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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

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Mary Hitchcock Memorial Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
One Medical Center Drive

City or town, state or province, country, and ZIP or foreign postal code
Lebanon, NH 03756

D Employer identification number

02-0222140

E Telephone number

(603) 650-5000

G Gross receipts \$ 1,561,895,119

F Name and address of principal officer:
JOANNE M CONROY MD
One Medical Center Drive
Lebanon, NH 03756

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.DARTMOUTH-HITCHCOCK.ORG

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

L Year of formation: 1889

M State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ADVANCING HEALTH THROUGH RESEARCH, EDUCATION, CLINICAL PRACTICE, COMMUNITY PARTNERSHIPS, AND PROVIDING EACH PERSON THE BEST CARE IN THE RIGHT PLACE, AT THE RIGHT TIME, EVERY TIME

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6,225

6 Total number of volunteers (estimate if necessary) 6 623

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 8,763,980

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

Revenue

8 Contributions and grants (Part VIII, line 1h) 29,386,191 28,349,009

9 Program service revenue (Part VIII, line 2g) 1,152,052,585 1,295,829,353

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 33,767,195 20,877,294

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 45,841,245 44,780,872

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,261,047,216 1,389,836,528

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 3,236,772 4,155,379

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) 679,850,538 746,284,236

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶205,841

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 527,386,727 575,126,652

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,210,474,037 1,325,566,267

19 Revenue less expenses. Subtract line 18 from line 12 50,573,179 64,270,261

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,448,110,334 1,550,625,147

21 Total liabilities (Part X, line 26) 820,807,995 868,932,139

22 Net assets or fund balances. Subtract line 21 from line 20 627,302,339 681,693,008

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

DANIEL P JANTZEN CPA CFO
Type or print name and title

2020-07-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ CROWE LLP
Firm's address ▶ 175 Powder Forest Drive
Simsbury, CT 060897902

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 35-0921680
Phone no. (860) 678-9200

PTIN P01231300

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

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

WE ADVANCE HEALTH THROUGH RESEARCH, EDUCATION, CLINICAL PRACTICE, AND COMMUNITY PARTNERSHIPS, PROVIDING EACH PERSON THE BEST CARE IN THE RIGHT PLACE, AT THE RIGHT TIME, EVERY TIME.

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 \$ 1,025,233,195	including grants of \$) (Revenue \$ 1,285,795,504)
See Additional Data				

4b	(Code:)	(Expenses \$ 70,106,578	including grants of \$ 4,155,379)	(Revenue \$ 43,430,658)
See Additional Data				

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

4e	Total program service expenses ▶	1,095,339,773
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1,178	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
DANIEL P JANTZEN CPA ONE MEDICAL CENTERD RIVE LEBANON, NH 03756 (603) 650-5634

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,416,140	11,933,661	1,823,318

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 ▶ 454

	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
Conifer Revenue Cycle Solutions LLC 1500 S Douglas Rd Ste 200 Ananheim, CA 92806	Revenue Management Services	29,631,793
American Healthcare Association PO Box 945 Traverse City, MI 49685	Staffing Services	10,509,738
Trustees of Dartmouth College 37 Dewey Field Hanover, NH 03755	Admin & Direct Support	9,422,672
Optio Health 390 Spaulding Ave SE Ada, MI 49301	Information Technology Services	6,651,347
PC Construction Company 193 Tilley Drive South Burlington, VT 05403	Construction Services	5,134,761

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 ▶ 124

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Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,379,035				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,969,974				
	g Noncash contributions included in lines 1a - 1f:\$ 1,204,593						
	h Total. Add lines 1a-1f 28,349,009						
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE	621110	1,189,522,229	1,188,475,351	1,046,878		
	b RESEARCH RELATED ACTIVITIES	621110	6,744,200	6,744,200			
	c PHARMACY INCOME	446110	97,667,361	95,550,255	2,117,106		
	d NEAH & PROGRAM RELATED INVESTMENTS	541990	1,895,563	740,711	1,154,852		
	e						
	f All other program service revenue.		0	0	0	0	
	g Total. Add lines 2a-2f 1,295,829,353						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,411,272			7,411,272	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real	(ii) Personal			
	b Less: rental expenses		943,298				
	c Rental income or (loss)		1,408,166				
	d Net rental income or (loss)		-464,868	0			
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses		184,116,447				
	c Gain or (loss)		170,272,291	378,134			
	d Net gain or (loss)		13,844,156	-378,134			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19		a				
	b Less: direct expenses		b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MEANINGFUL USE REFUND		621110	545,644	545,644			
b VENDOR & VHA REBATES		621110	3,907,827	3,907,827			
c CAFETERIA		722212	3,084,951		3,084,951		
d All other revenue			37,707,318	33,262,174	4,445,144		
e Total. Add lines 11a-11d			45,245,740				
12 Total revenue. See Instructions.			1,389,836,528	1,329,226,162	8,763,980		
					23,497,377		

Form 990 (2018)

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,588,875	2,588,875		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,566,504	1,566,504		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,223,669	2,934,893	6,131,315	157,461
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,011,743	865,947	1,097,416	48,380
7 Other salaries and wages	587,121,736	512,687,196	74,434,540	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,954,938	27,033,798	3,921,140	
9 Other employee benefits	78,387,653	68,458,092	9,929,561	
10 Payroll taxes	38,584,497	33,696,902	4,887,595	
11 Fees for services (non-employees):				
a Management				
b Legal	2,018,585	61,210	1,957,375	
c Accounting	681,645		681,645	
d Lobbying	27,300		27,300	
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)	87,700,222	73,703,826	13,996,396	0
12 Advertising and promotion	2,964,943	23,134	2,941,809	
13 Office expenses	16,717,677	12,414,846	4,302,831	
14 Information technology	16,227,747	1,228,031	14,999,716	
15 Royalties				
16 Occupancy	17,113,671	916,512	16,197,159	
17 Travel	4,239,392	2,488,441	1,750,951	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	199,879	198,676	1,203	
20 Interest	15,177,429	1,517,743	13,659,686	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,841,109	19,367,238	47,473,871	
23 Insurance	8,182,838	5,686,172	2,496,666	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	251,475,172	251,320,703	154,469	
b MEDICAID ENHANCEMENT TAX	54,954,120	54,954,120		
c EQUIPMENT RENTAL & MAINT	15,033,110	10,107,172	4,925,938	
d ACADEMIC, GME, TEACHING & EDUCATIONAL	7,305,867	5,615,675	1,690,192	
e All other expenses	8,265,946	5,904,067	2,361,879	0
25 Total functional expenses. Add lines 1 through 24e	1,325,566,267	1,095,339,773	230,020,653	205,841
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	22,093,437	1	47,978,831
	2	Savings and temporary cash investments	637,853	2	639,155
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	165,736,371	4	162,813,811
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	357,428	5	372,244
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	10,970,000	7	11,722,180
	8	Inventories for sale or use	19,449,482	8	19,562,504
	9	Prepaid expenses and deferred charges	12,380,174	9	10,655,043
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,199,120,458		
	b	Less: accumulated depreciation	787,169,355		
			420,784,300	10c	411,951,103
	11	Investments—publicly traded securities	478,587,381	11	554,941,393
	12	Investments—other securities. See Part IV, line 11	156,301,755	12	157,549,243
	13	Investments—program-related. See Part IV, line 11	7,382,716	13	6,282,288
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	153,429,437	15	166,157,352	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,448,110,334	16	1,550,625,147	
Liabilities	17	Accounts payable and accrued expenses	141,043,055	17	180,227,192
	18	Grants payable		18	
	19	Deferred revenue	5,835,994	19	4,113,693
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	581,255,207	23	581,142,070
	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	92,673,739	25	103,449,184
	26	Total liabilities. Add lines 17 through 25	820,807,995	26	868,932,139
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	541,814,181	27	591,992,644
	28	Temporarily restricted net assets	54,254,505	28	57,277,999
	29	Permanently restricted net assets	31,233,653	29	32,422,365
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	627,302,339	33	681,693,008	
34	Total liabilities and net assets/fund balances	1,448,110,334	34	1,550,625,147	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,389,836,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,325,566,267
3	Revenue less expenses. Subtract line 2 from line 1	3	64,270,261
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	627,302,339
5	Net unrealized gains (losses) on investments	5	13,291,280
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	-23,170,872
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	681,693,008

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

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

AS A COMPONENT OF NEW HAMPSHIRE'S ONLY INTEGRATED ACADEMIC MEDICAL CENTER, MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) PROVIDES THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH (GSM) SUPPORT FOR PHYSICIANS' UNPAID TEACHING TIME AS PART OF ITS COMMUNITY BENEFIT INITIATIVES. THIS SUPPORT CONSISTS OF THE TIME PHYSICIANS SPEND PROVIDING CLINICAL SUPERVISION AND EDUCATION FOR RESIDENTS AND MEDICAL STUDENTS. IN ADDITION, THE HOSPITAL PROVIDES IN-KIND SUPPORT FOR RESEARCH AND OTHER GRANTS REPRESENTING COSTS IN EXCESS OF AWARDS FOR NUMEROUS GRANT-FUNDED HEALTH RESEARCH AND SERVICE INITIATIVES AWARDED TO DARTMOUTH-HITCHCOCK CLINIC (DHC) AND GSM. OTHER COMMUNITY BENEFIT INITIATIVES INCLUDE SUBSIDIZING THE COSTS OF PROVIDING MEDICAL AND CLINICAL EDUCATION TO PROFESSIONALS ACROSS NEW HAMPSHIRE, VERMONT AND BEYOND AS WELL AS UNCOMPENSATED COSTS OF ACADEMIC AND MEDICAL RESEARCH ACTIVITIES. IN FY19, MHMH CONTINUED THE TRANSITION OF RESEARCH ACTIVITIES AND MANAGEMENT FROM GSM TO MHMH UNDER THE LEADERSHIP OF THE VICE PRESIDENT FOR RESEARCH OPERATIONS.

Form 990, Part III, Line 4b:

MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) IS AN ACUTE AND TERTIARY CARE TEACHING HOSPITAL LOCATED IN LEBANON, NEW HAMPSHIRE. MHMH PROVIDES A BROAD RANGE OF PATIENT SERVICES AND HEALTH RELATED COMMUNITY SERVICES, CONSISTENT WITH ITS ROLE AS A MAJOR TEACHING HOSPITAL, A TERTIARY CARE REFERRAL HOSPITAL, AND AS A PROSPECTIVE PAYMENT SYSTEM HOSPITAL (AS DEFINED BY CMS). MHMH PROVIDES A FULL RANGE OF SERVICES IN BOTH ACUTE AND CRITICAL MEDICINE, SURGERY, PSYCHIATRY AND REHABILITATION FOR INFANTS, CHILDREN AND ADULTS. DURING FY 2019, MHMH PROVIDED 131,587 ACUTE PATIENT DAYS OF INPATIENT SERVICE AND HAD 28,148 TOTAL ACUTE CARE DISCHARGES, WHILE MHMH'S EMERGENCY ROOM WAS OPEN TO THE PUBLIC 24 HOURS PER DAY, 7 DAYS PER WEEK AND HAD 29,458 DISCHARGES. DARTMOUTH-HITCHCOCK CLINIC (DHC) PROVIDES THE PHYSICIAN STAFF FOR THE HOSPITAL AND THE SOPHISTICATION ESSENTIAL FOR THE DEVELOPMENT OF THE HOSPITAL AS THE LARGEST AND ONLY TEACHING HOSPITAL IN NEW HAMPSHIRE AND THE DESIGNATION BY THE FEDERAL GOVERNMENT AS A RURAL REFERRAL CENTER FOR NORTHERN NEW ENGLAND. THE SHARED MISSION OF MHMH AND DHC IS TO ADVANCE HEALTH THROUGH RESEARCH, EDUCATION, CLINICAL PRACTICE, AND COMMUNITY PARTNERSHIPS, PROVIDING EACH PERSON THE BEST CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME, EVERY TIME. CONSISTENT WITH THIS MISSION AND IN PARTNERSHIP WITH DHC, MHMH PROVIDES HIGH-QUALITY, COST-EFFECTIVE, COMPREHENSIVE, AND INTEGRATED HEALTH CARE TO INDIVIDUALS, FAMILIES, AND THE COMMUNITIES IT SERVES, REGARDLESS OF A PATIENT'S ABILITY TO PAY. THROUGH FORMAL AFFILIATIONS AND OTHER CLINICAL COLLABORATIONS, MHMH ALSO SEEKS TO PARTNER WITH OTHER AREA HEALTH CARE PROVIDERS TO IMPROVE THE HEALTH STATUS OF THE REGION. THE JACK BYRNE CENTER FOR PALLIATIVE & HOSPICE CARE COORDINATES MHMH'S CLINICAL, EDUCATIONAL, AND RESEARCH EFFORTS AND VISITING NURSE ALLIANCES AROUND THE REGION TO OFFER MUCH-NEEDED END-OF-LIFE CARE FOR PATIENTS IN A CLINICAL SETTING THAT MEETS THE NEEDS OF PATIENTS AND THEIR FAMILIES. MHMH ALSO CONTINUES TO BUILD ITS TELEMEDICINE PROGRAM TO PROVIDE CARE ACROSS ITS RURAL REGION AND IN PARTICULAR TO MAKE SPECIALIST CONSULTATION AND CARE AVAILABLE TO CRITICAL ACCESS AND COMMUNITY HOSPITALS. THIS ALLOWS CAREGIVERS AT REMOTE LOCATIONS TO ACCESS SPECIALISTS AT MHMH AND DHC AND TO BRING THEM "VIRTUALLY" TO THE PATIENT'S BEDSIDE. MHMH'S CONNECTED CARE CENTER FOR TELEHEALTH IN LEBANON OFFERS A 24/7 TEAM OF PHYSICIANS, PHARMACISTS, AND NURSES SUPPORTING THE FOLLOWING ACUTE CARE TELEHEALTH SERVICE LINES: TELE-EMERGENCY, TELE-PHARMACY, TELE-NEUROLOGY, TELE-ICU, TELE PSYCHIATRY, AND TELE-NEONATOLOGY; OUTPATIENT TELE-URGENTCARE 7 DAYS/WEEK; AND OUTPATIENT VIRTUAL VISITS IN PEDIATRICS AND MORE THAN 30 SPECIALTY SERVICES TO PATIENTS IN 17 LOCATIONS, INCLUDING PATIENT HOMES. IN AN EFFORT TO INTEGRATE BEHAVIORAL HEALTH AND PRIMARY CARE, MHMH CONTINUES TO BE THE LEAD CONVENER FOR THE STATE OF NEW HAMPSHIRE DELIVERY SYSTEM REFORM INCENTIVE PROGRAM ("DSRIP") FOR THE REGION 1 INTEGRATED DELIVERY NETWORK. THIS PROGRAM IS FUNDED THROUGH A SECTION 1115 WAIVER RESEARCH AND DEMONSTRATION TRANSFORMATION WAIVER THAT THE STATE OF NEW HAMPSHIRE RECEIVED FROM CMS. THE WAIVER ENABLES HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS WITHIN A REGION TO FORM RELATIONSHIPS FOCUSED ON TRANSFORMING CARE, TO COMBAT THE OPIOID CRISIS, AND STRENGTHEN THE STATE'S STRAINED MENTAL HEALTH SYSTEM. THIS WORK BEGAN IN JULY 2016 AND WILL CONTINUE THROUGH DECEMBER 31, 2020. IN ADDITION TO MHMH, DARTMOUTH-HITCHCOCK CLINIC (DHC) AND CHESHIRE MEDICAL CENTER (CHESHIRE) ARE PLAYING LEADERSHIP ROLES IN THIS INITIATIVE. MHMH FILES AN ANNUAL COMMUNITY BENEFITS REPORT WITH THE STATE OF NEW HAMPSHIRE WHICH OUTLINES THE COMMUNITY AND CHARITABLE BENEFITS IT PROVIDES. THE MOST RECENT COMMUNITY BENEFITS REPORT IS AVAILABLE UPON REQUEST OR CAN BE FOUND ON MHMH'S WEBSITE. FINANCIAL ASSISTANCE (FORMERLY CALLED "CHARITY CARE") REPRESENTS SERVICES PROVIDED TO PATIENTS WHO CANNOT AFFORD HEALTH CARE SERVICES DUE TO INADEQUATE FINANCIAL RESOURCES WHICH RESULT FROM BEING UNINSURED OR UNDERINSURED. FOR THE YEAR ENDED JUNE 30, 2019 MHMH PROVIDED FINANCIAL ASSISTANCE TO 16,838 PATIENTS IN THE AMOUNT OF \$19,351,105 AS MEASURED BY GROSS CHARGES. THE ESTIMATED COST OF PROVIDING THIS CARE FOR THE YEAR ENDED JUNE 30, 2019 WAS \$7,545,627. MHMH ALSO ROUTINELY PROVIDES SERVICES TO MEDICAID PATIENTS AT REIMBURSEMENT LEVELS THAT ARE BELOW THE COST OF THE CARE PROVIDED. THE COMMUNITY HEALTH ACTIVITIES NOTED INCLUDE THE COST OR VALUE OF SEVERAL DIFFERENT TYPES OF PROGRAMS INCLUDING THE COST OF COMMUNITY-BASED EDUCATION, HEALTH FAIRS, HEALTH SCREENINGS, SUPPORT GROUPS, AND PROGRAMS AND MATERIALS THAT PROMOTE WELLNESS AND PREVENT ILLNESS. EXAMPLES OF THESE TYPES OF EFFORTS INCLUDE PARTNERING WITH THE HEALTHY EATING ACTIVE LIVING NH INITIATIVE, THE WOMEN'S HEALTH RESOURCE CENTER, AND SMOKING PREVENTION AND CESSATION. THIS CATEGORY OF SUPPORT ALSO INCLUDES FINANCIAL CONTRIBUTIONS AND THE CONTRIBUTION OF TIME AND SERVICES TO COMMUNITY PROGRAMS, HOSPITALS AND AGENCIES. MHMH ALSO PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE TO ITS PATIENTS THAT IS REPORTED AS PROVISION FOR BAD DEBT, WHICH IS NOT INCLUDED IN THE AMOUNTS REPORTED ABOVE. DURING THE YEAR ENDED JUNE 30, 2019, THE HOSPITAL REPORTED A PROVISION FOR BAD DEBT OF \$58,565,692.

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			
Marc B Wolpow JDMBA Trustee	0.8 1.3	X						0	0	0
KURT K RHYNHART MD TRUSTEE	28.0 12.0	X						0	477,049	42,072
Aimee M Giglio Chief HR Officer	28.0 18.0			X				358,762	0	47,278
DANIEL P JANTZEN CPA Chief Financial Officer	39.0 22.0			X				802,407	0	55,803
Patrick Jordan III MBA Chief Operating Officer	39.0 21.0			X				595,187	0	58,364
JOHN KACAVAS Chief Legal Officer	28.0 19.0			X				628,988	0	52,416
Stephen Leblanc Chief Strategy Officer	28.0 20.0			X				0	678,320	60,874
EDWARD MERRENS Chief Clinical Officer	28.0 19.0			X				0	710,556	48,934
Maria Padin MD Chief Medical Officer	28.0 19.0			X				0	405,936	74,170
Susan A Reeves EDDRN Chief Nursing Officer	28.0 26.0			X				460,665	0	56,959

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			
Matthew Haag	28.0									
VP Development	..... 18.0			X				100,204	0	7,675
GEORGE T BLIKE MD	28.0									
Chief Quality & Value Officer	..... 13.0				X			0	488,455	89,309
Karen Clements RNBSNMSB	28.0									
Chief Nursing Officer	..... 12.0				X			354,860	0	33,093
Staci Hermann PHARMDMS	28.0									
Int. Chief Pharm Officer	..... 12.0				X			198,201	0	22,260
Simon Hillier	28.0									
Dept. Chair - Anesthesiology	..... 12.0				X			0	528,291	56,469
Jeffrey Obrien MHA	28.0									
VP Clinical Operations	..... 12.0				X			365,136	0	57,115
Peter D Solberg MD	28.0									
Chief Medical Information Officer	..... 12.0				X			0	384,275	56,111
Sandra Wong MD	28.0									
Chief ACO Officer	..... 12.0				X			0	788,615	32,833
Kimberly Troland JD	28.0									
Deputy Gen Counsel	..... 12.0					X		405,537	0	50,301
BRUCE KING	.....								
PRES/CEO NEW LNDN HSPTL	40.0					X		359,492	584	55,770

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			
Martin Purcell MBA VP IS OPERATIONS	28.0 0					X		378,886	0	71,703
David Gladstone MD CHF CLNCL PHYSCN - RADIOLOGY	28.0 0					X		324,192	0	57,798
Leigh Burgess VP RESEARCH OPS	28.0 0					X		327,151	0	41,277
Steven Boyce FMR KEY EMP / ADM. VP MED SPCLTS	28.0 12.0						X	0	128,301	30,179
Wendy Fielding MBA FMR KEY EMP / VP FINANCE PLNNING	28.0 13.0						X	247,327	0	49,988
Robert Greene MDMHCDSFACP FMR CHF POPUL MGMT OFR	28.0 12.0						X	0	122,058	0
John S Malanowski MILR Chief HR Officer	..... 0						X	138,656	0	0
Tina E Naimie CPA FMR KEY EMP / VP CORP FINANCE	28.0 13.0						X	257,299	0	28,591
Christine Schon MPA FMR KEY EMP/ ADM VP PRMRY CARE	..... 42.0						X	0	280,023	43,714
Thomas J Siepka Chief Pharm Officer	28.0 12.0						X	113,190	0	6,151

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			
Wendy Wells MD FMR KEY EMP / DPT CHR PATHOLOGY	28.0 12.0						X	0	506,952	60,768
Thomas Dodds MD FRMR KEY EMP / DEPT CHR ANESTH	28.0 12.0						X	0	123,247	12,597
John Birkmeyer MD Former CCO / EVP ENTPRS SP	0.0 0.0						X	0	328,004	0
Richard I Rothstein MD Former Dept. Chair / Service Line LDR - MED	28.0 12.0						X	0	787,038	56,413
Sowmya Viswanathan MD Former Chief ACO Officer	0.0 0.0						X	0	161,538	0
James N Weinstein DO MS Former Trustee/CEO	0.0 0.0						X	0	963,321	34,820

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Mary Hitchcock Memorial Hospital	Employer identification number 02-0222140
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		265,356
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		125,391
j	Total. Add lines 1c through 1i			390,747
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINES 1B & 1G MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) EMPLOYS THREE FULL TIME STAFF WHOSE DUTIES INCLUDE LOBBYING. TYPICAL EXPENSES ASSOCIATED WITH THE LOBBYING ACTIVITIES INCLUDE STAFF SALARY, TRAVEL, MEMBERSHIP FEES AND DUES. FROM TIME TO TIME, MARY HITCHCOCK MEMORIAL HOSPITAL, THROUGH ITS EMPLOYEES AND THE USE OF CONSULTANTS, CONTACTS GOVERNMENT OFFICIALS AND LEGISLATORS. THIS CONTACT IS FOR THE PURPOSE OF PROPOSING LEGISLATION OR EXPRESSING AN OPINION ON CHANGES IN LEGISLATION THAT AFFECT MHMH AND ITS ABILITY TO CARRY OUT ITS MISSION. THE ACTIVITIES INCLUDE SENDING LETTERS TO, CALLING, AND MEETING WITH GOVERNMENT OFFICIALS AND LEGISLATORS. FOR THE FISCAL YEAR ENDED JUNE 30, 2019, MARY HITCHCOCK MEMORIAL HOSPITAL INCURRED \$265,356 IN CONJUNCTION WITH THESE ACTIVITIES. LINE 1I MHMH PAYS DUES TO VARIOUS ORGANIZATIONS RELATED TO ITS EXEMPT MISSION. THE AMOUNT REPORTED UNDER OTHER ACTIVITIES ON LINE 1I REFERS TO THE AMOUNT OF LOBBYING ACTIVITIES IDENTIFIED IN DUES PAYMENTS TO OUTSIDE ORGANIZATIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	58,012,839	56,795,299	54,754,800	72,720,335	74,609,411
b Contributions	1,209,274	338,335	137,888	378,941	208,107
c Net investment earnings, gains, and losses	1,592,942	2,065,129	2,553,792	-377,000	-516,882
d Grants or scholarships					
e Other expenditures for facilities and programs	1,081,356	1,185,924	651,181	17,967,476	1,580,301
f Administrative expenses					
g End of year balance	59,733,699	58,012,839	56,795,299	54,754,800	72,720,335

