626	4,045,799	4,734,656	10,054,676
11 Net income from unrelated business activities not included on 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.)	304,028,905	319,787,349	291,194,846	350,834,884	361,277,977	1,627,123,961
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	99.370 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.640 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0.620 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.110 %

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above 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 lines 3a and 3b 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>If "Yes" or "No," 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 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Name of the organization
LAHEY CLINIC INC

Employer identification number
04-2704683

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	92,869,886	70,623,018	58,332,217	70,863,650	63,706,597
b Contributions	22,234,751	18,970,479	26,295,983	11,340,327	11,550,702
c Net investment earnings, gains, and losses	-16,705,582	18,255,689	4,516,381	329,733	4,067,048
d Grants or scholarships					
e Other expenditures for facilities and programs	16,803,783	14,943,875	18,490,673	24,174,653	8,428,614
f Administrative expenses	37,423	35,425	30,890	27,042	32,083
g End of year balance	81,557,849	92,869,886	70,623,018	58,332,015	70,863,650

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|-----------|
| | Yes | No |
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT	26,296,550	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	26,296,550	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	119,184,095

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLES	28,506,724
(3) ESTIMATED THIRD-PARTY SETTLEMENTS, NET	12,595,031
(4) OPERATING LEASE OBLIGATIONS	18,365,092
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	59,466,847

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,825,322,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-713,144
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,494,772,576
e	Add lines 2a through 2d	2e	6,494,059,432
3	Subtract line 2e from line 1	3	331,262,568
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	30,015,409
c	Add lines 4a and 4b	4c	30,015,409
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	361,277,977

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	7,267,359,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,856,043,508
e	Add lines 2a through 2d	2e	6,856,043,508
3	Subtract line 2e from line 1	3	411,315,492
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	57,670
c	Add lines 4a and 4b	4c	57,670
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	411,373,162

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: 04-2704683

Name: LAHEY CLINIC INC

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

(a) Description	(b) Book value
INVESTMENTS, OTHER	53,249,439
PROFESSIONAL INSURANCE RECEIVABLE	26,462,882
DEPOSIT INSURANCE RECEIVABLE	5,232,744
INTERCOMPANY RECEIVABLES	1,444,307
ACCOUNTS RECEIVABLE - RESEARCH	2,942,956
ACCOUNTS RECEIVABLE - RENTAL AND OTHER MISCELLANEOUS BILLINGS	6,780,867
INVESTMENT - NEW ENGLAND COMMUNITY MEDICINE	24,000
RIGHT-OF-USE OPERATING LEASE ASSETS, NET	17,401,654
DUE FROM BILH - ZBA CASH TRANSFERS	3,499,092
ACCOUNTS RECEIVABLE	2,146,154

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CUSTODIAN FEES -57,670. CONSOLIDATED AFFILIATES NET ELIMINATIONS 6,494,830,246.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RESTRICTED CONTRIBUTIONS 12,057,485. RESTRICTED REVENUE 1,881,245. PHYSICIAN PART A AND PART T 9,660,721. SUPPORT FROM LAHEY CLINIC FOUNDATION, INC. 3,550,021. RESTRICTED REVENUE REALIZED GAINS AND LOSSES 2,865,936. ROUNDING 1.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PHYSICIAN PART A AND PART T -9,660,721. CONSOLIDATED AFFILIATES NET ELIMINATIONS 6,865,704,229.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CUSTODIAN FEES 57,670.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>BETH ISRAEL LAHEY HEALTH, INC., WHICH SERVES AS THE PARENT OF THE SYSTEM, HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT THE OTHER ENTITIES IN THE SYSTEM, EXCLUDING ITS FOR-PROFIT SUBSIDIARIES, QUALIFY AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, MEET THE CODE'S REQUIREMENTS UNDER SECTION 509(A), AND THEREFORE ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN 2021 AND 2020, RESPECTIVELY.</p>

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
LAHEY CLINIC INC

Employer identification number
04-2704683

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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, 1099-MISC compensation, and/or 1099-NEC			(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
SCHEDULE J PART I LINE 4A SEVERANCE AND CHANGE OF CONTROL PAYMENTS	<p>SCHEDULE J PART I LINE 4A SEVERANCE AND CHANGE OF CONTROL PAYMENTS AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN LAHEY CLINIC, INC.'S (LCI) FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 IS CALENDAR YEAR 2021 DETAIL. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. SCHEDULE J PART I LINE 4B NON-QUALIFIED PLANS DURING THE 2021 CALENDAR YEAR, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN AND PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS RECEIVED BY PARTICIPANTS AND RELATED TO THIS PLAN ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. IN ADDITION, DURING THE 2021 CALENDAR YEAR, SEVERAL ENTITIES WITHIN THE LAHEY HEALTH SYSTEM WERE PARTICIPATING EMPLOYERS IN THE LAHEY CLINIC 457(F) NON-QUALIFIED DEFINED CONTRIBUTION PLAN AND THE LAHEY CLINIC 457(B) RETIREMENT SAVINGS PLAN. PURSUANT TO THESE PLANS, ELIGIBLE EMPLOYEES RECEIVED CERTAIN RETIREMENT BENEFITS AND/OR COULD DEFER PART OF THEIR COMPENSATION. UNDER THE DEFINITIONS TO THIS FORM 990, THESE PLANS ARE CONSIDERED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. AMOUNTS DEFERRED BY PARTICIPANTS OR CONTRIBUTIONS RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. SCHEDULE J, PART I, LINE 7, NON-FIXED PAYMENTS DURING THE 2021 CALENDAR YEAR, THE FILING ORGANIZATION MAINTAINS EXECUTIVE COMPENSATION PACKAGES WHICH INCLUDED OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF VARIOUS FACTORS, INCLUDING BUT NOT LIMITED TO, MEETING OR EXCEEDING THE EMPLOYING ENTITY'S OBJECTIVES FOR QUALITY AND PATIENT SAFETY, BUDGETED CONSOLIDATED OPERATING MARGIN, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES. IN EACH CASE, INCENTIVE COMPENSATION WAS REVIEWED BY THE COMPENSATION COMMITTEE WHICH WAS FULLY STAFFED BY INDEPENDENT MEMBERS. ADDITIONAL EXPLANATORY NOTES: ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS. COMPENSATION PAID TO OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES IN THE NOTES BELOW AND WAS PAID FOR POSITIONS HELD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REQUIRED BY FORM 990, COMPENSATION REPORTED FOR THIS FISCAL YEAR IS CALENDAR YEAR 2021 COMPENSATION. COMPENSATION REPORTED FOR INDIVIDUALS MAY REFLECT AN ALLOCATION OF COMPENSATION PAID BY ENTITIES RELATED TO THE FILING ORGANIZATION AND WITHIN THE BETH ISRAEL LAHEY HEALTH NETWORK OR OTHER ENTITIES, AS REQUIRED. REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J. OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J.</p>

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
BASE COMPENSATION	<p>BASE COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN OTHER REPORTABLE COMPENSATION: AMOUNTS QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: TAXABLE EMPLOYER-SUBSIDIZED PARKING; TAXABLE MOVING EXPENSES; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE; AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN; DISTRIBUTIONS FROM A 457(B) PLAN; AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN; INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS; OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN NON-TAXABLE BENEFITS: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS: EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE COMPLETE TITLES AND ADDITIONAL EXPLANATORY INFORMATION FOR OFFICERS, DIRECTOR/TRUSTEES, KEY EMPLOYEES AND THE ENTITIES FIVE HIGHEST PAID EMPLOYEES OTHER THAN ODTKH ARE LISTED BELOW ALPHABETICALLY: ALEXANDER, PAUL TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC, INC. ANTONIADES, EFSTATHIOS CHIEF OPERATION OFFICER - LAHEY CLINIC FOUNDATION, INC. CHIEF OPERATING OFFICER - LAHEY CLINIC HOSPITAL, INC. CHIEF OPERATING OFFICER - LAHEY CLINIC, INC. TRUSTEE - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. TRUSTEE - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC TRUSTEE - LAHEY CLINICAL PERFORMANCE NETWORK, LLC. TERM ENDED MAY 15, 2022. AQUINO, M.D., PATRICK TRUSTEE - LAHEY CLINIC, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. BAILEY P.H.D., ERIC M. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. BENNETT, KEVIN ASSISTANT TREASURER (EX-OFFICIO) AND INTERIM CHIEF OPERATING OFFICER - LAHEY CLINIC FOUNDATION, INC. ASSISTANT TREASURER (EX-OFFICIO) AND INTERIM CHIEF OPERATING OFFICER -LAHEY CLINIC HOSPITAL, INC. ASSISTANT TREASURER (EX-OFFICIO) AND INTERIM CHIEF OPERATING OFFICER - LAHEY CLINIC, INC. CHIEF FINANCIAL OFFICER - BETH ISRAEL LAHEY HEALTH PRIMARY CARE TRUSTEE - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. CHIEF FINANCIAL OFFICER - LAHEY HEALTH SHARED SERVICES, INC.</p>

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
BOWEN-BENITICH, BRIGITTE	<p>BOWEN-BENITICH, BRIGITTE VICE PRESIDENT SURGICAL SERVICES -LAHEY CLINIC HOSPITAL VICE PRESIDENT SERVICES -LAHEY CLINIC, INC. CANTRELL, PAUL VICE PRESIDENT OF FACILITIES OPERATIONS - LAHEY CLINIC HOSPITAL, INC. VICE PRESIDENT OF FACILITIES OPERATIONS - LAHEY CLINIC FOUNDATION, INC. VICE PRESIDENT OF FACILITIES OPERATIONS - LAHEY CLINIC, INC. VICE PRESIDENT OF FACILITIES OPERATIONS- BETH ISRAEL LAHEY HEALTH, INC. VICE PRESIDENT OF FACILITIES OPERATIONS- WINCHESTER HEALTHCARE MANAGEMENT, INC. VICE PRESIDENT OF FACILITIES OPERATIONS- WINCHESTER HOSPITAL CONNELLY, CPA, MBA, MICHAEL INTERIM CHIEF FINANCIAL OFFICER- LAHEY CLINIC, INC. TERM BEGAN MAY 15, 2022. CRANDALL, ROGER TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. CRAWFORD M.D., BETSEY TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. CONNELLY, MICHAEL INTERIM CHIEF FINANCIAL OFFICER - LAHEY CLINIC, INC. CREIGHTON M.D., MALCOLM CHAIR, HOSPITAL BASED SERVICES AND CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - LAHEY CLINIC HOSPITAL, INC. CHAIR, HOSPITAL BASED SERVICES AND CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - LAHEY CLINIC, INC. CRUZ, MELISSA TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. MRS. CRUZ'S TERM ON THE LAHEY CLINIC, INC.'S BOARD BEGAN ON OCTOBER 1, 2021. D'AGOSTINO M.D., RICHARD S. TRUSTEE AND PHYSICIAN - LAHEY CLINIC FOUNDATION, INC. TRUSTEE AND PHYSICIAN - LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND PHYSICIAN - LAHEY CLINIC, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. SHORETT INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$26,509. EDMONDS, JANE C. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. GALLAGHER, DENNIS W. TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) PRESIDENT - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. PRESIDENT - BETH ISRAEL LAHEY HEALTH PRIMARY CARE NETWORK PRESIDENT BETH ISRAEL LAHEY HEALTH PRIMARY CARE NETWORK - BETH ISRAEL LAHEY HEALTH INC. PRESIDENT BETH ISRAEL LAHEY HEALTH PRIMARY CARE LAHEY CLINIC HOSPITAL, INC. PRESIDENT BETH ISRAEL LAHEY HEALTH PRIMARY CARE - LAHEY CLINIC, INC. TREASURER (EX- OFFICIO) AND TRUSTEE- MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION PRESIDENT, BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC.- NORTHEAST MEDICAL PRACTICE, INC. TERM ENDED APRIL 8, 2022 HUNTER, M.D. ALICE A TRUSTEE, PHYSICIAN - LAHEY CLINIC FOUNDATION, INC. TRUSTEE, PHYSICIAN - LAHEY CLINIC HOSPITAL, INC. TRUSTEE, PHYSICIAN - LAHEY CLINIC, INC. IRVING, JAMES TRUSTEE - LAHEY CLINIC, INC. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. JOHNSON, M.D., M.S., FACP, ELIZABETH H. PRESIDENT OF BETH ISRAEL LAHEY HEALTH PRIMARY CARE NETWORK - BETH ISRAEL LAHEY HEALTH, INC. PRESIDENT OF BETH ISRAEL LAHEY HEALTH PRIMARY CARE - LAHEY CLINIC HOSPITAL, INC. PRESIDENT OF BETH ISRAEL LAHEY HEALTH PRIMARY CARE - LAHEY CLINIC, INC. PRESIDENT OF BETH ISRAEL LAHEY HEALTH PRIMARY CARE - NORTHEAST MEDICAL PRACTICE INC. TREASURER & TRUSTEE (EX-OFFICIO) (PRESIDENT, BILH PRIMARY CARE) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION</p>

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
KATZ, J.D., JAMIE	<p>KATZ, J.D., JAMIE UNLESS OTHERWISE NOTED BELOW, MR. KATZ HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2022: GENERAL COUNSEL AND CLERK (EX-OFFICIO), - BETH ISRAEL LAHEY HEALTH, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. CLERK - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC CLERK (EX-OFFICIO) - MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. CLERK - COMMUNITY PHYSICIANS ASSOCIATES, INC. CLERK (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. CLERK (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. CLERK (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. CLERK (EX-OFFICIO) - ANNA JAQUES HOSPITAL CLERK - SEACOAST AFFILIATED GROUP PRACTICE, INC. TRUSTEE AND CLERK (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CLERK (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. CLERK (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC CLERK (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK, LLC CLERK (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. TRUSTEE AND CLERK - CAB HEALTH AND RECOVERY SERVICES, INC. TRUSTEE AND CLERK (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL CLERK - JOSLIN CLINIC, INC. O COMMENCED POSITION AS CLERK ON NOVEMBER 1, 2021 CLERK (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. O COMMENCED POSITION AS CLERK ON NOVEMBER 1, 2021 CLERK (EX-OFFICIO) - MOUNT AUBURN PROFESSIONAL SERVICES, INC. O COMMENCED POSITION AS CLERK (EX-OFFICIO) ON MARCH 18, 2022 MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$99,848.</p>

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
KEITZ, SHERI	<p>KEITZ, SHERI CHAIR OF DEPARTMENT OF MEDICINE - LAHEY CLINIC, INC. KERNDL, JOHN UNLESS OTHERWISE NOTED BELOW, MR. KERNDL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2022: EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. TRUSTEE AND TREASURER - CAB HEALTH AND RECOVERY SERVICES, INC. TREASURER - COMMUNITY PHYSICIANS ASSOCIATES, INC. TREASURER - CAREGROUP PARMENTER HOME CARE & HOSPICE, INC. TRUSTEE, TREASURER (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER TRUSTEE AND TREASURER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. TREASURER (EX-OFFICIO) - MOUNT AUBURN HOSPITAL ASSISTANT TREASURER (EX-OFFICIO) MOUNT AUBURN PROFESSIONAL SERVICES (TERM OCTOBER 20, 2021 MARCH 17, 2022) TREASURER (EX-OFFICIO) MOUNT AUBURN PROFESSIONAL SERVICES (TERM BEGAN MARCH 18, 2022) ASSISTANT TREASURER (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TREASURER (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TREASURER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. TRUSTEE AND TREASURER (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TREASURER (EX-OFFICIO) - ANNA JAQUES HOSPITAL TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. MANAGING DIRECTOR - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR, TREASURER - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK, LLC ASSISTANT TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TREASURER (EX-OFFICIO) - JOSLIN CLINIC, INC. O COMMENCED POSITION AS TREASURER (EX-OFFICIO) ON NOVEMBER 1, 2021 TREASURER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. O COMMENCED POSITION AS TREASURER (EX-OFFICIO) ON NOVEMBER 1, 2021 ALTHOUGH MR. KERNDL SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. OTHER REPORTABLE COMPENSATION FOR MR. KERNDL INCLUDES \$ 48,375 RELATED TO RELOCATION AND TEMPORARY HOUSING WHEN MR. KERNDL RELOCATED TO MASSACHUSETTS RELATED TO THE POSITIONS NOTED ABOVE.</p>

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
LANG, DAVID	<p>LANG, DAVID TRUSTEE AND CHAIR- LAHEY CLINIC, INC. TRUSTEE AND CHAIR- LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND CHAIR- LAHEY CLINIC FOUNDATION, INC. LEW, JOHN VICE PRESIDENT AND HUMAN RESOURCES BUSINESS PARTNER- LAHEY CLINIC, INC. VICE PRESIDENT RESOURCES BUSINESS PARTNER- LAHEY CLINIC HOSPITAL, INC. LIESCHING, M.D., TIMOTHY CHIEF MEDICAL OFFICER - LAHEY CLINIC, INC. SVP AND CHIEF MEDICAL OFFICER - LAHEY CLINIC FOUNDATION, INC. SVP AND CHIEF MEDICAL OFFICER - LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER TRUSTEE - BETH ISRAEL LAHEY HEALTH LONGWORTH, M.D., DAVID PRESIDENT AND TRUSTEE (EX-OFFICIO) - LAHEY CLINIC, INC. PRESIDENT AND TRUSTEE (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. PRESIDENT AND TRUSTEE (EX-OFFICIO)- LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND CHAIR (EX- OFFICIO)- MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION TRUSTEE- NORTHEAST BEHAVIOIRAL HEALTH CORPORATION TRUSTEE- HEALTH AND EDUCATION HOUSING SERVICES, INC. TRUSTEE- CAB HEALTH AND RECOVERY SERVICES, INC. TRUSTEE (EX-OFFICIO), CHAIR (EX-OFFICIO), PRESIDENT (EX-OFFICIO); CHAIR- BETH ISRAEL LAHEY HEALTH PRIMARY CARE INC. MANAGING DIRECTOR, CO-CHAIR- BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC MATIAS, JUANA TRUSTEE LAHEY CLINIC FOUNDATION, INC. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. MS. MATIAS' TERM ON THE LAHEY CLINIC, INC.'S BOARD ENDED ON JUNE 6, 2022. MCARDLE, JOAN TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. MOURTZINOS M.D., ARTHUR P. TRUSTEE AND PHYSICIAN - LAHEY CLINIC FOUNDATION, INC TRUSTEE AND PHYSICIAN - LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND PHYSICIAN - LAHEY CLINIC, INC. NORDBLUM, PETER C TRUSTEE- LAHEY CLINIC, INC. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. PODUSKA, WILLIAM J. TRUSTEE - LAHEY CLINIC, INC. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. REID PONTE, PATRICIA TRUSTEE - LAHEY CLINIC, INC. TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. REYNOLDS, MARY TRUSTEE - LAHEY CLINIC FOUNDATION, INC.. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. ROBINS, SHANNON TRUSTEE LAHEY CLINIC FOUNDATION, INC.. TRUSTEE LAHEY CLINIC HOSPITAL, INC. TRUSTEE LAHEY CLINIC, INC. DR. ROBIN'S TERM AS TRUSTEE OF LAHEY CLINIC, INC. BEGAN ON APRIL 1, 2022. ROBINSON, MPH, MBA, JASON VP HOSPITAL SERVICES AND ACADEMIC AFFAIRS - LAHEY CLINIC HOSPITAL, INC. VP HOSPITAL SERVICES AND ACADEMIC AFFAIRS - LAHEY CLINIC, INC. SCHMERGEL, GREG TRUSTEE - LAHEY CLINIC FOUNDATION, INC. TRUSTEE - LAHEY CLINIC HOSPITAL, INC. TRUSTEE - LAHEY CLINIC, INC. SENARIAN, EMILY VP MEDICAL SERVICES AND AMBULATORY PERFORMANCE - LAHEY CLINIC, INC. VP MEDICAL SERVICES AND AMBULATORY PERFORMANCE - LAHEY CLINIC HOSPITAL, INC. SORCINI, M.D., ANDREA P. TRUSTEE (EX-OFFICIO) AND MSA PRESIDENT/PHYSICIAN - LAHEY CLINIC FOUNDATION, INC. TRUSTEE (EX-OFFICIO) AND MSA PRESIDENT/PHYSICIAN - LAHEY CLINIC HOSPITAL, INC. TRUSTEE (EX-OFFICIO) AND MSA PRESIDENT/PHYSICIAN - LAHEY CLINIC, INC.</p>

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
SRINIVASAN M.D., JAYASHRI	<p>SRINIVASAN M.D., JAYASHRI TRUSTEE AND PHYSICIAN - LAHEY CLINIC FOUNDATION, INC. TRUSTEE AND PHYSICIAN - CLINIC HOSPITAL, INC. TRUSTEE AND PHYSICIAN - CLINIC, INC. STAIN, M.D., STEVEN DEPARTMENT OF SURGERY CHAIR - LAHEY CLINIC, INC. DEPARTMENT OF SURGERY CHAIR - LAHEY CLINIC HOSPITAL, INC. TABB, M.D., KEVIN UNLESS OTHERWISE NOTED BELOW, DR. TABB HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2022: PRESIDENT AND CHIEF EXECUTIVE OFFICER; TRUSTEE (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER, LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND LAHEY CLINIC FOUNDATION - LAHEY CLINIC HOSPITAL, INC. TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO), LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND LAHEY CLINIC FOUNDATION - LAHEY CLINIC, INC. TRUSTEE (EX-OFFICIO), CHAIR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. PRESIDENT (EX-OFFICIO) AND TRUSTEE (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO), CHAIR(EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO), CHAIR(EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, CHAIR (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO), LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND LAHEY CLINIC FOUNDATION - LAHEY CLINIC FOUNDATION, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION CHIEF EXECUTIVE OFFICER AND TRUSTEE - CAB HEALTH AND RECOVERY SERVICES, INC. CHIEF EXECUTIVE OFFICER AND TRUSTEE - HEALTH AND EDUCATION HOUSING SERVICES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER - THE JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER - JORDAN PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - ANNA JAQUES HOSPITAL CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. O COMMENCED POSITION AS CLERK ON NOVEMBER 1, 2021 PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: TRUSTEE (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, THE JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) ANNA JAQUES HOSPITAL, INC. TRUSTEE (EX-OFFICIO) JOSLIN DIABETES CENTER TRUSTEE (EX-OFFICIO) JOSLIN CLINIC ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION.</p>