2

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

a

Board designated or quasi-endowment ▶ 27.53 %

b

Permanent endowment ▶ 54.28 %

c

Temporarily restricted endowment ▶ 18.19 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,342,245		50,342,245
b Buildings		575,082,462	354,737,505	220,344,957
c Leasehold improvements		4,111,615	3,901,391	210,224
d Equipment		540,666,910	428,530,459	112,136,451
e Other		28,917,226		28,917,226
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				411,951,103

Schedule D (Form 990) 2018

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) PRIVATE EQUITIES	27,630,565	F
(B) HEDGE FUNDS	61,932,447	F
(C) OTHER INVESTMENTS	67,986,231	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	157,549,243	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENT IN CAPTIVE	24,122,229
(2) DUE FROM AFFILIATES	129,421,305
(3) CAPITAL LEASE RECEIVABLE	8,553,866
(4) OTHER MISC ASSETS	4,059,952
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	166,157,352

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	
THIRD PARTY RESERVES	23,066,443
ACCRUED POST RETMNT PENS & MED	80,382,741
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	103,449,184

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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: 18007697
Software Version: 2018v3.1
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 ASC 740 (FIN 48) FOOTNOTE	NO ASC 740 (FIN 48) FOOTNOTE WAS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS AS THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AT OR SINCE ADOPTION.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO PROMOTE AND ADVANCE THE FOLLOWING MISSION-RELATED PROGRAMS: HEALTHCARE SERVICES, RESEARCH, CHARITY CARE, COMMUNITY OUTREACH AND ADVOCACY, EQUIPMENT PURCHASES, AND HEALTH EDUCATION.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Mary Hitchcock Memorial Hospital

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
02-0222140

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	18			21,480,302
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	18			21,480,302

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

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

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

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

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	THE HOSPITAL PROVIDES UNRESTRICTED PROGRAM SUPPORT FOR CERTAIN FOREIGN ORGANIZATIONS PROGRAM SUPPORT TO SPECIFIC ORGANIZATIONS IS CHOSEN AND DIRECTED BY THE PHYSICIANS AND/OR RESEARCHERS WORKING DIRECTLY WITH THE CHARITY.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE HOSPITAL PROVIDES UNRESTRICTED PROGRAM SUPPORT FOR CERTAIN FOREIGN ORGANIZATIONS PROGRAM SUPPORT TO SPECIFIC ORGANIZATIONS IS CHOSEN AND DIRECTED BY THE PHYSICIANS AND/OR RESEARCHERS WORKING DIRECTLY WITH THE CHARITY.

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 02-0222140

Name: Mary Hitchcock Memorial Hospital

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)			Program Services	Advertising	16,019
North America (Canada & Mexico only)			Program Services	Honorarium Payments	2,451

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)			Program Services	Dues & Licenses	352
North America (Canada & Mexico only)		3	Program Services	Consultant	22,642

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		5	Program Services	Medical services in Haiti (TB & HIV) and Nicaragua (hearing loss)	26,797
South Asia		4	Program Services	Medical Services in India	186,065

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa		6	Program Services	Medical services in Rwanda and Tanzania for infectious diseases & healthcare development	130,220
North America (Canada & Mexico only)			Program Services	Software	201,567

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Medical Program	4,089
East Asia and the Pacific			Program Services	Medical program	872

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Medical program	4,882
Central America and the Caribbean			Investments	Investment in captive	20,884,346

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>22500 %</u> b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,545,627	0	7,545,627	0.57 %
b Medicaid (from Worksheet 3, column a)			166,497,493	78,198,253	88,299,240	6.66 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	174,043,120	78,198,253	95,844,867	7.23 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			7,883,596	4,511,670	3,371,926	0.25 %
f Health professions education (from Worksheet 5)			51,805,340	13,366,137	38,439,203	2.90 %
g Subsidized health services (from Worksheet 6)			21,845,247	16,861,063	4,984,184	0.38 %
h Research (from Worksheet 7)			4,031,632	414,887	3,616,745	0.27 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,231,131	45,578	2,185,553	0.16 %
j Total. Other Benefits	0	0	87,796,946	35,199,335	52,597,611	3.97 %
k Total. Add lines 7d and 7j	0	0	261,840,066	113,397,588	148,442,478	11.20 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			25,000		25,000	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			2,469,485	1,554,447	915,038	0.07 %
7 Community health improvement advocacy			83,467		83,467	0.01 %
8 Workforce development			70,992	21,447	49,545	0 %
9 Other					0	0 %
10 Total	0	0	2,648,944	1,575,894	1,073,050	0.08 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	20,651,366		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	346,887,244
6 Enter Medicare allowable costs of care relating to payments on line 5	6	373,259,598
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-26,372,354
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MARY HITCHCOCK MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.DARTMOUTH-HITCHCOCK.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.DARTMOUTH-HITCHCOCK.ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

MARY HITCHCOCK MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>225.0</u> % and FPG family income limit for eligibility for discounted care of <u>300.0</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>a. https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>b. https://www.dartmouth-hitchcock.org/documents/financial_assistance_application_2019_dhh1.pdf</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>c. https://www.dartmouth-hitchcock.org/documents/financial-assistance-policy-2019.pdf</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