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
INCENTIVE COMPENSATION FOR DR. TABB INCLUDES \$750,000 WHICH WAS PREVIOUSLY	INCENTIVE COMPENSATION FOR DR. TABB INCLUDES \$750,000 WHICH WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$610,860. DEFERRED COMPENSATION IN THE AMOUNT OF \$200,000 INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2021, WAS NOT FUNDED, WAS NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THIS AMOUNT IS INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. TIMKO, ESQ. APRIL ASSISTANT CLERK (EX-OFFICIO), ASSOCIATE GENERAL COUNSEL (BILH) - LAHEY CLINIC, INC. ASSISTANT CLERK (EX-OFFICIO), ASSOCIATE GENERAL COUNSEL (BILH) - LAHEY CLINIC HOSPITAL, INC. ASSISTANT CLERK (EX-OFFICIO), ASSOCIATE GENERAL COUNSEL (BILH) - LAHEY CLINIC FOUNDATION, INC. ASSOCIATE GENERAL COUNSEL- BETH ISRAEL LAHEY HEALTH VILLANUEVA M.D., ANDREW G. TRUSTEE AND CHIEF QUALITY OFFICER - LAHEY CLINIC FOUNDATION, INC. TRUSTEE AND CHIEF QUALITY OFFICER - LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND CHIEF QUALITY OFFICER - LAHEY CLINIC, INC. OTHER REPORTABLE COMPENSATION FOR DR. VILLANUEVA INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$134,812. OTHER REPORTABLE COMPENSATION INCLUDES PTO CASH BUYOUT IN THE AMOUNT OF \$87,238. WINGER M.D., CHRISTINE TRUSTEE AND PHYSICIAN - LAHEY CLINIC FOUNDATION, INC. TRUSTEE AND PHYSICIAN - LAHEY CLINIC HOSPITAL, INC. TRUSTEE AND PHYSICIAN - LAHEY CLINIC, INC.

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
FISCHER, STEVEN	<p>FISCHER, STEVEN EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. MR. FISCHER RETIRED FROM HIS POSITION HELD AT BILH AS WELL AS THE POSITIONS DESCRIBED BELOW ON APRIL 2, 2021. UNLESS NOTED BELOW, MR. FISCHER HELD EACH POSITION THROUGH HIS DATE OF RETIREMENT. TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALMILTON TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALNEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALPLYMOUTH TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE AND TREASURER (EX-OFFICIO) JORDAN PHYSICIAN ASSOCIATES TRUSTEE AND TREASURER (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) ANNA JAQUES HOSPITAL TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND TREASURER (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. ASSISTANT TREASURER BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST HEALTH SYSTEM, INC. TRUSTEE AND TREASURER (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE AND TREASURER (EX-OFFICIO) SEACOAST NURSING & REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER (EX-OFFICIO) WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER MANAGING DIRECTOR AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC. TREASURER CAREGROUP PARMENTER HOME CARE AND HOSPICE, INC. TRUSTEE AND TREASURER HEALTH & EDUCATION HOUSING SERVICES, INC. COMPENSATION REPORTED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 IS CALENDAR YEAR 2021 COMPENSATION. ALTHOUGH MR. FISCHER RETIRED PRIOR TO THE BEGINNING OF THE FISCAL PERIOD COVERED BY THIS FILING, HE PROVIDED SERVICES IN THE CAPACITIES NOTED ABOVE DURING CALENDAR YEAR 2021 AND PRIOR TO HIS RETIREMENT. COMPENSATION REPORTED HERE RELATES TO THOSE SERVICES. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$ 122,431.</p>

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
O'CONNOR, TIMOTHY	O'CONNOR, TIMOTHY FORMER FINANCE INTEGRATION LEAD, BETH ISRAEL LAHEY HEALTH MR. O'CONNOR RETIRED FROM HIS POSITION AS BILH FINANCE INTEGRATION LEAD EFFECTIVE DECEMBER 31, 2019 AND HAD SERVED IN THIS POSITION BEGINNING ON MARCH 1, 2019. PRIOR TO MARCH 1, 2019, MR. O'CONNOR SERVED AS THE EXECUTIVE VICE PRESIDENT, TREASURER AND CHIEF FINANCIAL OFFICER OF LAHEY HEALTH SYSTEM, INC. (LHSI) WHICH INCLUDED POSITIONS SERVING AS THE CHIEF FINANCIAL OFFICER, TREASURER AND TRUSTEE (EX-OFFICIO) FOR THE LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC, INC., LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION, LAHEY HEALTH SHARED SERVICES (LHSS) AND MORE THAN FIFTEEN OTHER ENTITIES WHICH MADE UP THE LAHEY HEALTH SYSTEM OF AFFILIATES. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED FOR MR. O'CONNOR IS CALENDAR YEAR 2021 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. AS NOTED ABOVE, MR. O'CONNOR RETIRED FROM HIS LONGSTANDING RELATIONSHIP WITH BETH ISRAEL LAHEY HEALTH AND PREVIOUSLY WITH THE LAHEY HEALTH SYSTEM (LHSI) EFFECTIVE DECEMBER 31, 2019. AT THAT TIME, HE BECAME ELIGIBLE FOR CERTAIN SEVERANCE PAYMENTS WHICH BEGAN IN JANUARY 2020. OTHER REPORTABLE COMPENSATION FOR MR. O'CONNOR INCLUDES \$350,000 OF SEVERANCE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
21 KEITZ MD SHERI CHAIR OF DEPT OF MEDICINE	(i)	0	0	0	0	0	0	
	(ii)	560,594	29,334	2,597	30,906	44,423	667,854	
1 HUNTER MD ALICE A TRUSTEE, PHYSICIAN	(i)	509,339	0	42,422	30,906	31,289	613,956	
	(ii)	0	0	0	0	0	0	
2 BENNETT KEVIN TREASURER (EX-OFF), CFO, INTERIM COO	(i)	0	0	0	0	0	0	
	(ii)	386,550	70,570	92,174	27,384	32,399	609,077	
3 ROSENBLATT MD MICHAEL S FORMER CMO HOSPITAL	(i)	454,680	0	81,321	30,737	37,972	604,710	
	(ii)	0	0	0	0	0	0	
4 WINGER MD CHRISTINE TRUSTEE, PHYSICIAN	(i)	392,292	44,914	85,729	30,906	31,665	585,506	
	(ii)	0	0	0	0	0	0	
5 SORCINI MD ANDREA P TRUSTEE (EX-OFF); MSA PRES/PHYSICIAN	(i)	475,995	0	44,964	30,906	1,976	553,841	
	(ii)	0	0	0	0	0	0	
6 SRINIVASAN MD JAYASHRI TRUSTEE, PHYSICIAN	(i)	409,474	0	10,868	30,784	29,026	480,152	
	(ii)	0	0	0	0	0	0	
7 AQUINO MD PATRICK TRUSTEE, PHYSICIAN	(i)	394,415	0	318	19,997	36,023	450,753	
	(ii)	0	0	0	0	0	0	
8 ROBINSON MPH MBA JASON VP HOSPITAL SERVICES&ACADEMIC AFFAIR	(i)	0	0	0	0	0	0	
	(ii)	297,522	46,858	45,221	18,024	35,913	443,538	
9 BOWEN-BENITICH MBA BRIGITTE VP SURGICAL SERVICES	(i)	0	0	0	0	0	0	
	(ii)	305,640	46,858	55,598	22,417	2,867	433,380	
10 SENARIAN EMILY VP MED SERVICES & AMBULATORY PERFORM	(i)	0	0	0	0	0	0	
	(ii)	306,250	46,858	13,133	14,519	2,039	382,799	
11 CRAWFORD MD BETSEY TRUSTEE, PHYSICIAN	(i)	237,204	0	939	30,648	3,881	272,672	
	(ii)	0	0	0	0	0	0	
12 TIMKO ESQ APRIL ASSISTANT CLERK (EX- OFFIO)	(i)	159,569	500	141	10,906	16,151	187,267	
	(ii)	0	0	0	0	0	0	

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LAHEY CLINIC INC

Employer identification number

04-2704683

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA - SERIES 2019K	04-3431814	57584YTK5	07-31-2019	211,922,775	SEE PART VI		X		X		X
B MDFA - SERIES 2018J-1 J-2	04-3431814	57584YJW0	06-13-2018	479,594,374	SEE PART VI		X		X		X
C MDFA - SERIES 2016I	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
D MDFA - LAHEY SERIES F	04-2323457	NONEXXXXX	10-21-2015	262,828,878	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	20,980,000		10,816,000		45,550,000		28,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	211,922,775		504,358,641		257,618,307		262,953,908	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							4,857,465	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,931,137		4,594,374		2,515,889		3,129,474	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			499,764,263		19,006,493		9,476,737	
11	Other spent proceeds	208,991,638				236,095,988		160,202,232	
12	Other unspent proceeds			4					
13	Year of substantial completion	2019				2016		2021	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X			X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X	X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
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
BOND A, ENTITY 1:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998.

Return Reference	Explanation
BOND B, ENTITY 1:	PART I, ROW B, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES. PART II, COLUMN B, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$24,764,267 OF INVESTMENT EARNINGS.

Return Reference	Explanation
BOND C, ENTITY 1:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW C, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008; 7/13/2004; 2/11/1998. PART II, COLUMN C, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$6,493 OF INVESTMENT EARNINGS. PART II, COLUMN C, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. PART IV, COLUMN C, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.

Return Reference	Explanation
BOND D, ENTITY 1:	PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW D, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 08/17/2007 AND 07/14/2005. PART II, COLUMN D, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$123,904 OF INVESTMENT EARNINGS.

Return Reference	Explanation
BOND A, ENTITY 2:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY PART I, ROW A, COLUMN F: THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES (DATED 06/09/2008; 11/30/2005; 07/16/2003; AND 06/03/1998), FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS. PART II, COLUMN A, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$1,360,617 OF INVESTMENT EARNINGS. PART IV, COLUMN A, LINE 2(C): ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019.

Return Reference	Explanation
BOND B, ENTITY 2:	PART I, ROW B, COLUMN A: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART IV, ROW 2C, COLUMN A: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 10, 2009.

Return Reference	Explanation
PART III, LINE 9 AND PART IV, LINE 7:	THIS FORM 990 SCHEDULE K REPRESENTS TAX-EXEMPT DEBT OF ALL MEMBERS OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP WHICH WAS FORMED IN JUNE 2020. THE MAJORITY OF BILH OBLIGATED GROUP MEMBERS HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH NOT EVERY MEMBER OF THE BILH OBLIGATED GROUP HAS FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURES, THOSE THAT HAVE NOT NEVERTHELESS FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS.

Return Reference	Explanation
PART IV, COLUMN D, LINE 2C:	ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LAHEY CLINIC INC

Employer identification number

04-2704683

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA - SERIES 2015 H-1	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B MHEFA - WINCHESTER SERIES F	04-2456011	57586CDD4	07-08-2004	30,340,000	SERIAL BOND SERIES F - ADV REFUND		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	58,285,000	7,165,000		
2 Amount of bonds legally defeased				
3 Total proceeds of issue	203,702,204	30,340,000		
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	2,348,479	412,448		
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	201,353,725	29,927,552		
12 Other unspent proceeds				
13 Year of substantial completion	2015	2014		
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X			X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?	X		X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		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 ▶	0.100 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.100 %		0 %					
6 Total of lines 4 and 5	0.200 %		0 %					
7 Does the bond issue meet the private security or payment test?		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				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X			X				
c No rebate due?		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					

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			MORGAN STANLEY					
c Term of hedge			2000.0000000000 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization LAHEY CLINIC INC

Employer identification number

04-2704683

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: 1, (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PATRICIA ROBERTS	FORMER KE	536,001	FAMILY MEMBER COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LAHEY CLINIC INC

Employer identification number
04-2704683

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	714,377	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
-----------	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
------------	--	----

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBERS REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
LAHEY CLINIC INC

Employer identification number
04-2704683

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1	<p>LAHEY CLINIC (LC) PROVIDES THE HIGHEST QUALITY INTERDISCIPLINARY AND COORDINATED PATIENT CARE LEADING TO THE BEST POSSIBLE OUTCOMES AND EXPERIENCES FOR EVERY PATIENT, ADVANCING MEDICINE THROUGH RESEARCH AND EDUCATING TOMORROW'S HEALTH CARE LEADERS. LAHEY CLINIC ALSO PROMOTES HEALTH AND WELLNESS IN PARTNERSHIP WITH THE DIVERSE COMMUNITIES SERVED. LAHEY CLINIC ACCOMPLISHES THESE MISSIONS IN CONJUNCTION WITH THE LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES AS DESCRIBED FURTHER IN THIS FORM 990. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS AND ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL -- MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL -- NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAQUES HOSPITAL (AJH), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), JOSLIN DIABETES CENTER AND THE BETH ISRAEL LAHEY HEALTH PHARMACY. THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER (LHMC). THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	<p>OVERALL FOCUS AND EMERGENCY CARE THE LAHEY CLINIC (LC) IS A MULTI-SPECIALTY GROUP PRACTICE THAT OPERATES WITHIN THE LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER AS WELL AS IN SEVERAL COMMUNITY SITES PROVIDING BOTH INPATIENT AND OUTPATIENT, DIAGNOSTIC, THERAPEUTIC AND EMERGENCY A HEALTH CARE SERVICES. LC EMPLOYS PHYSICIANS IN OVER 40 MEDICAL AND SURGICAL SPECIALTIES, INCLUDING PRIMARY CARE. THE PHYSICIANS OF LAHEY CLINIC, INC. PROVIDE TERTIARY CARE IN TWO LOCATIONS OF A LICENSED HOSPITAL THAT IS COMPRISED OF 345 LICENSED BEDS AS WELL AS OTHER MEDICAL OFFICES IN THE COMMUNITY. THE PHYSICIANS AND MEDICAL STAFF OF LC TREAT MORE THAN ONE MILLION PATIENTS AT THE PHYSICIAN OFFICES, OVER 66,000 IN THE EMERGENCY ROOM AND PROVIDE OVER 21,000 SURGICAL PROCEDURES AND HOSPITAL DISCHARGES OF APPROXIMATELY 21,000 PATIENTS ON AN ANNUAL BASIS. LC PHYSICIANS PROVIDE EMERGENCY CARE TO PATIENTS IN LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER (LHMC)'S EMERGENCY DEPARTMENT IN BURLINGTON, MASSACHUSETTS 24 HOURS A DAY, 7 DAYS A WEEK. AS A LEVEL I TRAUMA CENTER LC SURGEONS ARE AVAILABLE TO TREAT THE MOST CRITICALLY INJURED AND ILL PATIENTS. THE EMERGENCY DEPARTMENT PHYSICIANS ALSO SERVE AS "MEDICAL CONTROL" FOR VARIOUS AREA AMBULANCE SERVICES, FOR WHICH THEY DIRECT PRE-HOSPITALIZATION CARE BY RADIO TO PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS IN THE FIELD. LC PHYSICIANS ALSO PROVIDE 24-HOUR EMERGENCY CARE TO PATIENTS AT THE LHMC PEABODY CAMPUS. IN ADDITION, LC PHYSICIANS TRAIN RESIDENTS FROM THE BOSTON UNIVERSITY EMERGENCY MEDICINE PROGRAM. THESE RESIDENT COMPLETE ROTATIONS AT LHMC UNDER THE SUPERVISION OF LC PHYSICIANS DURING THEIR SECOND AND FOURTH YEARS OF STUDY. ADDITIONAL INFORMATION RELATED TO THE RESIDENT TRAINING PROGRAM IS INCLUDED IN THE LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC) FORM 990 SCHEDULE H.</p>