MARY HITCHCOCK MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MARY HITCHCOCK MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section C MEASURES TO PUBLICIZE FINANCIAL ASSISTANCE POLICY	THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY CAN BE FOUND AT HTTPS://WWW.DARTMOUTHCHICKCOCK.ORG/BILLINGCHARGES/FINANCIAL_ASSISTANCE.HTML . MHMH HAS PLAIN LANGUAGE SUMMARY BROCHURES AVAILABLE AT ALL ADMISSION SITES AS WELL AS PLAIN LANGUAGE SUMMARY POSTERS AT ALL PHYSICAL LOCATIONS.
Schedule H, Part VI, Line 2 FACILITY INFORMATION	THE HOSPITAL HAS A 2ND CANCER TREATMENT CENTER LOCATED IN SAINT JOHNSBURY, VERMONT. THIS LOCATION IS REGISTERED UNDER THE SAME LICENSE AS THE ORGANIZATION'S MAIN CAMPUS LOCATED IN LEBANON, NEW HAMPSHIRE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c OTHER FACTORS USED IN DETERMINING ELIGIBILITY OTHER THAN FPG	MHMH USES THE FPG GUIDELINES IN DETERMINING THE INITIAL LEVEL OF FINANCIAL ASSISTANCE PROVIDED. IN ADDITION, MHMH ALLOWS FOR CATASTROPHIC ASSISTANCE CONSIDERATION BASED ON A CALCULATION OF 10% OF TWO YEARS INCOME PLUS 10% OF AMOUNT OVER SHELTERED ASSETS. IF THE PROJECTED OR CURRENT SELF-PAY BALANCE IS GREATER THAN THIS CALCULATION, THE SELF-PAY BALANCE IS REDUCED TO THE SUM OF 10% OF TWO YEARS INCOME PLUS 10% OF ASSETS. EACH HOUSEHOLD IS ALLOWED CERTAIN SHELTERED ASSETS WHICH ARE NOT USED WHEN CALCULATING HOUSEHOLD INCOME OR ASSETS SAVINGS IS SHELTERED UP TO 100% OF FPL BASED ON FAMILY SIZE, EQUITY IN PRIMARY RESIDENCE UP TO \$200,000 UP TO 55 AND \$250,000 FOR AGED 55 AND OLDER, AND A RETIREMENT SHELTER OF UP TO \$100,000 IN RETIREMENT ASSETS AS LONG AS IT IS EMPLOYER BASED CONTRIBUTIONS IF WORKING OR IRA IF SELF-EMPLOYED. IF A PATIENT IS RETIRED, PRIOR RETIREMENT ACCOUNTS WOULD BE INCLUDED AS A SHELTERED ASSET.
Schedule H, Part I, Line 6a COMMUNITY BENEFITS REPORT	MARY HITCHCOCK MEMORIAL HOSPITAL AND DARTMOUTH-HITCHCOCK CLINIC (COLLECTIVELY REFERRED TO AS DARTMOUTH-HITCHCOCK (D-H)) SHARE COMMON BOARD MEMBERS AND OPERATE UNDER AN AFFILIATION AGREEMENT. D-H PERFORMS A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND FILES A CONSOLIDATED COMMUNITY BENEFITS REPORT WITH THE STATE OF NEW HAMPSHIRE. FOR PURPOSES OF IRS FORM 990, SCHEDULE H, ONLY MHMH HOSPITAL NUMBERS WERE USED. ALL AMOUNTS RELATING TO DHC WERE EXCLUDED. THE NEW HAMPSHIRE COMMUNITY BENEFITS REPORT FILED FOR FISCAL YEAR 2019, DHC AND MHMH COMBINED, TOTALED \$194,476,971.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	The organization did not include any subsidized health service costs attributable to a physician clinic on part I, line 7G.
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The costing methodology used to calculate the amounts reported was a cost-to-charge ratio derived from worksheet 2, ratio of patient care to cost-to-charges.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE AMOUNTS REPORTED ON PART III, SECTION A, LINE 2 WERE DERIVED FROM MHMH'S AUDITED FINANCIAL STATEMENTS (PROVISION FOR BAD DEBT). MHMH'S POLICY IS TO EXERT EVERYTHING IN THE ORGANIZATION'S POWER TO OBTAIN SUFFICIENT AND ADEQUATE INFORMATION TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. MHMH'S DISCOUNT FOR UNINSURED PATIENTS IS CURRENTLY 58.1% (BEFORE FINANCIAL ASSISTANCE IS APPLIED). AS PART OF MHMH'S FINANCIAL ASSISTANCE POLICY, MHMH MAKES INFORMATION AVAILABLE TO PATIENTS FOR ELIGIBILITY AND HOW TO APPLY FOR FREE OR DISCOUNTED CARE IF THE PATIENT DOES NOT RESPOND TO THE HOSPITAL'S ATTEMPTS TO COMPLETE THE FINANCIAL ASSISTANCE PACKAGE, THESE PATIENTS MAY BE WRITTEN OFF TO BAD DEBT. IN OCTOBER 2017, D-H BEGAN USING A PRESUMPTIVE CHARITY REVIEW FOR BAD DEBT PATIENTS. THIS REVIEW IS THE LAST STEP PRIOR TO TRANSFERRING UNPAID BALANCES TO BAD DEBT
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The hospital is unable to estimate accurately the amount of bad debt expense attributable to patients eligible for financial assistance. Although a portion of bad debt expense may be related to patients who would qualify for charity care, a reportable figure cannot be reasonably estimated.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	MHMH FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH DARTMOUTH-HITCHCOCK CLINIC AND OTHER SUBSIDIARIES. THE AMOUNT REPORTED ON SCHEDULE H REPRESENTS MHMH'S PORTION ONLY. MHMH PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR FINANCIAL ASSISTANCE POLICIES WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES. BECAUSE MHMH DOES NOT ANTICIPATE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE. MHMH GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS. MOST ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY ARRANGEMENTS. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR BAD DEBT ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED. THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED AS MEDICARE SHORTFALLS WAS DERIVED FROM THE INTERNAL REVENUE SERVICE'S WORKSHEET B AS PROVIDED FOR PART III CALCULATIONS. MHMH HAD REVENUES OF \$53,195,313 AND COSTS OF \$68,213,437 FOR SERVICES NOT INCLUDED ON THE MEDICARE COST REPORT (AMBULANCE SERVICES, LABORATORY AND OTHER FEES SCREENS, AND MEDICARE PART C & D SERVICES) MHMH INCURRED A NET LOSS OF \$15,018,124 ON THE PROVISION OF THESE SERVICES BECAUSE OF THE CENTRAL ROLE OF THE ORGANIZATION IN SERVING THE HEALTHCARE NEEDS OF ITS COMMUNITY AND THE DEMOGRAPHIC CHARACTERISTICS OF THE COMMUNITY SERVED, IT IS LIKELY THAT A PORTION OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT EXPENDITURE. MHMH HAS NOT IDENTIFIED A SPECIFIC AMOUNT OF MEDICARE SHORTFALL THAT SHOULD BE REPORTED AS SUCH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	MHMH HAS A CREDIT AND COLLECTION POLICY THAT ADDRESSES THE PROCEDURES FOR PATIENTS WHO QUALIFY FOR REDUCED-COST CARE. THE POLICY PROHIBITS USING EXTRAORDINARY COLLECTION PRACTICES OR PLACING AMOUNTS WITH COLLECTION AGENCIES. IF A FINANCIAL ASSISTANCE POLICY ELIGIBLE PATIENT HAS A BALANCE FOR WHICH THEY ARE RESPONSIBLE AFTER A FINANCIAL ASSISTANCE DISCOUNT IS APPLIED, THE STANDARD PRACTICES ARE FOLLOWED AS OUTLINED IN THE D-H CREDIT AND COLLECTIONS POLICY.
Schedule H, Part V, Section B, Line 16a FAP website	- MARY HITCHCOCK MEMORIAL HOSPITAL: Line 16a URL: a. https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- MARY HITCHCOCK MEMORIAL HOSPITAL: Line 16b URL: b. https://www.dartmouth-hitchcock.org/documents/financial_assistance_application_2019_dhh1.pdf ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- MARY HITCHCOCK MEMORIAL HOSPITAL: Line 16c URL: c. https://www.dartmouth-hitchcock.org/documents/financial-assistance-policy-2019.pdf ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>.MARY HITCHCOCK MEMORIAL HOSPITAL AND DARTMOUTH HITCHCOCK CLINIC (COLLECTIVELY REFERRED TO AS DARTMOUTH-HITCHCOCK (D-H)) SHARE COMMON BOARD MEMBERS AND OPERATE UNDER AN AFFILIATION AGREEMENT. D-H PERFORMS A JOINT COMMUNITY NEEDS ASSESSMENT AND FILES A CONSOLIDATED COMMUNITY BENEFITS REPORT. DARTMOUTH-HITCHCOCK PARTICIPATES WITH OTHER HEALTH CARE CHARITABLE TRUSTS AND COMMUNITY PARTNERS IN EACH OF OUR SERVICE AREAS TO COMPLETE COMMUNITY HEALTH NEEDS ASSESSMENTS. DURING FY2019, MHM PARTNERED WITH ALICE PECK DAY MEMORIAL HOSPITAL, TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT. WE ALSO WORKED TOGETHER WITH NEIGHBORING HOSPITALS, INCLUDING MOUNT ASCUTNEY HOSPITAL AND HEALTH CARE, VALLEY REGIONAL HOSPITAL, NEW LONDON HOSPITAL , AND VISTING NURSE & HOSPICE OF VT & NH TO USE SIMILAR COMMUNITY HEALTH NEEDS ASSESSMENTS TOOLS AND APPROACH, TO ALLOW COMPARABILITY OF HEALTH DATA ACROSS A WIDER GEOGRAPHIC REGION. COLLECTIVELY D-H AND PARTNERED HOSPITALS HIRED COMMUNITY HEALTH INSTITUTE/JOHN SNOW RESEARCH AND TRAINING INSTITUTE, A PUBLIC HEALTH CONSULTING FIRM, TO PROVIDE TECHNICAL ASSISTANCE AND ANALYSIS RELATED TO OUR COMMUNITY HEALTH NEEDS ASSESSMENTS. THE NEEDS ASSESSMENT INCLUDED REVIEWING SELECTED SERVICE AREA DEMOGRAPHICS; PUBLIC HEALTH DATA AVAILABLE THROUGH NH AND VT HEALTH DEPARTMENTS, HOSPITAL DISCHARGE DATA, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY AND YOUTH RISK BEHAVIOR SURVEYS; FOCUS GROUPS WITH EMPLOYERS AND WITH COMMUNITY MEMBERS RECEIVING SERVICES AT REGIONAL SAFETY NET SERVICE ORGANIZATIONS; ELECTRONIC SURVEYS OF PROFESSIONAL HEALTH AND SOCIAL SERVICE PROVIDERS; AS WELL AS PAPER AND ELECTRONIC CONVENIENCE SURVEYS OF COMMUNITY RESIDENTS. THE FY2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS REVIEWED AT 3 LARGE COMMUNITY MEETING (100+ TOTAL STAKEHOLDERS) HOSTED IN CONCERT WITH THE PUBLIC HEALTH COUNCIL OF THE UPPER VALLEY AND OTHERS FOR FURTHER COMMENTS AND FEEDBACK. ADDITIONALLY, MHM COMMUNITY HEALTH STAFF PARTICIPATE IN OR LEAD MULTIPLE COMMUNITY COALITIONS AND PROJECTS CONNECTING US TO A WIDE ARRAY OF COMMUNITY-BASED HEALTH, MUNICIPAL, SCHOOL, SERVICE ORGANIZATION, REGIONAL PLANNING AND STATE PUBLIC HEALTH STAKEHOLDERS. WE REGULARLY REVIEW EMERGING NH & VT STATE HEALTH DATA; QUANTITATIVE AND QUALITATIVE DATA FROM LOCAL SOURCES (NEWSPAPERS, REGIONAL PLANNING OFFICES, COMMUNITY FORUMS), AND CONVERSATIONS WITH COMMUNITY PARTNERS TO IDENTIFY CONCERNS THAT ARE EMERGING, INTENSIFYING, OR ARE THE SOURCE OF LOCAL ATTENTION SINCE THE LAST CHNA WAS CONDUCTED.</p>
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>ALL UNINSURED INPATIENTS, SAME DAY SURGERY, OBSERVATION, AND EMERGENCY DEPARTMENT PATIENTS ARE PRO-ACTIVELY SCREENED USING PAPER AND/OR AN AUTOMATED TOOL TO IDENTIFY POTENTIAL QUALIFICATION FOR OTHER FEDERAL, STATE, AND LOCAL PROGRAMS. IN ADDITION, SPECIFIC OUTPATIENT ACTIVITIES DEEMED TO HAVE A HIGHER RATE OF NEED ARE SCREENED AS PART OF REGULAR PROTOCOL. IF A PATIENT APPEARS TO BE ELIGIBLE, ON-SITE FINANCIAL COUNSELORS ASSIST THE PATIENT IN COMPLETING THE APPROPRIATE PAPERWORK/APPLICATIONS AND PROVIDE INSTRUCTION REGARDING HOW TO COMPLETE THE QUALIFICATION PROCESS. IN SOME CASES A FINANCIAL COUNSELOR WILL ACT ON BEHALF OF THE PATIENT, AT THEIR SIGNED CONSENT, IN ORDER TO COMPLETE THE APPLICATION PROCESS (FOR EXAMPLE, IN NEW HAMPSHIRE A PATIENT MUST BE PHYSICALLY PRESENT AT THE DISTRICT OFFICE). IF A PATIENT DOESN'T QUALIFY FOR SPECIFIC PROGRAMS, THEY ARE ALSO CONSIDERED FOR FINANCIAL ASSISTANCE AS PART OF THEIR SCREENING. FOR OUTPATIENT SERVICES THAT ARE NOT ROUTINELY SCREENED, STAFF INTERACTING WITH PATIENTS ARE INSTRUCTED TO PROVIDE EITHER A FINANCIAL ASSISTANCE APPLICATION OR CONTACT INFORMATION FOR A FINANCIAL COUNSELOR WHEN A PATIENT EXPRESSES THEIR INABILITY TO MAKE PAYMENT. EVERY APPLICATION IS SCREENED FOR COMPLETED INCOME AND ASSET DOCUMENTATION. APPLICATIONS ARE ALSO SCREENED TO ASSURE THERE ARE NO OTHER POTENTIAL OPTIONS OF FEDERAL, STATE, OR LOCAL PROGRAMS. THE WEBSITE, PATIENT STATEMENTS, AND FINANCIAL BROCHURES ALL INCLUDE INFORMATION ABOUT FINANCIAL ASSISTANCE AND HOW TO APPLY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>THE ORGANIZATION DEFINES ITS SERVICE REGION AS NEW HAMPSHIRE AND EASTERN VERMONT, WITH THE LARGEST PRESENCE IN A 19-TOWN REGION ADJOINING LEBANON, NEW HAMPSHIRE, SITE OF DARTMOUTH-HITCHCOCK MEDICAL CENTER WHICH INCLUDES MARY HITCHCOCK MEMORIAL HOSPITAL AND DARTMOUTH-HITCHCOCK CLINIC'S MAIN NORTHERN CLINIC. THE REGION HAS A POPULATION OF 70,000 PEOPLE, WITH TOWNS RANGING IN POPULATION FROM 200-14,000 PEOPLE. THESE TOWNS ARE GENERALLY CONSIDERED RURAL, THOUGH THE HANOVER, AND LEBANON, NH AND HARTFORD, VT COMMUNITIES ARE CONSIDERED TO BE A MICROPOLITAN AREA. AMONG THE REGION'S 19 TOWNS, MEDIAN HOUSEHOLD INCOME VARIES WIDELY, FROM \$50K-\$120K ANNUALLY 17.5% OF THE POPULATION IS OVER THE AGE OF 65; 11% OF CHILDREN LIVE IN HOUSEHOLDS WHOSE MEDIAN HOUSEHOLD INCOME IS LESS THAN 100% OF FEDERAL POVERTY LEVEL, 26.8% OF CHILDREN LIVE IN HOUSEHOLDS WITH INCOME LESS THAN 200% OF FEDERAL POVERTY LEVEL; 1.5% OF THE REGION'S RESIDENTS HAVE LIMITED ENGLISH PROFICIENCY; AND 7.1% LACKED HEALTH INSURANCE. 11.8% OF NH RESIDENTS AND 24.9% OF VERMONT RESIDENTS ARE MEDICAID BENEFICIARIES. THE REGION IS SERVED BY MHMH AND BY ALICE PECK DAY MEMORIAL HOSPITALS. THERE ARE NO FEDERALLY QUALIFIED HEALTH CENTERS OPERATING WITHIN THE REGION. THE GOOD NEIGHBOR HEALTH CLINIC, IN HARTFORD, VT, OFFERS CARE TO UNINSURED COMMUNITY MEMBERS. TWO MINOR CIVIL DIVISIONS IN OUR REGION, DORCHESTER NH AND PIERMONT NH, ARE CONSIDERED MEDICALLY UNDERSERVED AREAS. MHMH SERVES THE GENERAL POPULATION WITH A WIDE RANGE OF SERVICES. IN ADDITION TO GENERAL HOSPITAL POPULATIONS, THE ORGANIZATION PROVIDES SERVICES TO PATIENTS WITH HIGHLY-SPECIALIZED NEEDS THAT ARE NOT AVAILABLE ELSEWHERE IN NEW HAMPSHIRE. MHMH IS THE STATE'S ONLY TERTIARY REFERRAL CENTER, PROVIDES THE STATE'S ONLY COMPREHENSIVE CANCER CENTER (NORRIS COTTON CANCER CENTER ~ NCCC), OPERATES THE ONLY LEVEL I TRAUMA CENTER IN NEW HAMPSHIRE, OPERATES THE ONLY COMPREHENSIVE CHILDREN'S HOSPITAL AND ACCREDITED PEDIATRIC TRAUMA CENTER IN NEW HAMPSHIRE (CHILDREN'S HOSPITAL AT DARTMOUTH - CHAD), HOSTS THE ONLY LEVEL IV NEONATAL INTENSIVE CARE NURSERY AND ONE OF TWO PEDIATRIC INTENSIVE CARE UNITS IN NEW HAMPSHIRE, AND OPERATES THE ONLY HELICOPTER TRANSPORT SERVICE IN THE STATE. AS SUCH, THE SERVICE POPULATION IS BOTH THE GENERAL PUBLIC SEEKING PRIMARY HEALTH CARE SERVICES AS WELL AS RESIDENTS WITH UNIQUE AND HIGHLY-SPECIALIZED HEALTH CARE NEEDS.</p>
Schedule H, Part VI, Line 5 Promotion of community health	<p>MHMH SUPPORTS ORGANIZATIONS AND INITIATIVES THAT FURTHER HEALTH BY STRENGTHENING AND DEVELOPING KEY COMMUNITY CAPACITIES TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. THIS INCLUDES HOSTING OR LEADING COMMUNITY PARTNERSHIPS TO ADDRESS SUBSTANCE MISUSE AND TREATMENT AND TO IMPROVE PUBLIC HEALTH; PROVIDING FUNDING FOR CHILD AND ADULT ORAL HEALTH INITIATIVES, AND PARTICIPATION OF OUR STAFF IN OTHER PARTNERSHIPS INCLUDING THE OUTPATIENT FALLS PREVENTION TASK FORCE, THE TRANSPORTATION MANAGEMENT ASSOCIATION, AND THE UPPER VALLEY HOUSING COALITION. IN ADDITION, MHMH OPERATES HEALTH EDUCATION AND SUPPORT SERVICES SUCH AS A WOMEN'S HEALTH RESOURCE CENTER, THE AGING RESOURCE CENTER, AND A HEALTH EDUCATION CENTER. MHMH USES CASH CONTRIBUTIONS, CONTRACTED SERVICES, AND IN KIND CONTRIBUTION OF STAFF TIME AND EXPERTISE, TO SUPPORT THESE STRATEGIES WHICH IMPROVE COMMUNITY HEALTH. AT MHMH'S LEBANON, NH CAMPUS, THE HOSPITAL EXTENDS PROFESSIONAL STAFF PRIVILEGES TO QUALIFIED AND APPROPRIATE PHYSICIANS WHO ARE EMPLOYEES OF DARTMOUTH HITCHCOCK CLINIC, MARY HITCHCOCK MEMORIAL HOSPITAL, AND DARTMOUTH COLLEGE, WHO ALSO HOLD A FACULTY APPOINTMENT AT GEISEL SCHOOL OF MEDICINE. MARY HITCHCOCK'S TRUSTEES ANNUALLY SET STRATEGIC PRIORITIES FOR THE INSTITUTION AND APPROVE OPERATING AND CAPITAL BUDGETS WHICH SUPPORT IMPROVEMENTS, PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. EXAMPLES OF THESE INVESTMENTS INCLUDE THE DEVELOPMENT OF MARY HITCHCOCK'S PATIENT SAFETY AND TRAINING CENTER; ONGOING QUALITY AND PATIENT SAFETY INITIATIVES; PURCHASES OF NEW AND EMERGING MEDICAL TECHNOLOGIES; SUPPORT TRANSLATIONAL RESEARCH, AND MEDICAL EDUCATION OF THE 19 VOTING MEMBERS OF THE MARY HITCHCOCK BOARD OF TRUSTEES AT FY19 END, 14 ARE NEITHER CONTRACTORS NOR EMPLOYEES OF MHMH .</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	COMMUNITY BENEFITS ARE PROVIDED BY THE DARTMOUTH HITCHCOCK HEALTH CARE SYSTEM, WHICH INCLUDES MARY HITCHCOCK MEMORIAL HOSPITAL, DARTMOUTH-HITCHCOCK CLINIC, AND OTHER RELATED ORGANIZATIONS WHOSE PRIMARY MISSION IS HEALTH CARE. MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) IN LEBANON IS NEW HAMPSHIRE'S LARGEST HOSPITAL IN FISCAL YEAR 2019 MHMH HAD 396 LICENSED INPATIENT BEDS. THE DARTMOUTH-HITCHCOCK CLINIC (DHC) IS A MULTI-SPECIALTY PHYSICIAN PRACTICE WITH A NETWORK OF PROVIDERS ACROSS NEW HAMPSHIRE AND VERMONT. WHILE DHC'S MAIN OFFICES ARE LOCATED IN LEBANON, THE CLINIC ALSO HAS MULTI-SPECIALTY PRACTICES IN MANCHESTER, NASHUA, CONCORD, AND KEENE, NH AREAS AS WELL AS BENNINGTON, VT. IN ADDITION, THE CLINIC PROVIDES PRIMARY CARE IN RURAL COMMUNITIES IN VERMONT AND NORTHERN NEW HAMPSHIRE. THE HOSPITAL AND CLINIC OPERATE JOINTLY THROUGH INTERLOCKING DIRECTORATES, STRATEGIC PLANNING AND MANAGEMENT AND SHARE IDENTICAL MISSIONS. THE MEDICAL SCHOOL, WHICH WORKS CLOSELY WITH THE HOSPITAL AND CLINIC, IS FOCUSED ON MEDICAL EDUCATION AND RESEARCH.
Schedule H, Part VI, Line 7 State filing of community benefit report	NH