990 Schedule O, Optional Information

Return Reference	Explanation
PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	<p>ANCILLARY SERVICES: RADIOLOGY, DIAGNOSTIC CARE AND TREATMENT LAHEY CLINIC (LC) PHYSICIANS PROVIDE, REVIEW AND INTERPRET A WIDE RANGE OF DIAGNOSTIC AND INTERVENTIONAL SERVICES CURRENTLY AVAILABLE IN IMAGING. THE TEAM OF MORE THAN 40 BOARD CERTIFIED RADIOLOGISTS PROVIDES SUBSPECIALTY EXPERTISE IN BREAST IMAGING, CT SCAN, GASTROINTESTINAL IMAGING, GENITOURINARY IMAGING, INTERVENTIONAL RADIOLOGY, INTERVENTIONAL NEURORADIOLOGY, MRI, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE (INCLUDING SINGLE-PHOTON EMISSION COMPUTED TOMOGRAPHY SCANNING CAPABILITIES AND A RADIONUCLIDE THERAPY PROGRAM), PET/CT IMAGING, THORACIC IMAGING, ULTRASOUND, VASCULAR IMAGING AND WOMEN'S IMAGING. LHMC DIAGNOSTIC RADIOLOGY IS ENTIRELY DIGITAL AND LC PHYSICIANS ARE TRAINED TO INTERPRET SCANS AND IMAGES ON ONE OF THE MOST COMPREHENSIVE PACS (PICTURE ARCHIVAL COMMUNICATIONS SYSTEM) SYSTEMS IN THE COUNTRY. LC PATIENTS RECEIVE THE MOST ACCURATE DIAGNOSES FROM LC TRAINED PHYSICIANS USING DIAGNOSTIC MODALITIES SUCH AS DIGITAL MAMMOGRAPHY INCLUDING 3-D TOMOSYNTHESIS, CT SCANNERS WITH RADIATION DOSE REDUCTION SOFTWARE, A BARIATRIC CT SCANNER AND MRI UNITS INCLUDING AN OPEN MAGNET AND A 3-TESLA MAGNET. PHYSICIANS AT THE LHMC BURLINGTON CAMPUS ALSO OFFER A FULL RANGE OF CARDIAC DIAGNOSTIC AND THERAPEUTIC MODALITIES WORKING IN A MULTIDISCIPLINARY MANNER WITH THE CARDIOLOGISTS AND PROVIDING CARE INCLUDING A CARDIAC CARE IN THE CARDIAC CATHETERIZATION AND ELECTROPHYSIOLOGY LABORATORIES. LC PHYSICIANS REVIEW AND INTERPRET MORE THAN 319,000 IMAGING EXAMINATIONS ANNUALLY IN THREE LOCATIONS: LAHEY HOSPITAL & MEDICAL CENTER (LHMC), BURLINGTON, LAHEY MEDICAL CENTER, PEABODY AND LAHEY OUTPATIENT CENTER, LEXINGTON. AS NOTED FURTHER IN THE FORM 990 SCHEDULE H OF LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER (LHMC), LHMC IS A TEACHING HOSPITAL FOR THE TUFTS UNIVERSITY SCHOOL OF MEDICINE. LAHEY CLINIC BOARD CERTIFIED RADIOLOGISTS, TRAIN THE RADIOLOGISTS OF TOMORROW AS PART OF LC'S COMMITMENT TO MEDICAL EDUCATION. RESIDENTS PARTICIPATE IN A FOUR-YEAR RADIOLOGY RESIDENCY PROGRAM AND POST-RESIDENCY FELLOWSHIP TRAINING IS ALSO OFFERED IN FIELDS SUCH AS ABDOMINAL IMAGING, MUSCULOSKELETAL IMAGING AND INTERVENTIONAL NEURORADIOLOGY. INTERVENTIONAL RADIOLOGY AND RADIATION ONCOLOGY IN ADDITION TO THE DIAGNOSTIC CARE NOTED ABOVE, LAHEY CLINIC (LC) RADIOLOGISTS TREAT PATIENTS DIRECTLY IN AREAS SUCH AS INTERVENTIONAL RADIOLOGY AND ONCOLOGY. AS PART OF LHMC'S INTERVENTIONAL RADIOLOGY, LC PHYSICIANS PROVIDE STATE-OF-THE-ART 3-D AND BIPLANE INTERVENTIONAL ANGIOGRAPHY, AS WELL AS INTERVENTIONAL RADIOLOGY PROCEDURES IN SUCH SUBSPECIALTIES AS INVASIVE CARDIOLOGY, PERIPHERAL VASCULAR AND UROLOGY PROCEDURES AS WELL AS A DEDICATED INTERVENTIONAL NEURORADIOLOGY SERVICE WHERE PHYSICIANS PROVIDE INNOVATIVE IMAGING-GUIDED PROCEDURES FOR PATIENTS DIAGNOSED WITH VASCULAR (BLOOD VESSEL) DISEASES OF THE CENTRAL NERVOUS SYSTEM, INCLUDING THE BRAIN AND SPINE. LC PHYSICIANS ARE EXPERT IN THE INTERVENTIONAL TR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>EATMENT OF ACUTE STROKES, ANEURYSMS, AND ARTERIOVENOUS MALFORMATIONS (AVMS), A CONGENITAL CONDITION INVOLVING A TANGLE OF ABNORMALLY CONNECTED ARTERIES AND VEINS IN THE HEAD. IN AD DITION, LC'S MULTIDISCIPLINARY APPROACH MEANS THAT RADIOLOGISTS WORK CLOSELY WITH OTHER CL INICAL DEPARTMENTS AND LC PHYSICIAN SPECIALISTS PRACTICING IN AREAS SUCH AS ENDOCRINOLOGY, NEUROLOGY AND NEUROSURGERY, ORTHOPAEDICS AND CARDIOLOGY (INCLUDING A FULL RANGE OF CARDIA C DIAGNOSTIC AND THERAPEUTIC MODALITIES IN THE CARDIAC CATHETERIZATION AND ELECTROPHYSIOLO GY LABORATORIES). THIS MULTIDISCIPLINARY APPROACH ENSURES THE BEST OPTIONS AND BEST COURSE OF TREATMENT FOR PATIENTS. THESE PROCEDURES BENEFIT PATIENTS OFFERING A MINIMALLY INVASIV E OPTION WHEN POSSIBLE, THEREBY ELIMINATING THE NEED FOR OPEN SURGERY, TREATING CONDITIONS THAT ARE OTHERWISE DIFFICULT TO TREAT OR ARE UNTREATABLE BY OPEN SURGERY AND ALLOWING FOR SHORTER PATIENT RECOVERY TIMES. THE LAHEY TEAM HAS PERFORMED MORE THAN 6,000 PROCEDURES I N THE AREAS DESCRIBED ABOVE. PHYSICIANS WITHIN THE LAHEY CLINIC (LC) DEPARTMENT OF RADIATI ON ONCOLOGY PROVIDE COMPREHENSIVE TREATMENT FOR PATIENTS WITH CANCER THROUGH THE USE OF TH REE LINEAR ACCELERATORS AND SOPHISTICATED COMPUTER EQUIPMENT FOR TREATMENT PLANNING, WHICH INCLUDES CT SIMULATORS, AND THEY ALSO PROVIDE ONGOING FOLLOW-UP CARE FOR ONCOLOGY PATIENT S THROUGH OTHER DEPARTMENTAL SERVICES INCLUDING A FULLY ACCREDITED MAMMOGRAPHY SERVICE, MA GNETIC RESONANCE MAMMOGRAPHY AND ULTRASOUND SERVICES. THE PATIENT CARE TREATMENT PHILOSOPHY IS ROOTED IN TEAMWORK, EASE OF ACCESS AND PATIENT EMPOWERMENT. RECOGNIZING THAT EACH PAT IENT'S ONCOLOGY NEEDS ARE UNIQUE, LAHEY OFFERS A FULL RANGE OF TREATMENT OPTIONS TO MEET T HE SPECIFIC NEEDS OF EACH PATIENT. EMBRACING A TEAM APPROACH THAT INVOLVES THE PATIENT EVE RY STEP OF THE WAY ALLOWS LC PHYSICIANS TO PAVE THE WAY FOR SUPERIOR OUTCOMES, INCREASED P ATIENT SATISFACTION AND, MOST IMPORTANT OF ALL, A HIGHER RATE OF SURVIVORSHIP. IN CONJUNCT ION WITH ONCOLOGY CARE, LC PHYSICIANS COORDINATE MULTIDISCIPLINARY CARE FOR PATIENTS WORKI NG WITH TEAMS IN OTHER DEPARTMENTS AS NECESSARY, SUCH AS HEMATOLOGY, CANCER SERVICES AND T HE FAMILIAL CANCER RISK ASSESSMENT CENTER. THIS COLLABORATION ALLOWS PHYSICIANS TO PROVIDE PERSONALIZED, COMPASSIONATE CARE TO PATIENTS. THIS SAME MULTIDISCIPLINARY APPROACH ALSO E XTENDS TO POST-CANCER CARE.</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>GENERAL MEDICINE PRIMARY CARE AND ENDOSCOPY: GENERAL INTERNAL MEDICINE PHYSICIANS OFFER A LARGE COMPREHENSIVE CARE TEAM FOR PRIMARY HEALTH CARE NEEDS IN A MODERN PATIENT CENTER IN BURLINGTON AS WELL AS IN COMMUNITY BASED SETTINGS IN LEXINGTON, PEABODY AND OTHER COMMUNITY LOCATIONS THROUGHOUT NORTHEASTERN MASSACHUSETTS. PRIMARY CARE PHYSICIANS (PCPS) ARE MEDICAL DOCTORS WHO GENERALLY PROVIDE THE FIRST CONTACT FOR A PATIENT WITH A NON-EMERGENT UNDIAGNOSED HEALTH CONCERN, AS WELL AS CONTINUING CARE FOR A VARIETY OF MEDICAL CONDITIONS. THE PATIENT CARE FACILITY IN BURLINGTON SUPPLEMENTS PRIMARY CARE WITH A RADIOLOGY SUITE FOR X-RAYS, A PHLEBOTOMY STATION FOR BLOOD DRAWS, AND A PHARMACY TO HELP PROVIDE SEAMLESS CARE FOR LOCAL PATIENTS. AS EXPERTS IN ADULT MEDICINE, LAHEY CLINIC PRIMARY CARE PROVIDERS WORK TOGETHER IN TEAMS TO DELIVER COMPREHENSIVE AND COMPASSIONATE HEALTH CARE. IN A TYPICAL FISCAL YEAR, APPROXIMATELY 60 PRIMARY CARE AND ADVANCED PRACTITIONERS WILL SEE 9489,000 PATIENTS ANNUALLY IN THE BURLINGTON LOCATION ALONE. ENDOSCOPY SPECIALISTS AT THE LAHEY CLINIC TREAT PATIENTS IN THE LHMC ENDOSCOPY CENTER, PROVIDING A FULL RANGE OF ENDOSCOPY CARE, WHETHER PATIENTS NEED A DIAGNOSIS OR TREATMENT FOR A GASTROINTESTINAL, COLON OR RECTAL CONDITION. THIS STATE-OF-THE-ART ENDOSCOPY CENTER RECENTLY EXPANDED TO MORE THAN 13,000 SQUARE FEET TO MEET INCREASING PATIENT DEMAND WHILE ENHANCING A PATIENT'S EXPERIENCE. THE NEW FACILITY INCLUDES BOTH REGULAR AND ADVANCED PROCEDURE ROOMS, PRE-PROCEDURE AND POST-PROCEDURE BAYS FOR BOTH OUTPATIENTS AND INPATIENTS, LIGHT-FILLED WAITING ROOMS AND ITS OWN ENTRANCE AND PARKING LOT. THE SPACE ALSO INCLUDES UPDATED IMAGING EQUIPMENT, ADVANCED REPROCESSING TECHNOLOGY AND SEPARATE PROCESSES SUPPORTING THE DIFFERENCES BETWEEN OUTPATIENTS AND INPATIENTS. ADDITIONALLY, THIS NEW UNIT HAS THE LARGEST AUTOMATED CLEANING SYSTEM IN THE REGION, WHICH REDUCES THE RISK OF HUMAN ERROR AND CROSS-CONTAMINATION, ENSURING SAFE, PATIENT-READY ENDOSCOPES FOR EVERY PROCEDURE. LOCAL ENDOSCOPY SPECIALISTS PERFORM SCREENINGS AND PROCEDURES FOR CONDITIONS OF THE LIVER, BILIARY TREE, PANCREAS AND GASTROINTESTINAL TRACT, INCLUDING ESOPHAGUS, COLON AND RECTUM. PROCEDURES INCLUDE EVERYTHING FROM COLON CANCER SCREENINGS TO TREATMENTS FOR SWALLOWING DISORDERS, BILE DUCT DISORDERS, MOTILITY PROCEDURES, INCLUDING TESTS THAT MEASURE ACID REFLUX, CHECK PH LEVELS AND/OR MEASURE THE MUSCLE STRENGTH IN A PATIENT'S ESOPHAGUS AS WELL AS TUMOR DIAGNOSIS USING ENDOSCOPIC ULTRASOUND. PHYSICIANS ALSO OFFER MANY ADVANCED PROCEDURES SUCH AS ENTEROSCOPY, ERCP (ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY) AND EUC (ENDOSCOPIC ULTRASOUND) WHICH ALLOW THESE SPECIALISTS TO VIEW AN D TREAT CONDITIONS IN HARD-TO-REACH AREAS OF THE BILE DUCTS, PANCREAS AND SMALL INTESTINES. AS TEACHING PHYSICIANS, THESE SPECIALISTS ARE AT THE FOREFRONT OF FINDING NEW WAYS TO USE ENDOSCOPIC TOOLS AND PROCEDURES TO IMPROVE CARE AND TREATMENTS. ADVANCED TECHNOLOGY AIDS LOCAL PHYSICIANS IN MAKING A MORE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	E PRECISE DIAGNOSIS WHICH IN TURN, ALLOWS FOR MORE TARGETED TREATMENTS FOR CONDITIONS THAT CAN BE DIFFICULT TO PINPOINT. PATIENTS RECEIVE A DIAGNOSIS AND CARE QUICKLY THROUGH LAHEY 'S ENDOSCOPY ON DEMAND SERVICE. A PATIENT'S PRIMARY CARE DOCTOR CAN REFER THEM AND SCHEDULE DIAGNOSTIC AND URGENT THERAPEUTIC PROCEDURES FOR THE PATIENT RIGHT AWAY. A GASTROENTEROLOGIST WILL THEN DISCUSS THE RESULTS WITH THE PATIENT AND THEIR DOCTOR.

990 Schedule O, Open Information

Return Reference	Explanation
PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS:	<p>BILH'S COVID-19 RESPONSE IN FY 2020: BETH ISRAEL LAHEY HEALTH ("BILH") QUICKLY AND EFFECTIVELY MARSHALLED ITS RESOURCES TO MOUNT A COMPREHENSIVE RESPONSE TO THE COVID-19 PANDEMIC. SINCE THE START OF THE PANDEMIC (THROUGH JUNE OF 2021), BILH HAS TREATED OVER 8,500 HOSPITALIZED PATIENTS WITH COVID-19 AND PERFORMED MORE THAN 700,000 COVID-19 DIAGNOSTIC TESTS. HIGHLIGHTS OF THE SYSTEM'S PANDEMIC RESPONSE IN FY 2020 INCLUDE: BILH QUICKLY ESTABLISHED AN EMERGENCY OPERATIONS CENTER ("EOC") TO ALIGN SYSTEM EFFORTS ACROSS ITS HOSPITALS AND OTHER BUSINESS UNITS AND WITH EXTERNAL ENTITIES, INCLUDING THE STATE GOVERNMENT. THE EOC HELD REGULAR MEETINGS WITH INCIDENT COMMANDERS, EMERGENCY MANAGERS, AND SENIOR LEADERS FROM BILH HOSPITALS, PRIMARY CARE, AND OTHER SYSTEM ENTITIES TO COORDINATE PLANS, POLICIES, AND COMMUNICATIONS. IT PARTICIPATED IN WEEKLY CONFERENCE OF BOSTON TEACHING HOSPITALS ("COBTH") CALLS AND MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COMMAND CENTER CALLS. A KEY ROLE OF THE EOC INVOLVED MANAGING THE FLOW OF INTERNAL AND EXTERNAL INFORMATION TO ENSURE SITUATIONAL AWARENESS AND ALIGNMENT OF RESPONSES TO THE PANDEMIC. FINALLY, THE EOC WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO CENTRALIZE COVID-19 RELATED DATA COLLECTION AND REPORTING FOR THE SYSTEM, COMMONWEALTH, AND FEDERAL GOVERNMENT. IN MARCH 2020, BETH ISRAEL DEACONESS MEDICAL CENTER ("BIDMC") BECAME ONE OF THE FIRST HOSPITAL LABORATORIES IN THE STATE TO BEGIN IN-HOUSE HIGH-THROUGHPUT POLYMERASE CHAIN REACTION ("PCR") COVID-19 TESTING FOR PATIENTS AND HEALTHCARE WORKERS. BIDMC'S LABORATORY PROVIDED THIS TEST TO BILH HOSPITALS AND OTHER COMMUNITY PARTNERS, SUCH AS HEALTH CENTERS AND CORRECTIONS FACILITIES, AT A TIME OF CRITICAL SUPPLY SHORTAGE. THROUGHOUT THE PANDEMIC, BILH WORKED TOWARD ADDITIONAL IN-HOUSE TESTING CAPABILITIES, INCLUDING HIGH-THROUGHPUT THERMO FISHER INSTRUMENTS AT LAHEY HOSPITAL & MEDICAL CENTER ("LHMC"). THE SYSTEM OPERATIONALIZED MULTIPLE DRIVE-THROUGH COVID-19 TESTING SITES TO ENABLE EASY ACCESS FOR PATIENTS AND STAFF. IN THE SUMMER OF 2020, TO EXPAND HOSPITAL AND CLINIC-BASED COVID-19 TESTING SITES, BILH OPENED AN ADDITIONAL HIGH-CAPACITY DRIVE-THROUGH TESTING SITE IN WOBURN. TO ENSURE CONTINUED ACCESS TO CARE FOR ITS PATIENTS, BILH PRIMARY CARE RAPIDLY DEPLOYED A TELEHEALTH STRATEGY, QUICKLY TRANSITIONED TO COHORT CLINICS TO CARE FOR SICK PATIENTS, AND SUCCESSFULLY MANAGED A PHASED REOPENING BY JULY 2020. BILH ESTABLISHED A TEMPORARY COMMUNITY CRISIS STABILIZATION UNIT AT NEW ENGLAND BAPTIST HOSPITAL TO MANAGE BEHAVIORAL HEALTH PATIENT VOLUME DURING THE PANDEMIC. BILH ESTABLISHED A DAILY HUDDLE CONSISTING OF BILH ED AND BEHAVIORAL HEALTH LEADERS TO DETERMINE APPROPRIATE PATIENT TRANSFERS TO THE UNIT. BILH'S VIRTUAL TRANSFER CENTER WAS FORMED IN SEPTEMBER 2019 TO OPTIMIZE SYSTEM-WIDE BED CAPACITY USING REAL-TIME INFORMATION EXCHANGE AMONG THE THREE EXISTING TRANSFER CENTERS AT BIDMC, LHMC AND MOUNT AUBURN HOSPITAL ("MAH"). THE TRANSFER TEAM PERSONNEL AT THESE CENTERS</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS:	<p>WORK TOGETHER AS A SINGLE "VIRTUAL" CENTER TO ACCOMMODATE INCOMING TRANSFER REQUESTS BY MAKING ALL BEDS AVAILABLE IN THE SYSTEM BASED ON FACILITY CAPACITY AND LEVEL OF CARE REQUIRED. THE TRANSFER CENTER ENHANCED PATIENT QUALITY, SAFETY, AND ACCESS BY LOAD BALANCING COVID PATIENTS ACROSS ALL OF ITS HOSPITALS SO THAT THESE PATIENTS RECEIVED TIMELY ACCESS TO THE TYPE OF BED AND LEVEL OF CARE NEEDED. BILH COLLABORATED WITH EXTERNAL ENTITIES TO STAND UP A 1,000-BED FIELD HOSPITAL, THE BOSTON HOPE HOSPITAL, AND OPEN AND STAFF A COVID HOTEL FOR UNDERSERVED COMMUNITIES. BILH LAUNCHED A WEBSITE TITLED THE CORONAVIRUS RESOURCE CENTER TO PROVIDE ITS PATIENT COMMUNITY WITH UP-TO-DATE INFORMATION REGARDING THE SYSTEM'S RESPONSE TO THE PANDEMIC, AVAILABLE RESOURCES SUCH AS TESTING SITES, AND INNOVATION EFFORTS UNDERWAY THROUGHOUT BILH (E.G., VAPORIZED HYDROGEN PEROXIDE STERILIZATION FOR N95 RESPIRATORS). BILH LAUNCHED AN INTERNAL WEBSITE WITH RESOURCES FOR ITS STAFF AS WELL. BILH CREATED SYSTEM-WIDE GUIDELINES FOR INFECTION PREVENTION ACROSS MANY DOMAINS, INCLUDING PATIENT AND VISITOR SCREENING AND THE RECONFIGURATION OF AMBULATORY CLINIC SPACES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING. BILH'S HUMAN RESOURCES TEAM DEVELOPED AND PROVIDED SYSTEM-WIDE PROGRAMS, POLICIES, AND TOOLS TO ENSURE ITS HOSPITALS WERE ABLE TO SUPPORT THE PHYSICAL AND EMOTIONAL WELL-BEING OF ITS STAFF WHILE DELIVERING SAFE, EFFECTIVE CARE TO ITS PATIENTS. EXAMPLES OF THESE RESOURCES INCLUDE AN ENHANCED SUPPLEMENTAL LEAVE POLICY; AN EASY-TO-USE, AUTOMATED EMPLOYEE COVID-19 SYMPTOM ATTESTATION TOOL; AN ONLINE, COGNITIVE BEHAVIORAL TREATMENT PROGRAM FOR MANAGING ANXIETY; AND TELECOMMUTING GUIDELINES. IN LATE MARCH 2020 BILH CREATED HOUSING FOR QUARANTINE OF STAFF EXPOSED TO COVID-19. HOUSING WAS SET UP AT A LOCAL UNIVERSITY AND HOTELS COVERING THE NETWORK'S SERVICE AREA. APPROXIMATELY 300 STAFF MEMBERS TOOK ADVANTAGE OF THE HOUSING FROM MARCH TO JULY 2020. IN ADDITION TO HOUSING, FOOD AND SUPPLY DELIVERY SERVICES WERE CREATED TO MINIMIZE PUBLIC CONTACT. BILH COLLABORATED REGULARLY WITH COMMUNITY HEALTH CENTER ("CHC") AFFILIATES ON COVID-RELATED CARE, TESTING, PERSONAL PROTECTIVE EQUIPMENT ("PPE"), AND PATIENT OUTREACH. BILH SHARED REAL-TIME ACCESS TO BILH COVID-19-RELATED OPERATIONAL POLICIES, PROCESSES, AND GUIDELINES IN ADDITION TO TRANSLATED PATIENT HANDOUTS, FLYERS, AND SOCIAL MEDIA GRAPHICS AROUND THE "STOP THE SPREAD" CAMPAIGN. AS HEALTH CENTERS WORKED TO ESTABLISH STABLE SUPPLY CHAINS OF PPE, BILH DONATED GLOVES, N95S, ISOLATION GOWNS, DISINFECTANT WIPES, EYE PROTECTION, HAND SANITIZER, AND SURGICAL MASKS. BILH DEPLOYED STAFF AT COMMUNITY TESTING SITES SUCH AS AT THE DIMOCK CENTER. CHC STAFF WERE INCLUDED IN THE AFOREMENTIONED BILH-FUNDED TEMPORARY HOUSING PROGRAM FOR STAFF. BILH ALSO SUPPORTED SAFETY NET AFFILIATE HOSPITALS WITH REAL-TIME BILH COVID-19 PROTOCOLS AND POLICIES, MED/SURG AND ICU BED LOAD-BALANCING EFFORTS, ICU STAFFING, AND PPE NEEDS. IN FY 2021, BILH CONTINUED TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS:	LAY A SIGNIFICANT ROLE IN THE COMMONWEALTH'S RESPONSE TO THIS UNPRECEDENTED PUBLIC HEALTH CRISIS, MOST NOTABLY THROUGH ITS PATIENT VACCINATION EFFORTS. BILH WILL PROVIDE DETAIL ON THESE EFFORTS IN ITS FY 2021 TAX RETURN FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III	IN ADDITION, AS NOTED FURTHER BELOW, THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES ENGAGED IN SIGNIFICANT ACTIVITIES SUPPORTING BEHAVIORAL HEALTH IN THE PRIMARY CARE AND OTHER HEALTHCARE SETTINGS AS WELL AS OTHER HEALTHCARE INITIATIVES FOR THE COMMUNITIES SERVED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV, LINE 12:	THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV, LINE 24A: STATEMENT REGARDING TAX EXEMPT BOND ISSUE	AS DESCRIBED IN THIS FORM 990 BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF AND SOLE MEMBER OF THE LAHEY CLINIC FOUNDATION, WHICH IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC, INC. DURING THIS SAME PERIOD, LAHEY CLINIC, INC WAS A MEMBER OF THE BILH OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS ISSUED THROUGH BILH OR THROUGH A PREVIOUS OBLIGATED GROUP WHICH IS NOW A PART OF THE BILH OBLIGATED GROUP. THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BILH OBLIGATED GROUP OUTSTANDING TAX EXEMPT DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002, ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON LAHEY CLINIC, INC'S BALANCE SHEET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV, LINE 24B:	AS REPORTED ON THE FORM 990 SCHEDULE K, THE LAHEY HEALTH SYSTEM INC. SERIES F BONDS WHICH WERE ISSUED IN 2015 ARE NOW PART OF THE BETH ISRAEL LAHEY HEALTH OBLIGATED GROUP DEBT. THE BONDS WERE ISSUED IN 2015 AND AS OF SEPTEMBER 30, 2020 THERE WAS A BALANCE REMAINING IN THE CONSTRUCTION FUND. PROCEEDS IN THE CONSTRUCTION FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, AND WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 11F:	EACH ENTITY WITHIN THE BETH ISRAEL LAHEY HEALTH, INC. (BILH) SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN LAHEY CLINIC, INC. 04-2704683 MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. THE SYSTEM DID NOT RECOGNIZED THE EFFECT OF ANY INCOME TAX POSITION IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART V, QUESTION 7G:	LAHEY CLINIC, INC. DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>THE GOAL OF THE BYLAW AMENDMENTS WAS TO PROVIDE CLARIFICATION AND TO ALIGN THE LANGUAGE WITH CURRENT/BEST GOVERNANCE PRACTICES. THE AMENDMENTS INCLUDE: 1. TECHNICAL CHANGES AMENDS PURPOSES OF THE CORPORATION TO INCORPORATE DEEPER ARTICULATION OF THE BILH SYSTEM'S CORE VALUES CLARIFIES HOW THE BILH BOARD MAY FUNCTIONALLY TAKE ACTION IN ITS CAPACITY AS THE INDIRECT/DIRECT SOLE CORPORATE MEMBER OF EACH HOSPITAL. REMOVES DUPLICATIVE SENTENCES/MAKES CLARIFYING CHANGES FOR EASE OF READING THROUGHOUT BYLAWS. REMOVES TRANSITION LANGUAGE THAT IS NO LONGER APPLICABLE. RESTRUCTURES THE BYLAWS OF LAHEY CLINIC FOUNDATION, INC., LAHEY CLINIC HOSPITAL, INC., AND LAHEY CLINIC, INC. ("LCI") TO BETTER REFLECT THAT THE THREE ENTITIES HAVE MIRROR BOARDS, COMMITTEES, AND OFFICERS. 2. CLARIFICATIONS REGARDING BOARD OF TRUSTEES AND COMMITTEES CLARIFIES THAT ANY TRUSTEES OR COMMITTEE MEMBERS WITH A TERM FEWER THAN OR MORE THAN THREE YEARS WILL BE CONSIDERED A FULL, THREE-YEAR TERM IF: (A) IT WAS TO ACHIEVE STAGGERING OR (B) DUE TO A TERM COMMENCING AT ANY TIME OTHER THAN OCTOBER 1 OF A GIVEN YEAR. CLARIFIES THAT TRUSTEES AND COMMITTEE MEMBERS APPOINTED TO FILL VACANCIES WILL SERVE THE REMAINDER OF THE THREE-YEAR TERM VACATED AND WILL BE ELIGIBLE FOR UP TO TWO CONSECUTIVE THREE-YEAR TERMS FOLLOWING THE END OF SUCH VACATED TERM. ALIGNS THE HOSPITAL BOARD'S ANNUAL MEETING WITH THE BILH BOARD'S ANNUAL MEETING IN SEPTEMBER. GIVES HOSPITAL BOARD FLEXIBILITY TO ESTABLISH THE OPTIONAL STANDING COMMITTEES LISTED IN THE BYLAWS WITHOUT BILH BOARD APPROVAL. CLARIFIES THAT AD HOC COMMITTEES MAY BE ESTABLISHED NOT ONLY BY A MAJORITY OF THE TRUSTEES, BUT ALSO BY THE BOARD CHAIR (OR A COMMITTEE CHAIR IN CONSULTATION WITH THE BOARD CHAIR), AND THAT THESE COMMITTEES ARE INTENDED TO BE ESTABLISHED FOR SPECIFIC TASKS ON A SHORT-TERM BASIS. CONFIRMS THAT THE COMMUNITY BENEFITS COMMITTEE WILL BE AT THE BILH BOARD LEVEL AND EACH FIRST-TIER ENTITY WILL HAVE A STATUTORILY REQUIRED COMMUNITY BENEFITS ADVISORY COMMITTEE WHICH IS NOT A BOARD COMMITTEE. ADDS THE BOARD CHAIR AND PRESIDENT (OR THEIR RESPECTIVE DESIGNEES) EX OFFICIO TO ALL MANDATORY OR OPTIONAL STANDING COMMITTEES. CLARIFIES THAT THE CHAIRS OF THE FINANCE, QUALITY, AND GOVERNANCE/NOMINATING COMMITTEES WILL ACT AS THE PRINCIPAL LIAISON TO THE CORRESPONDING BILH COMMITTEE. GRANTS FLEXIBILITY TO THE GOVERNANCE/NOMINATING COMMITTEE TO OPERATE THROUGH ONE OR MORE SUBCOMMITTEES AND/OR GOVERNANCE/NOMINATING COMMITTEES. MAKES THE PHILANTHROPY COMMITTEE A MANDATORY RATHER THAN AN OPTIONAL STANDING COMMITTEE OF THE BOARD. AMENDS LCI COMPOSITION OF BOARD OF GOVERNORS AND THE TIME OF ELECTION TO THE BOARD OF GOVERNORS. 3. CLARIFICATIONS REGARDING OFFICERS CREATES TWO EX OFFICIO OFFICER POSITIONS: (1) ASSISTANT TREASURER AND (2) ASSISTANT CLERK. LIMITS OFFICERS TO THOSE ENUMERATED IN THE BYLAWS (CHAIR, VICE-CHAIR(S), PRESIDENT, TREASURER, CLERK, ASSISTANT TREASURER, ASSISTANT CLERK). REQUIRES CHAIR AND VICE CHAIR TO BE INDEPENDENT TRUSTEES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF LAHEY CLINIC FOUNDATION, THE MEMBER OF LAHEY CLINIC, INC..