Additional Data

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Name: Mary Hitchcock Memorial Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 WWW.DARTMOUTH-HITCHCOCK.ORG 01799	X	X	X	X		X	X		PSYCH UNIT AND TRANSPLANT UNIT CANCER CENTER	

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) A ND DARTMOUTH-HITCHCOCK CLINIC (DHC, COLLECTIVELY KNOWN AS D-H) ARE ACTIVELY ENGAGED IN THE DEVELOPMENT OF THE UPPER VALLEY REGIONAL PUBLIC HEALTH ADVISORY COUNCIL AND GREATER SULLI VAN COUNTY PUBLIC HEALTH ADVISORY COUNCIL (WITH 60+ COMMUNITY REPRESENTATIVES). MEMBERS OF THESE TWO COMMUNITY HEALTH ADVISORY GROUPS HAVE HAD THE OPPORTUNITY TO REVIEW AND COMMENT ON DRAFTS OF DARTMOUTH-HITCHCOCK'S COMMUNITY HEALTH IMPROVEMENT PLAN. THE PLAN DOCUMENT HAS ALSO BEEN CIRCULATED TO PUBLIC HEALTH OFFICIALS IN NEW HAMPSHIRE AND VERMONT FOR THEIR COMMENT. IN ADDITION, DARTMOUTH-HITCHCOCK REPRESENTATIVES SERVE ON NUMEROUS BOARDS, TASK FORCES, MUNICIPAL HEALTH LEADERSHIP AND PLANNING TEAMS, AND OTHER COMMUNITY HEALTH LEADERSHIP ENTITIES IN ORDER TO ENSURE THAT BOTH ORGANIZATIONS PARTICIPATE IN AND BETTER-UNDERSTAND THE NEEDS OF OUR COMMUNITY. MHMH CONTRACTED WITH JOHN SNOW RESEARCH AND TRAINING INSTITUTE/COMMUNITY HEALTH INSTITUTE TO PROVIDE CONSULTATION AND TECHNICAL EXPERTISE TO OUR ASSESSMENT PROCESS. JOHN SNOW RESEARCH AND TRAINING INSTITUTE IS A PUBLIC HEALTH MANAGEMENT CONSULTING AND RESEARCH ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES THROUGHOUT THE WORLD. DURING THE PERIOD MARCH THROUGH AUGUST 2018, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY DARTMOUTH-HITCHCOCK AND ALICE PECK DAY MEMORIAL HOSPITAL IN PARTNERSHIP WITH NEW LONDON HOSPITAL, VALLEY REGIONAL HOSPITAL, MT. ASCUTNEY HOSPITAL AND HEALTH CENTER, AND VISITING NURSE & HOSPICE OF VT/NH. THE PURPOSE OF THE ASSESSMENT WAS TO IDENTIFY COMMUNITY HEALTH CONCERNS, PRIORITIES, AND OPPORTUNITIES FOR COMMUNITY HEALTH AND HEALTH CARE DELIVERY SYSTEMS IMPROVEMENT. WHILE DARTMOUTH-HITCHCOCK MEDICAL CENTER SERVES AS A TERTIARY REFERRAL MEDICAL CENTER FOR A LARGE, MULTI-STATE AREA, THE GEOGRAPHIC AREA OF INTEREST FOR THE PURPOSES OF THIS ASSESSMENT WAS THE PRIMARY SERVICE AREA OF MARY HITCHCOCK MEMORIAL HOSPITAL AND ALICE PECK DAY MEMORIAL HOSPITAL. THIS PRIMARY SERVICE AREA WAS DEFINED AS 19 MUNICIPALITIES COMPRISING THE UPPER VALLEY OF NEW HAMPSHIRE AND VERMONT WITH A TOTAL RESIDENT POPULATION OF APPROXIMATELY 70,000 PEOPLE. METHODS EMPLOYED IN THE ASSESSMENT INCLUDED A SURVEY OF AREA RESIDENTS MADE AVAILABLE THROUGH DIRECT MAIL AND WEBSITE LINKS, A SURVEY OF KEY COMMUNITY STAKEHOLDERS WHO ARE AGENCY, MUNICIPAL OR COMMUNITY LEADERS, A SERIES OF COMMUNITY DISCUSSION GROUPS CONVENED IN THE PRIMARY SERVICE AREA, AND A REVIEW OF AVAILABLE POPULATION DEMOGRAPHICS AND HEALTH STATUS INDICATORS. IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), POPULATIONS EXPERIENCING HEALTH DISPARITIES OR VULNERABLE TO POOR HEALTH OUTCOMES ARE PRIMARILY DEFINED AS THOSE POPULATIONS FACING SIGNIFICANT INCOME AND SOCIAL DETERMINANTS CHALLENGES, WHICH IN THIS REGION ARE MORE STRONGLY ASSOCIATED WITH NEGATIVE IMPACTS ON HEALTH THAN RACE OR ETHNICITY. ENHANCED EFFORTS WERE MADE TO UNDERSTAND THE NEEDS OF TH