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	LAHEY CLINIC, INC.'S GOVERNING BODY IS COMPRISED OF THE SAME INDIVIDUALS SERVING ON THE MEMBER'S GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE MEMBER OF LAHEY CLINIC, INC. HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN LAHEY CLINIC, INC.'S BYLAWS: SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSITIVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M.G.L.") CHAPTER 180, AS AMENDED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. IN ADDITION, EXCEPT AS ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRED BY M.G.L. CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. NOTWITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF THE BOARD : (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANTHROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENTS OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSOLIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER; (B) APPROVE OR REQUIRE ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES; OR (C) AMEND OR RESTATE THESE BYLAWS TO CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS. FOR THE PERIOD ENDING ON THE THIRD ANNIVERSARY OF THE DATE THE SYSTEM MEMBER BECOMES THE SOLE CORPORATE MEMBER OF THE MEMBER, THE SYSTEM MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFILIATION OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNANIMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE MEMBER) AND THE APPROVAL OF THE SYSTEM MEMBER'S BOARD OF TRUSTEES. NOTWITHSTANDING ANYTHING TO THE CONTRARY HEREIN, THE POWERS OF THE MEMBER SHALL BE SUBJECT TO PROVISIONS BELOW: " THE POWER OF THE MEMBER TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJECT TO THE FOLLOWING LIMITATIONS: (X) ALL STATUTORY POWERS THAT RESIDE IN THE MEMBER AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE MEMBER ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF, THE SYSTEM MEMBER; (Y) ALL STATUTORY POWERS THAT RESIDE IN THE MEMBER AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE SYSTEM MEMBER AFTER CONSULTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE MEMBER; AND (Z) OTHER THAN STATUTORY POWERS, THE [MEMBER] SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPRESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE MEMBER BY ACTION OF THE SYSTEM MEMBER'S BOARD." ANY ACTION TO BE TAKEN BY THE MEMBER OR THE SYSTEM MEMBER SHALL BE DEEMED DULY AUTHORIZED WHEN TAKEN, WITH RESPECT TO THE MEMBER, BY THE BOARD OF TRUSTEES OF THE MEMBER OR ITS DULY AUTHORIZED REPRESENTATIVE, AND WITH RESPECT TO THE SYSTEM MEMBER, BY THE SYSTEM MEMBER'S BOARD OR ITS DULY AUTHORIZED REPRESENTATIVE. ANY SUCH ACTIONS MAY BE TAKEN WITHOUT A MEETING IF CONFIRMED THROUGH A DULY AUTHORIZED WRITTEN COMMUNICATION BY THE RESPECTIVE BOARD OR ITS REPRESENTATIVE FILED WITH THE CLERK OF THE CORPORATION. IN EXERCISING ITS POWERS WITH RESPECT TO THE CORPORATION, THE MEMBER MAY CONSIDER THE RECOMMENDATIONS OF THE BOARD OF GOVERNORS OF LAHEY CLINIC, INC. THE POWERS AND RESPONSIBILITIES OF THE BOARD INCLUDE THE FOLLOWING: (A) PROVIDING RECOMMENDATIONS TO THE MEMBER REGARDING (I) APPOINTMENT, REAPPOINTMENT AND REMOVAL OF TRUSTEES, (II) THE ESTABLISHMENT OF THE CORPORATION'S POLICIES, (III) THE MAINTENANCE OF PATIENT CARE QUALITY, AND (IV) THE PROVISION OF CLINICAL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS; (B) ENSURING COMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING CREDENTIALING AND OTHER MEDICAL STAFF MATTERS; (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PLANNING, MAKING RECOMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL REVIEW OF THE CORPORATION'S STRATEGIC AND FINANCIAL PLAN AND GOALS; (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AND CAPITAL BUDGETS AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES; (E) MAKING RECOMMENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS; (F) PROVIDING OVERSIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY; (G) REVIEWING DISASTER PLANS THAT DEAL WITH BOTH INTERNAL (E.G., FIRE) AND EXTERNAL DISASTERS; AND (H) EVALUATING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONTINUE TO MEET COMMUNITY NEEDS. EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHALL ACT IN AN ADVISORY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWERS: (A) POWERS EXPRESSLY GRANTED BY THE MEMBER FROM TIME TO TIME; (B) POWER TO EXERCISE ITS AUTHORITY AS A MEMBER OF OTHER CORPORATIONS; (C) POWER TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) OR UNDER THESE BYLAWS WITH RESPECT TO THE MEMBER; AND (D) POWERS TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH SYSTEM, INC., BETH ISRAEL DEACONESS MEDICAL CENTER, INC., NEW ENGLAND BAPTIST HOSPITAL, INC., MOUNT AUBURN HOSPITAL, CAREGROUP, INC., AND SEACOAST REGIONAL HEALTH SYSTEMS, INC. THE POWERS OF THE BOARD IN CLAUSES (A) AND (B) OF THE PRECEDING SENTENCE SHALL BE SUBJECT TO THE RESERVED POWERS OF THE MEMBER SET FORTH IN SECTION 2.2. THE POWERS OF THE BOARD IN CLAUSE (C) AND (D) OF THE FIRST SENTENCE OF THIS PARAGRAPH SH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALL BE INDEPENDENT OF THE MEMBER AND NOT SUBJECT TO THE RESERVED POWERS OF THE MEMBER SET FORTH ABOVE. NOTWITHSTANDING CLAUSE (B) ABOVE, THE POWER OF THE CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJECT TO THE FOLLOWING LIMITATIONS: (X) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE CORPORATION ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF, THE MEMBER; (Y) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CONSULTATION WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPORATION; AND (Z) OTHER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPRESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF THE LAHEY CLINIC FOUNDATION (LCF), WHICH IS IN TURN, THE SOLE MEMBER OF LAHEY CLINIC, INC. LAHEY HEALTH SHARED SERVICES (LHSS) IS A SISTER ENTITY TO LCF. THIS FORM 990 IS PREPARED IN CONJUNCTION WITH THE LHSS FINANCE STAFF. IN ADDITION, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND DEPARTMENTS WITHIN BILH, LCF, LHSS AND LCI AND OTHER AFFILIATES TO ENSURE THAT OTHER FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS MAY INCLUDE: FINANCIAL ASSISTANCE AND REIMBURSEMENT, COMPLIANCE, GRADUATE MEDICAL EDUCATION, LEGAL, COMMUNITY BENEFITS, GOVERNANCE, DEVELOPMENT, HUMAN RESOURCES AND PAYROLL, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. THE TAX RETURNS REVIEWED BY THE BILH EXECUTIVE DIRECTOR, TAXATION, LAHEY CLINIC, INC.'S CHIEF FINANCIAL OFFICER AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF LAHEY CLINIC'S BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020 THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	LAHEY CLINIC, INC.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION: BETH ISRAEL LAHEY HEALTH TAX DEPARTMENT SCHRAFFT'S CITY CENTER, 4TH FLOOR, 529 MAIN STREET CHARLESTOWN, MA 02129