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	ESE POPULATIONS THROUGH TARGETED SURVEYS AND COMMUNITY CONVERSATIONS, INCLUDING FACILITATE D SURVEYS AND DISCUSSIONS AT COMMUNITY SUPPERS, A REGIONAL FREE CLINIC, HOMELESS PROGRAMS, AND OTHER COMMUNITY SETTINGS SERVING ECONOMICALLY-VULNERABLE RESIDENTS. IN ADDITION, WE C ONVENED A FOCUS GROUP OF BLACK AND AFRICAN-AMERICAN COMMUNITY MEMBERS. FINDINGS OF THIS AS SESSMENT HAVE BEEN SHARED WITH PUBLIC HEALTH OFFICIALS IN NH AND VT, AS WELL AS WITH THE P UBLIC HEALTH COUNCIL OF THE UPPER VALLEY. DURING THIS ASSESSMENT, MARY HITCHCOCK MEMORIAL HOSPITAL USED SURVEYS FROM MARCH 2018 THROUGH AUGUST 2018 TO GENERATE INPUT FROM 2,100 RES IDENTS. SURVEYS WERE MADE AVAILABLE THROUGH PRIMARY CARE CLINICS, FREE CARE CLINICS, A SHE LTER FOR THE HOMELESS, A FREE COMMUNITY DINNER, ANNUAL TOWN MEETINGS/ELECTIONS, AND NUMERO US OTHER COMMUNITY LOCATIONS. VISITING NURSES AND OTHERS PROVIDED PRE-PAID MAILERS AND SUR VEYS TO HOMEBOUND RESIDENTS. RESIDENTS COMPLETING SURVEYS INCLUDED MEMBERS OF AFRICAN-AMER ICAN, HISPANIC, NATIVE AMERICAN, AND ASIAN POPULATIONS. SURVEYS WERE DISTRIBUTED THROUGH R EGIONAL HEALTH CLINICS, THE REGION'S SHELTER FOR HOMELESS POPULATIONS; THE REGION'S LOW-IN COME HOUSING TRUST; SENIOR CENTERS; SUBSTANCE USE DISORDER TREATMENT PROGRAMS, DELIVERED D IRECTLY TO RESIDENT HOMES, AND OTHER LOCATIONS WHERE POPULATIONS MOST AFFECTED BY HEALTH D ISPARITIES CONGREGATE. MARY HITCHCOCK MEMORIAL HOSPITAL DISSEMINATED THE SURVEY TOGETHER W ITH MULTIPLE COMMUNITY ORGANIZATIONS THAT SERVE LOW-INCOME, FRAIL, AND HEALTH DISPARITY PO PULATIONS. COMMUNITY PARTNERS, PROVIDED ASSISTANCE DISSEMINATING THE SURVEY, INCLUDING THE PUBLIC HEALTH COUNCIL OF THE UPPERVALLEY, WHOSE MEMBERSHIP INCLUDES COMMUNITY MENTAL HEAL TH SERVICES, SUBSTANCE USE SERVICES, MENTAL HEALTH PEER LEADERS, WIC PROVIDERS, SENIOR SER VICES ADVOCATES, SERVICES WORKING WITH PEOPLE WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES , COMMUNITY NURSING, VISITING NURSES, AND OTHER CORE HUMAN SERVICES. IN ADDITION TO ASSIST ING IN SURVEY DISSEMINATION, THESE PROVIDERS ADVOCATED FOR UNDERSERVED AND VULNERABLE POPU LATIONS IN OUR REGION AS A PART OF THE CHNA PROCESS. DURING THIS CHNA PROCESS, OUR CHNA CO LLABORATIVE TEAM CONVENED ONE REGIONAL DISCUSSION GROUP OF PERSONS IDENTIFYING AS BLACK/AF RICAN-AMERICAN (MAY 10, 2018); WE MADE RESIDENT SURVEYS WIDELY AVAILABLE TO COMMUNITY RESI DENTS THROUGH PUBLIC LIST SERVES, DIRECT E-MAIL INVITATIONS TO PATIENTS OF OUR PRIMARY CAR E CLINICS, SURVEY LINKS ON TOWN WEB SITES AND E-NEWS, EMPLOYEE E-NEWS IN MAJOR EMPLOYERS, AND THROUGH OTHER SYSTEMS THAT PROVIDED WIDESPREAD ACCESS TO OUR SURVEYS. WE ALSO REVIEWED MEETING MINUTES FROM TWO REGIONAL COMMUNITIES (HARTFORD, VT, AND CLAREMONT, NH), WHERE IS SUES OF RACIAL EQUITY AND RACISM HAVE BEEN EXPLORED AT TOWN AND SCHOOL GOVERNANCE LEVELS. WE PARTNERED CLOSELY WITH ORGANIZATIONS SERVING POPULATIONS AFFECTED BY POVERTY, LACK OF I NSURANCE, HOMELESSNESS, BEHAVIORAL HEALTH CONDITIONS, AND SERIOUS AND CHRONIC ILLNESSES IN ORDER TO SURVEY THESE MEMBERS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>OF POPULATIONS IN OUR COMMUNITY, AND HOSTED MULTIPLE DISCUSSION GROUPS WITH PEOPLE AFFECT ED BY POVERTY AND CHRONIC ILLNESS. WE RECOGNIZE THE LIMITATIONS OF OUR ENGAGEMENT OF RACIA L AND ETHNIC MINORITY MEMBERS OF OUR COMMUNITY, AND ARE WORKING TO IMPROVE THIS PART OF OU R CHNA PROCESS. OUR MINORITY POPULATION IS QUITE SMALL: 0.9% OF THE POPULATION OF GRAFTON COUNTY, NH IDENTIFIES AS AFRICAN AMERICAN, 0.4% AS NATIVE AMERICAN, 1.8% AS HISPANIC/LATIN O, 3.0% AS ASIAN. 92.1% OF THE MHMH HOSPITAL SERVICE AREA'S RESIDENTS IDENTIFY AS CAUCASIA N. WIDE DISPERSAL OF THIS POPULATION ACROSS A LARGE GEOGRAPHY FURTHER COMPLICATES ENGAGEME NT EFFORTS. OUR SUMMER 2018 DISCUSSION GROUP WITH COMMUNITY MEMBERS IDENTIFYING AS BLACK/A FRICAN AMERICAN WAS A POSITIVE, BUT LIMITED IMPROVEMENT OVER PRIOR YEARS. HOUSEHOLD MEDIAN INCOME, INSURANCE STATUS, AND OTHER INDICATORS OF POVERTY ARE SIGNIFICANT DRIVERS OF DISP ARITY IN OUR REGION. POVERTY RATES RANGE WIDELY BY TOWN, WITH A RANGE BY TOWN OF 2.9% TO 3 1.7% OF HOUSEHOLDS LIVING ON INCOMES BELOW 200% OF FEDERAL POVERTY LEVEL. THESE POPULATION S FACE NOTABLE HEALTH DISPARITY CONDITIONS ASSOCIATED WITH POVERTY AND OTHER SOCIAL DETERM INANTS OF HEALTH NEEDS. DURING OUR ASSESSMENT PROCESS, MHMH MADE SPECIFIC EFFORTS TO CONTA CT AND RECEIVE INPUT FROM MEMBERS OF INCOME-VULNERABLE POPULATIONS, INCLUDING: * A DISCUSS ION GROUP WITH PREGNANT AND PARENTING TEENS PARTICIPATING IN AN ALTERNATIVE HIGH SCHOOL EN VIRONMENT AT THE FAMILY PLACE PARENT CHILD CENTER (MAY 1, 2018). * A DISCUSSION GROUP WITH ADULTS LIVING WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES/CAREGIVERS (MAY 4TH, 201 8). * A DISCUSSION GROUP WITH PREGNANT WOMEN IN TREATMENT FOR SUBSTANCE USE DISORDERS (APR IL 9, 2018). * A DISCUSSION GROUP WITH COMMUNITY NURSES SERVING CHRONICALLY ILL, HOMEBOUND , AND OTHERWISE VULNERABLE OLDER ADULTS IN REGIONAL TOWNS (MAY 8, 2018). * A DISCUSSION GR OUP WITH THE BOARD AND LEADERSHIP OF THE MASCOMA COMMUNITY HEALTH CLINIC, A COMMUNITY HEAL TH CLINIC SEEKING FQHC-LOOKALIKE STATUS AND SERVING A SET OF COMMUNITIES WITH HEALTH DISPA RITIES (MAY 14, 2018) * WORKING WITH THE GOOD NEIGHBOR HEALTH CLINIC AND MASCOMA COMMUNITY HEALTH CENTER TO DISSEMINATE SURVEYS TO PATIENTS WHO ARE UNINSURED AND LOW-INCOME. DISSEM INATING SURVEYS AT THE HAVEN (SHELTER); LISTEN COMMUNITY SERVICES (BASIC NEED SUPPORT, FOO D SHELF, AND COMMUNITY DINNERS); TO PARENTS OF CHILDREN IN DARTMOUTH-HITCHCOCK AND ALICE P ECK DAY'S PEDIATRICS CLINICS; VIA WOMEN, INFANTS, AND CHILDREN'S CLINICS; THROUGH GRAFTON COUNTY SENIOR CITIZENS COUNCIL (HOME-DELIVERED MEALS AND CONGREGATE MEALS); THROUGH VISITI NG NURSE AND HOSPICE OF VT AND NH (HOME-VISITING PROGRAMS FOR FAMILIES WITH YOUNG CHILDREN AND FOR SENIORS WITH COMPLEX HEALTH NEEDS); AND THROUGH OTHER COMMUNITY ORGANIZATIONS SER VING PEOPLE AFFECTED BY POVERTY AND POOR HEALTH.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. DURING MARCH 2018 - JUNE 2019, MHMH PARTNERED WITH ALICE PECK DAY MEMORIAL HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT. WE ALSO PARTNERED WITH NEIGHBORING HOSPITALS AND ORGANIZATIONS INCLUDING VALLEY REGIONAL HOSPITAL, NEW LONDON HOSPITAL, MOUNT ASCUTNEY HOSPITAL AND HEALTH CENTER, AND VISITING NURSE & HOSPICE OF VT/NH. USING SIMILAR COMMUNITY HEALTH NEEDS ASSESSMENT TOOLS AND APPROACHES, ALLOWING US TO COMPARE COMMUNITY HEALTH NEEDS ACROSS A BROAD GEOGRAPHIC, MULTI-HOSPITAL REGION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. DURING MARCH 2018- JUNE 2019, IN ADDITION TO WORKING WITH DARTMOUTH-HITCHCOCK CLINIC, MHMH WORKED CLOSELY WITH THE MEMBER ORGANIZATIONS OF THE PUBLIC HEALTH COUNCIL OF THE UPPER VALLEY (40+ MEMBER ORGANIZATIONS) AND GREATER SULLIVAN COUNTY PUBLIC HEALTH ADVISORY COUNCIL TO DISSEMINATE SURVEYS, SERVE AS KEY INFORMANTS, AND TO PROVIDE OVERALL REVIEW AND FEEDBACK RE: FINDINGS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. THE NEEDS ASSESSMENT WAS DISTRIBUTED TO NON-PROFIT ORGANIZATIONS THROUGHOUT THE REGION INCLUDING THE PUBLIC HEALTH COUNCIL OF THE UPPER VALLEY, WHICH IS A MEMBERSHIP GROUP OF REIGONAL NON-PROFIT, MUNICIPAL, SAFETY, HUMAN SERVICE, AND PUBLIC HEALTH ORGANIZATIONS. IT IS ALSO AVAILABLE FROM THE ORGANIZATION UPON REQUEST AND IS POSTED ON THE MHMH WEB PAGE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. MHMH IS INCREASING COMMUNITY BENEFITS SPENDING TO ADDRESS IDENTIFIED COMMUNITY NEEDS BASED ON THE MOST RECENT CHNA IN AREAS OF TRAUMA AND VIOLENCE, SOCIAL DETERMINANTS OF HEALTH, IMPROVING ACCESS TO HEALTH CARE, AND NEEDS OF OLDER ADULTS, AS WELL AS MAINTAINING ONGOING INVESTMENTS IN BEHAVIORAL HEALTH AND SUBSTANCE USE NEEDS, STRENGTHENING FAMILIES AND CHILDREN, AND CANCER CARE AND TREATMENT. IN FY 2019, MARY HITCHCOCK MEMORIAL HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT STRATEGIES WERE CONSISTENT WITH THE INTENTIONS IDENTIFIED IN OUR FY2016 AND FY2019 COMMUNITY HEALTH IMPROVEMENT PLANS. AREAS WERE ANALYZED AND MHMH RESPONDED BY INCREASING INVESTMENTS, MAINTAINING SIMILAR LEVELS OF INVESTMENTS FOR SERVICES AND INITIATIVES, OR LIMITING INVESTMENT IN AREAS WHERE OTHER COMMUNITY ORGANIZATIONS ALREADY PROVIDE LEADERSHIP AND SERVICES TO ADDRESS THE NEED, AND/OR WHERE THE IDENTIFIED NEED IS SIGNIFICANTLY OUTSIDE THE MISSION/SERVICES/SCOPE OF MHMH. MARY HITCHCOCK MEMORIAL HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT PLAN IS A 3-YEAR DOCUMENT IDENTIFYING ANTICIPATED INVESTMENTS AND ACTIVITIES THAT IT WILL TAKE TO ADDRESS NEEDS IDENTIFIED IN THE MOST RECENT UPPER VALLEY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - MARY HTCHCOCK MEMORIAL HOSPITAL. PATIENTS WHOSE FAMILY INCOME EXCEEDS 300% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF MHMH.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. MHMH HAS A SEPARATE UNINSURED DISCOUNT POLICY THAT OUTLINES HOW THE DISCOUNT IS CALCULATED ANNUALLY AND IS APPLIED PRIOR TO BILLING ANY UNINSURED PATIENT. THIS ASSURES A PATIENT IS NOT BILLED AT AN AMOUNT GREATER THAN THE AMOUNT GENERALLY BILLED TO PATIENTS WITH INSURANCE. THIS POLICY IS REFERENCED IN THE FINANCIAL ASSISTANCE POLICY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - MARY HITCHCOCK MEMORIAL HOSPITAL. THE FINANCIAL ASSISTANCE POLICY IS POSTED ON MHMH'S WEBSITE, INCLUDING THE VERBATIM POLICY AND A SHORTER, MORE PATIENT-FRIENDLY PLAIN-LANGUAGE SUMMARY. MHMH PROVIDES THE PLAIN-LANGUAGE SUMMARY BROCHURE TO ALL INPATIENTS, EMERGENCY DEPARTMENT INTAKES, UNINSURED, AND SELF-PAY INDIVIDUALS. MHMH CONTINUES TO NOTIFY PATIENTS ON THE BACK OF THE BILLING STATEMENT ABOUT FINANCIAL ASSISTANCE AVAILABLE TO THEM. ADDITIONALLY, MHMH POSTS INFORMATION ABOUT THE POLICY IN PUBLIC AREAS THROUGHOUT THE FACILITIES INCLUDING ADMISSION OFFICES, PUBLIC AREA BOARDS THROUGHOUT THE FACILITIES, THE EMERGENCY ROOMS, AND FINANCIAL ASSISTANCE POLICY BROCHURES IN PATIENT AREAS. MHMH SCREENS 100% OF UNINSURED INPATIENT AND SAME-DAY PATIENTS PRIOR TO ADMISSION. AS PART OF THIS PROCESS, MHMH CHECKS ALL STATE AND FEDERAL PROGRAMS TO SEE IF INDIVIDUALS ARE ELIGIBLE FOR ASSISTANCE. PATIENTS ARE ALSO SCREENED TO DETERMINE QUALIFICATION FOR FINANCIAL ASSISTANCE AND THE APPLICATION IS PROVIDED AND/OR COMPLETED AT THIS TIME.

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number

02-0222140

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 46

3 Enter total number of other organizations listed in the line 1 table 3

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Awards and Educational Assistance	22	675,315		FMV	
(2) D-H tuition Reimbursement Programs	468	831,285		FMV	
(3) Patient Assistance	181	59,904		FMV	
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	EACH AWARD ESTABLISHED BY MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) HAS WRITTEN GUIDELINES AND PROCEDURES. AWARD PAYMENTS ARE PROCESSED IN ACCORDANCE WITH THE SPECIFIC TERMS OF EACH AWARD. THE DARTMOUTH INSTITUTE SCHOLARSHIPS (TDI) ARE PAID DIRECTLY TO DARTMOUTH COLLEGE ON BEHALF OF THE INDIVIDUALS RECEIVING THE AWARDS. THE COORDINATORS OF THE PROGRAM ARE RESPONSIBLE FOR ASSURING THAT ALL TERMS ARE MET, INCLUDING PROPER DOCUMENTATION OF EXPENSES WITH RECEIPTS.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Nashua Chamber of Commerce 142 Main Street Nashua, NH 03060	02-0116973	501 (c) (6)	7,700		FMV		Program Support
The New England Council 98 N Washington St Ste 201 Boston, MA 02114	04-1661090	501 (c) (3)	7,700		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rock On Foundation 175 Canal Street Manchester, NH 03101	46-1600795	501 (c) (3)	5,250		FMV		Program Support
March of Dimes 1550 Crystal Drive Ste 1300 Arlington, VA 22202	13-1846366	501 (c) (3)	14,000		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Upper Valley Haven 713 Hartford Ave White River Junction, VT 05001	03-0277908	501 (c) (3)	41,738		FMV		Program Support
StayWorkPlay NH 235 Hanover Street Suite 1 Manchester, NH 03101	27-0327032	501 (c) (3)	10,150		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501 (c) (3)	24,500		FMV		Program Support
Grafton County Senior Citizens Council 10 Campbell Street Lebanon, NH 03766	23-7248316	501 (c) (3)	12,600		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Public Health Council of the Upper Valley One Court Street 378 Lebanon, NH 03766	75-2991608	501 (c) (3)	38,500		FMV		Program Support
Manchester Community Health Center 145 Hollis Street Manchester, NH 03101	02-0458174	501 (c) (3)	36,750		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Neighbor Health Clinic 70 North Main Street White River Junction, VT 05001	03-0346949	501 (c) (3)	56,000		FMV		Program Support
NH Hospital Association 125 Airport Road Concord, NH 03301	02-6012527	501 (c) (3)	796,709		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mt Ascutney Hospital and Health Center 289 County Road Windsor, VT 05089	03-0183721	501 (c) (3)	28,000		FMV		Program Support
New London Hospital 273 Country Road New London, NH 03257	02-0222171	501 (c) (3)	17,500		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tri-Valley Transit 279 Creek Road Middlebury, VT 05753	03-0335768	501 (c) (3)	29,750		FMV		Transportation Subsidy
Advance Transit PO BOX 1027 Wilder, VT 05088	22-2558708	501 (c) (3)	78,214		FMV		Transportation Subsidy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southeast VT Transit 45 Mill Street Wilmington, VT 05363	03-0353976	501 (c) (3)	21,000		FMV		Transportation Subsidy
Hanover Area Chamber of Commerce 53 South Main Street Suite 208 Hanover, NH 03755	02-0406892	501 (c) (6)	7,000		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Business and Industry Association 122 North Main Street Concord, NH 03301	02-0172300	501 (c) (6)	8,050		FMV		Program Support
Riverbend Community Mental Health PO Box 2032 Concord, NH 03302	02-0264383	501 (c) (3)	5,250		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cheshire Medical Center 580 Court Street 590 Keene, NH 03431	02-0354549	501 (c) (3)	84,000		FMV		Program Support
New Hampshire Charitable Foundation 37 Pleasant Street Concord, NH 03301	02-6005625	501 (c) (3)	42,000		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Listen Community Services 60 Hanover Street Lebanon, NH 03766	23-7225952	501 (c) (3)	35,000		FMV		Program Support
Families in Transition 122 Market St Manchester, NH 03101	02-0475414	501 (c) (3)	44,625		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Twin Pines Housing Trust 226 Holiday Drive Suite 20 White River Junction, VT 05001	22-2809527	501 (c) (3)	35,000		FMV		Program Support
Southwestern Community Services PO Box 603 63 Community Way Keene, NH 03741	02-6013808	501 (c) (3)	96,082		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mascoma Community Healthcare Inc 18 Roberts Road PO Box 550 Canaan, NH 03741	46-5672753	501 (c) (3)	35,000		FMV		Program Support
Conservation Law Foundation 62 Summer Street Boston, MA 02110	04-6149986	501 (c) (3)	35,000		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 2 Commerce Drive Suite 110 Bedford, NH 03110	13-1788491	501 (c) (3)	27,650		FMV		Program Support
Upper Valley Community Nursing Project PO Box 1302 Lebanon, NH 03766	83-1224873	501 (c) (3)	21,000		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alice Peck Day Memorial Hospital 10 Alice Peck Day Dr Lebanon, NH 03766	02-0222791	501 (c) (3)	17,500		FMV		Program Support
St Joseph Hospital 172 Kinsley Street Nashua, NH 030603648	02-0222215	501 (c) (3)	17,500		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Granite United Way 22 Concord Street Floor 2 Manchester, NH 03101	02-6006033	503 (c) (3)	31,500		FMV		Program Support
Visions for Creative Housing Solutions 8 Sunrise Farm Lane Enfield, NH 03748	80-0868234	501 (c) (3)	17,500		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JSI Research & Training Institute 501 South Street Bow, NH 03304	04-2679824	501 (c) (3)	14,000		FMV		Program Support
City Year Inc 248 Elm Street Suite 201 Manchester, NH 03101	22-2882549	501 (c) (3)	15,750		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Care Without Harm 12355 Sunrise Valley Dr Suite 680 Reston, VA 20191	52-2358837	501 (c) (3)	21,000		FMV		Program Support
Granite YMCA Corporate Office 117 market Street Manchester, NH 03104	02-0222248	501 (c) (3)	13,650		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of Manchester 555 Union Street Manchester, NH 03104	02-0226033	501 (c) (3)	14,350		FMV		Program Support
TLC Family Resource Center PO Box 1098 Claremont, NH 03743	52-2439830	501 (c) (3)	38,089		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valley Regional Healthcare 243 Elm Street Claremont, NH 03743	02-0397338	501 (c) (3)	77,003		FMV		Program Support
NH Children's Trust 10 Ferry Street Suite 315 Concord, NH 03301	27-2458454	501 (c) (3)	8,750		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Willing Hands Enterprises PO Box 172 Lebanon, NH 03766	20-2204811	501 (c) (3)	7,000		FMV		Program Support
New Hampshire Women's Foundation 18 Low Avenue Suite 205 Concord, NH 03301	02-0495092	501 (c) (3)	5,250		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Hampshire College & University Council 3 Barrell Court Suite 100 Concord, NH 03301	02-0271139	501 (c) (3)	5,950		FMV		Program Support
Vital Communities Transportation 195 North Main Street White River Junction, VT 05001	03-0355283	501 (c) (3)	10,500		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Headrest Inc 141 Mascoma St Lebanon, NH 03766	23-7256865	501 (c) (3)	29,540		FMV		Program Support
Monadnock Collaborative 105 Castle St Keene, NH 03431	02-0526791	501 (c) (3)	12,974		FMV		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Albert Schweitzer Fellowship Program 330 Brookline Ave Boston, MA 02215	13-1982786	501 (c) (3)	8,400		FMV		Program Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Mary Hitchcock Memorial Hospital		Employer identification number 02-0222140

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

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

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

[illegible]

Part III **Supplemental Information**

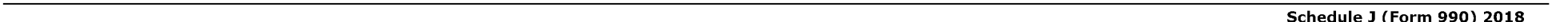
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part II NOTE REGARDING COMPENSATION	FORM 990, SCHEDULE J, PART II COLUMN B, PARTS I, II, AND III REPRESENT ACTUAL AMOUNTS PAID TO EMPLOYEES BY MHMH AND RELATED ORGANIZATIONS. THESE AMOUNTS ARE REPORTED TO EMPLOYEES ON THEIR ANNUAL W-2 FORMS AS COMPENSATION. COLUMNS C AND D REPRESENT ITEMS EARNED, HOWEVER, NOT PAID DIRECTLY TO THE EMPLOYEE AS CASH PAYMENTS DURING THE CALENDAR YEAR. COLUMN C INCLUDES RETIREMENT BENEFITS AS WELL AS ANY CHANGES IN PENSION ACTUARIAL VALUE (IF APPLICABLE) IN A CALENDAR YEAR. COLUMN D REPRESENTS NONTAXABLE BENEFITS SUCH AS THE COST OF HEALTHCARE COVERAGE PROVIDED BY D-H ON BEHALF OF ITS EMPLOYEES.

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE ORGANIZATION HAS IN PLACE A MANAGEMENT SELF DEVELOPMENT PLAN (MSDP) DESIGNED TO PROMOTE PROFESSIONAL AND PERSONAL DEVELOPMENT. THE MSDP IS CAPPED AT 2% OF GROSS PAY AND MAY BE UTILIZED FOR EXPENSES SUCH AS PROFESSIONAL DUES, MEETINGS AND SEMINARS, TUITION REIMBURSEMENT, AND OTHER MISCELLANEOUS ITEMS THAT PROMOTE PROFESSIONAL KNOWLEDGE. THE MONIES MAY ALSO BE USED FOR UP TO A 50% REIMBURSEMENT OF THE COST OF A FITNESS/WELLNESS PROGRAM DESIGNED TO MAINTAIN THE HEALTH OF MANAGEMENT PERSONNEL. ALL EXPENSES ARE SUBMITTED FOR APPROVAL BEFORE REIMBURSEMENT.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	THE CEO IS PAID BY DARTMOUTH-HITCHCOCK CLINIC (DHC), A RELATED ORGANIZATION, WHICH USES A COMPENSATION COMMITTEE, AN INDEPENDENT CONSULTANT, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE CEO'S COMPENSATION.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2018. DURING CALENDAR YEAR 2018, FORMER CHIEF CLINICAL OFFICER JOHN BIRKMEYER RECEIVED SEVERANCE PAYMENTS MONTHLY TOTALING \$328,004 FROM DHC. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III. DURING CALENDAR YEAR 2018, FORMER CHIEF HR OFFICER JOHN MALANOWSKI RECEIVED SEVERANCE PAYMENTS MONTHLY TOTALING \$138,656 FROM MHMH. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B) III. DURING CALENDAR YEAR 2018, FORMER CHIEF POPULATION MANAGEMENT OFFICER ROBERT GREENE RECEIVED SEVERANCE PAYMENTS MONTHLY TOTALING \$122,058 FROM MHMH. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III. DURING CALENDAR YEAR 2018, FORMER CHIEF AGO OFFICER SOWMYA VISWANATHAN RECEIVED SEVERANCE PAYMENTS MONTHLY TOTALING \$161,538 FROM DHC. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III.