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 15	<p>AS NOTED THROUGHOUT THIS FILING, LAHEY CLINIC, INC IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES WITH BILH SERVING AS LAHEY CLINIC, INC'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BETH ISRAEL LAHEY HEALTH NETWORK. IN THIS ROLE BILH MAINTAINS THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOYEES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE BETH ISRAEL LAHEY HEALTH NETWORK AND TO THAT END, BILH HAS A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AND EXCEPT AS OTHERWISE NOTED BELOW, COMPENSATION REPORTED IN THIS FORM 990 FOR LAHEY CLINIC, INC'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE BILH COMPENSATION COMMITTEE. THE BILH COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW. THE BILH COMPENSATION COMMITTEE ESTABLISHES THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES INCLUDING THE BILH CHIEF EXECUTIVE OFFICER AS WELL AS OTHER MEMBERS OF SENIOR MANAGEMENT AT BILH AND ITS AFFILIATES. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UPON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. FOR SOME CATEGORIES OF POSITIONS, THE COMPENSATION COMMITTEE WILL REVIEW THE COMPENSATION STRUCTURE AND TARGETS AS A GROUP, RATHER THAN BY INDIVIDUAL. COMPENSATION FOR THE BILH CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTES TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BILH CEO. THE COMPENSATION PACKAGE FOR THE BILH CEO VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES. THE COMPENSATION COMMITTEE PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), REBUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION. IN ADDITION, AS REQUIRED BY THIS FORM 990 AND FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2020 COMPENSATION. PRIOR TO THE MARCH 1, 2019 LAHEY CLINIC, INC'S EMPLOYEES MAY HAVE RECEIVED COMPENSATION FROM ANOTHER ENTITY WITHIN THE LAHEY HEALTH SYSTEM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 15	NETWORK OF AFFILIATES. ON BEHALF OF ALL MEMBERS OF LAHEY HEALTH SYSTEM, INC. (LHS), LHS MAINTAINED A PROCESS WHICH CONTAINED THE SAME PROCEDURES AS NOTED ABOVE FOR BILH AND EACH OF THOSE INDEPENDENT COMPENSATION COMMITTEES MAINTAINED PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), REBUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION, AND THE COMPENSATION OF THE CHIEF EXECUTIVE FOR EACH ENTITY WAS SENT TO THE APPLICABLE BOARD FOR APPROVAL AFTER DELIBERATIONS BY THE ENTITY'S COMPENSATION COMMITTEE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15:	NETWORK OF AFFILIATES. ON BEHALF OF ALL MEMBERS OF LAHEY HEALTH SYSTEM, INC. (LHS), LHS MAINTAINED A PROCESS WHICH CONTAINED THE SAME PROCEDURES AS NOTED ABOVE FOR BILH AND EACH OF THOSE INDEPENDENT COMPENSATION COMMITTEES MAINTAINED PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), REBUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION, AND THE COMPENSATION OF THE CHIEF EXECUTIVE FOR EACH ENTITY WAS SENT TO THE APPLICABLE BOARD FOR APPROVAL AFTER DELIBERATIONS BY THE ENTITY'S COMPENSATION COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED FROM DONOR RESTRICTIONS FOR OPERATIONS -31,474,131. NET ASSETS RELEASED FROM DONOR RESTRICTIONS FOR PP&E -5,071,241. TRANSFER OF NET ASSETS 71,365,486. REALIZED GAINS (LOSSES) ON SALE OF SECURITIES 0. SUPPORT FROM LAHEY CLINIC FOUNDATION, INC. 0. INVESTMENT INCOME 0. ROUNDING CONTRIBUTIONS 0.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	<p>ON MARCH 1, 2019, LAHEY HEALTH SYSTEM INCLUDING THE LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER, WINCHESTER HOSPITAL, NORTHEAST HOSPITAL CORPORATION D/B/A BEVERLY HOSPITAL, ADDISON GILBERT HOSPITAL AND BAYRIDGE HOSPITAL, THE BETH ISRAEL DEACONESS SYSTEM INCLUDING BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS MILTON, BETH ISRAEL DEACONESS NEEDHAM AND BETH ISRAEL DEACONESS PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL, ANNA JAQUES HOSPITAL AS WELL AS ENTITIES FOR WHICH THESE LISTED ORGANIZATIONS SERVE AS SOLE MEMBER AND ADDITIONAL AFFILIATES CAME TOGETHER TO FORM BETH ISRAEL LAHEY HEALTH (BILH). AS A NEWLY CREATED HEALTHCARE SYSTEM, BILH ENGAGED KPMG TO PERFORM A FINANCIAL AUDIT OF THE SYSTEM. THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2020. THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND ITS AFFILIATES.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LAHEY CLINIC INC

Employer identification number

04-2704683

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CONCORD SPECIALISTS LLC RN529 MAIN ST 4TH FL RNCHARLESTOWN, MA 01805 35-2181829	HEALTHCARE	MA	0	0	LAHEY CLINIC INC

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 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	
See Additional Data Table												

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

(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) GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C					No
(2) HUNTINGFIELD CORPORATION C/O LCF 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 000000000	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C					No
(3) LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C					No
(4) LEDGEWOOD HEALTH CARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	MA	N/A	C					No
(5) NORTHEAST PROPRIETARY CORP 85 HERRICK STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C					No
(6) WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C					No
(7) WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C					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.

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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
See Additional Data Table			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PARTS I - V:	<p>DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL -- MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL -- NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAQUES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THESE ENTITIES MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. THE BY-LAW OF THESE ENTITIES REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS. REGS. 1.512(B)-1(L)(4). IN ADDITION, UNDER INTERNAL REVENUE CODE SECTION 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION. A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION. UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AND IT'S AFFILIATES ARE INCLUDED IN FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR.</p>

Additional Data

Software ID:
Software Version:
EIN: 04-2704683
Name: LAHEY CLINIC INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 46-4371382	PROFESSIONAL SERVICES & FINANCIAL SUPPORT	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
930 COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 87-3655583	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
110 FRANCIS ST BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CENTER	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 83-2671600	MANAGEMENT PROFESSIONAL & IT SUPPORT SERVICES	MA	501(C)(3)	12C, III-FI	N/A		No
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
C/O NRPN 600 CUMMINGS CTR BEVERLY, MA 01915 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	Yes	
130 KING ST WEST TORONTO, ONTARIO CA	FUNDRAISING ORG	CA			N/A		No
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2323457	FINANCIAL & OPERATIONAL SUPPORT TO LCI AND LCH	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes	
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC	Yes	
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC	Yes	
529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
375 LONGWOOD AVE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A		No
375 LONGWOOD AVE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
464 HILLSIDE AVE NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH PRIMARY CARE	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes	
199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3240453	FINANCIAL & OPERATIONAL SUPPORT	MA	501(C)(3)	12B, II	LAHEY HEALTH SHARED SERVICES INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes	
800 CUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION	Yes	
85 HERRICK ST BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
25 HIGHLAND AVE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes	
300 WASHINGTON ST GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes	
275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes	
41 HIGHLAND AVE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
41 HIGHLAND AVE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes	
41 HIGHLAND AVE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes	
41 HIGHLAND AVE WINCHESTER, MA 01890 04-3399570	PROFESSIONAL SERVICES & FINANCIAL SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes	
ONE JOSLIN PLACE BOSTON, MA 02215 04-2203836	PREVENTION, TREATMENT, AND CURE OF DIABETES	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes	
ONE JOSLIN PLACE BOSTON, MA 02215 22-2984590	PREVENTION, TREATMENT, AND CURE OF DIABETES	MA	501(C)(3)	12A, I	JOSLIN DIABETES CENTER INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
BIDCO PHYSICIAN LLC 600 UNICORN PARK DRIVE 4TH FLOOR WOBURN, MA 01801 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A					No			No	
BIDCO HOSPITAL LLC 247 STATION DRIVE NORTHWEST 1 WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A					No			No	
BILH INVESTMENT PARTNERSHIP LLP 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A					No			No	
PHYSICIAN PROFESSIONAL SERVICES LLP 200 RIVERS EDGE DRIVE MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A					No			No	
SHIELDS IMAGING AT ANNA JAQUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA	N/A					No			No	
NEBSC HOSPITAL HOLDINGS LLC 125 PARKER HILL AVE BOSTON, MA 02120 87-4293833	INVESTMENT PARTNERSHIP	MA	N/A					No			No	
NEW ENGLAND BAPTIST SURGERY CENTER LLC 40 ALLIED DRIVE DEDHAM, MA 02026 87-4311329	AMBULATORY SURGERY CENTER	MA	N/A					No			No	
BETH ISRAEL LAHEY HEALTH SURGERY CENTER PLYMOUTH LLC 41 RESNIK ROAD PLYMOUTH, MA 02360 88-3871838	SURGERY CENTER	MA	N/A					No			No	
WINCHESTER HOSPITALSHIELDS MRI LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 46-2523117	MRI SERVICES	MA	N/A					No			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
GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C						No
HUNTINGFIELD CORPORATION C/O LCF 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 000000000	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C						No
LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 HAMILTON BD	INSURANCE	BD	N/A	C						No
LEDGEWOOD HEALTH CARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	MA	N/A	C						No
NORTHEAST PROPRIETARY CORP 85 HERRICK STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C						No
WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C						No
WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C						No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BETH ISRAEL LAHEY HEALTH	O	1,467,759	FMV
BETH ISRAEL LAHEY HEALTH	P	184,484	FMV
BETH ISRAEL LAHEY HEALTH	Q	1,794,445	FMV
LAHEY CLINIC FOUNDATION INC	O	11,400,118	FMV
LAHEY CLINIC FOUNDATION INC	P	5,014,489	FMV
LAHEY CLINIC FOUNDATION INC	R	3,756,325	FMV
LAHEY CLINIC FOUNDATION INC	S	420,000	FMV
LAHEY CLINIC HOSPITAL INC	L	74,144	FMV
LAHEY CLINIC HOSPITAL INC	O	2,655,326	FMV
LAHEY CLINIC HOSPITAL INC	P	5,896,925	FMV
LAHEY CLINIC HOSPITAL INC	Q	50,960	FMV
LAHEY CLINIC HOSPITAL INC	R	513,021	FMV
LAHEY CLINIC HOSPITAL INC	S	71,003,931	FMV
LAHEY HEALTH SHARED SERVICES INC	O	1,097,195	FMV
LAHEY HEALTH SHARED SERVICES INC	P	54,855,290	FMV
LAHEY HEALTH SHARED SERVICES INC	R	31,041,915	FMV
NORTHEAST BEHAVIORAL HEALTH CORPORATION	L	130,044	FMV
NORTHEAST BEHAVIORAL HEALTH CORPORATION	R	315,889	FMV
NORTHEAST HOSPITAL CORPORATION	O	4,465,787	FMV
NORTHEAST MEDICAL PRACTICE INC	O	1,900,574	FMV
NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA LAHEY HEALTH AT HOME	O	523,547	FMV
NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA LAHEY HEALTH AT HOME	L	220,212	FMV
WINCHESTER HOSPITAL	L	1,425,226	FMV
WINCHESTER PHYSICIAN ASSOCIATES	L	562,933	FMV
WINCHESTER PHYSICIAN ASSOCIATES	O	578,292	FMV