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
James N Weinstein DO MS	(i)	0	0	0	0	0	0	0
Former Trustee/CEO	(ii)	782,744	0	180,577	26,580	8,240	998,141	0
Joanne M Conroy MD	(i)	0	0	0	0	0	0	0
Trustee, Ex-Officio, CEO	(ii)	954,614	253,555	38,756	26,580	25,582	1,299,087	0
Jocelyn Chertoff MD	(i)	0	0	0	0	0	0	0
VP Service Line / DPT CHR Diagnostic Radiology	(ii)	559,809	250	52,688	26,580	15,705	655,032	0
Jeffrey A Cohen MD	(i)	0	0	0	0	0	0	0
Trustee (Through 12/31/18)	(ii)	394,582	250	45,014	26,580	37,781	504,207	0
Cherie Holmes MD	(i)	0	0	0	0	0	0	0
Trustee	(ii)	393,474	250	35,727	38,328	15,848	483,627	0
Kari M Rosenkranz MD	(i)	0	0	0	0	0	0	0
Trustee / Physician	(ii)	495,650	250	26,015	21,080	14,693	557,688	0
Brian C Spence MDMHCDS	(i)	0	0	0	0	0	0	0
Trustee (Through 12/31/18) / Physician	(ii)	451,894	250	21,267	21,080	36,011	530,502	0
Jon Wahrenberger MDFAHAFAC	(i)	0	0	0	0	0	0	0
Trustee	(ii)	342,647	250	3,906	26,580	39,085	412,468	0
KURT K RHYNHART MD	(i)	0	0	0	0	0	0	0
TRUSTEE	(ii)	436,988	250	39,811	21,343	20,729	519,121	0
John Birkmeyer MD	(i)	0	0	0	0	0	0	0
Former CCO / EVP ENTPRS SP	(ii)	0	0	328,004	0	0	328,004	0
Richard I Rothstein MD	(i)	0	0	0	0	0	0	0
Former Dept. Chair / Service Line LDR - MED	(ii)	780,410	250	6,378	26,640	29,773	843,451	0
Sowmya Viswanathan MD	(i)	0	0	0	0	0	0	0
Former Chief ACO Officer	(ii)	0	0	161,538	0	0	161,538	0
Aimee M Giglio	(i)	318,913	10,250	29,599	12,648	34,630	406,040	0
Chief HR Officer	(ii)	0	0	0	0	0	0	0
DANIEL P JANTZEN CPA	(i)	621,847	10,250	170,310	26,580	29,223	858,210	0
Chief Financial Officer	(ii)	0	0	0	0	0	0	0
Patrick Jordan III MBA	(i)	593,349	250	1,588	21,080	37,284	653,551	0
Chief Operating Officer	(ii)	0	0	0	0	0	0	0
JOHN KACAVAS	(i)	528,095	10,250	90,643	21,080	31,336	681,404	0
Chief Legal Officer	(ii)	0	0	0	0	0	0	0
Stephen Leblanc	(i)	0	0	0	0	0	0	0
Chief Strategy Officer	(ii)	640,573	10,250	27,497	26,580	34,294	739,194	0
EDWARD MERRENS	(i)	0	0	0	0	0	0	0
Chief Clinical Officer	(ii)	629,398	10,250	70,908	28,864	20,070	759,490	0
Maria Padin MD	(i)	0	0	0	0	0	0	0
Chief Medical Officer	(ii)	369,274	5,250	31,412	37,334	36,836	480,106	0
Susan A Reeves EDDRN	(i)	457,787	250	2,628	26,580	30,379	517,624	0
Chief Nursing Officer	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Steven Boyce	(i)	0	0	0	0	0	0	0
FMR KEY EMP / ADM. VP MED SPCLTS	(ii)	127,572	250	479	10,843	19,336	158,480	0
Wendy Fielding MBA	(i)	228,163	250	18,914	19,118	30,870	297,315	0
FMR KEY EMP / VP FINANCE PLNNING	(ii)	0	0	0	0	0	0	0
Robert Greene MDMHCDSFACP	(i)	0	0	0	0	0	0	0
FMR CHF POPUL MGMT OFR	(ii)	0	0	122,058	0	0	122,058	0
John S Malanowski MILR	(i)	0	0	138,656	0	0	138,656	0
Chief HR Officer	(ii)	0	0	0	0	0	0	0
Tina E Naimie CPA	(i)	256,492	250	557	19,498	9,093	285,890	0
FMR KEY EMP / VP CORP FINANCE	(ii)	0	0	0	0	0	0	0
Christine Schon MPA	(i)	0	0	0	0	0	0	0
FMR KEY EMP/ ADM VP PRMRY CARE	(ii)	251,113	250	28,660	26,580	17,134	323,737	0
Thomas J Siepka	(i)	104,506	5,000	3,684	5,492	659	119,341	0
Chief Pharm Officer	(ii)	0	0	0	0	0	0	0
Wendy Wells MD	(i)	0	0	0	0	0	0	0
FMR KEY EMP / DPT CHR PATHOLOGY	(ii)	460,678	250	46,024	37,543	23,225	567,720	0
Thomas Dodds MD	(i)	0	0	0	0	0	0	0
FRMR KEY EMP / DEPT CHR ANESTH	(ii)	120,987	250	2,010	8,783	3,814	135,844	0
GEORGE T BLIKE MD	(i)	0	0	0	0	0	0	0
Chief Quality & Value Officer	(ii)	420,654	5,250	62,551	52,781	36,528	577,764	0
Karen Clements RNBSNMSB	(i)	325,478	600	28,782	21,080	12,013	387,953	0
Chief Nursing Officer	(ii)	0	0	0	0	0	0	0
Staci Hermann PHARMDMS	(i)	197,813	250	138	8,349	13,911	220,461	0
Int. Chief Pharm Officer	(ii)	0	0	0	0	0	0	0
Simon Hillier	(i)	0	0	0	0	0	0	0
Dept. Chair - Anesthesiology	(ii)	481,194	250	46,847	26,580	29,889	584,760	0
Jeffrey Obrien MHA	(i)	326,402	250	38,484	24,226	32,889	422,251	0
VP Clinical Operations	(ii)	0	0	0	0	0	0	0
Peter D Solberg MD	(i)	0	0	0	0	0	0	0
Chief Medical Information Officer	(ii)	357,928	5,250	21,097	21,497	34,614	440,386	0
Sandra Wong MD	(i)	0	0	0	0	0	0	0
Chief ACO Officer	(ii)	729,365	250	59,000	21,080	11,753	821,448	0
Kimberly Troland JD	(i)	362,975	250	42,312	21,080	29,221	455,838	0
Deputy Gen Counsel	(ii)	0	0	0	0	0	0	0
BRUCE KING	(i)	309,810	250	49,432	26,580	29,190	415,262	0
PRES/CEO NEW LNDN HSPTL	(ii)	584	0	0	0	0	584	0
Martin Purcell MBA	(i)	306,454	250	72,182	36,066	35,637	450,589	0
VP IS OPERATIONS	(ii)	0	0	0	0	0	0	0
David Gladstone MD	(i)	296,178	250	27,764	30,315	27,483	381,990	0
CHF CLNCL PHYSCN - RADIOLOGY	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Leigh Burgess	(i)	324,124	250	2,777	21,080	20,197	368,428	0
VP RESEARCH OPS	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Mary Hitchcock Memorial Hospital

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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
02-0222140

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 NH HEALTH AND ED FACILITIES AUTHORITY		02-0279866	6646142B4	08-13-2014	41,242,990	REFUND ISSUE DATED 08/19/2009		X		X		X
B NH HEALTH AND ED FACILITIES AUTHORITY		02-0279866	000000000	07-01-2016	35,575,000	SEE PART VI		X		X		X

Part II Proceeds													
						A		B		C		D	
1 Amount of bonds retired								24,605,000					
2 Amount of bonds legally defeased													
3 Total proceeds of issue						41,242,990		35,575,000					
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds						352,990		408,058					
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds								15,936,616					
11 Other spent proceeds						40,890,000		19,230,326					
12 Other unspent proceeds													
13 Year of substantial completion						2014		2017					
						Yes No		Yes No		Yes No		Yes No	
14 Were the bonds issued as part of a current refunding issue?						X		X					
15 Were the bonds issued as part of an advance refunding issue?								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					
2 Are there any lease arrangements that may result in private business use of bond-financed property?								X					

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Cat. No. 50193E

Schedule K (Form 990) 2018

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
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 %					
6 Total of lines 4 and 5	0 %		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				
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								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
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).

Return Reference	Explanation
Schedule K, Part I, Column (f) Bond B	THE PURPOSE OF THE ISSUE WAS TO REFUND AN ISSUE DATED 10/24/2013 AND FINANCE CAPITAL PROJECTS.

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ 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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Mary Hitchcock Memorial Hospital

Employer identification number

02-0222140

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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.

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 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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DANIEL JANTZEN	OFFICER	SPLIT DOLLAR LIFE		X	0	126,415		No	Yes		Yes	
(2) DEBORAH JANTZEN	FAMILY MEMBER	SPLIT DOLLAR LIFE		X	0	62,841		No	Yes		Yes	
(3) BRUCE KING	OFFICER	SPLIT DOLLAR LIFE		X	0	155,636		No	Yes		Yes	
(4) MARY KING	FAMILY MEMBER	SPLIT DOLLAR LIFE		X	0	27,352		No	Yes		Yes	
Total ▶ \$						372,244						

Part III Grants or Assistance Benefiting Interested Persons.

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

(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) Victoria LeBlanc	Family member of Officer Stephen LeBlanc	33,097	Employment Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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	19	1,204,593	Market value
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

0

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

30a

Yes

No

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

Yes

b If "Yes," describe in Part II.

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	THE ORGANIZATION USES DARTMOUTH-HITCHCOCK HEALTH, MHMH'S PARENT ORGANIZATION, FOR SOLICITATION OF CONTRIBUTIONS AND ANNUAL FUND ACTIVITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
Mary Hitchcock Memorial Hospital

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

02-0222140

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR UNDERTAKEN	ALTHOUGH PAID BY A RELATED ORGANIZATION, DARTMOUTH-HITCHCOCK CLINIC, THE COMPENSATION FOR THE CEO IS EVALUATED BY AN INDEPENDENT THIRD PARTY FIRM FOR REASONABLENESS AND NATIONAL DATA BENCHMARKING. THE TALENT DEVELOPMENT AND COMPENSATION COMMITTEE, ALONG WITH INDEPENDENT TRUSTEES, APPROVE THE FINAL COMPENSATION IN CONSIDERATION WITH THE INDEPENDENT THIRD PARTY FIRM'S RECOMMENDATIONS AND SUGGESTIONS. THIS PROCESS WAS CONTEMPORANEOUSLY DOCUMENTED AND LAST UNDERTAKEN IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>The Mary Hitchcock Memorial Hospital (MHMH) board has a Governance Committee who has the authority/responsibility of the MHMH Board to ensure that MHMH continues to fulfill its central mission and vision. This committee has authority to act on behalf of the full Board when the need arises. Members include the following who are all members of the governing board: Edward H. Stansfield, III, MA (Board Chair and Chair of Governance Committee) William J. Conaty (Chair - Talent Development and Compensation Committee) Roberta L. Hines, MD (Chair - Research and Education Committee) Charles G. Plimpton, MBA (Chair- Finance Committee) Pamela A. Thompson, MS, RN, CENP, FAAN (Chair - Value Committee) Ex Officio member: Dr. Joanne Conroy (CEO)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	DARTMOUTH-HITCHCOCK HEALTH (D-HH) IS THE SOLE CORPORATE MEMBER OF MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	D-HH HAS SPECIFIC AUTHORITY AND RESERVED POWERS, INCLUDING THE POWER TO CONFIRM THE ELECTI ON OF MEMBERS OF MHMH'S BOARD OF TRUSTEES AND THE POWER TO APPROVE SIGNIFICANT GOVERNANCE, FINANCIAL, AND OPERATIONAL DECISIONS OF MHMH'S TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	IN ADDITION TO RESERVED POWERS, DARTMOUTH-HITCHCOCK HEALTH (D-HH) SHALL HAVE THE AUTHORITY TO TAKE ACTIONS TO ESTABLISH, MANAGE, AND GOVERN MHMH TO CREATE AND MAINTAIN AN INTEGRATED HEALTH CARE DELIVERY SYSTEM IN FURTHERANCE OF THE MISSION OF MHMH AND OTHER ORGANIZATIONS WITHIN THE SYSTEM. THESE POWERS INCLUDE BUT ARE NOT LIMITED TO ITEMS SUCH AS THE ABILITY TO APPROVE, DISAPPROVE, OR MODIFY ALL MATERIAL GOVERNANCE, PROGRAMMATIC, AND FINANCIAL DECISIONS OF MHMH'S BOARD OF TRUSTEES, TO APPOINT OR REMOVE A MEMBER OF MHMH'S BOARD OF TRUSTEES, ASSESS MHMH A MONETARY AMOUNT FOR THE PAYMENT OF THE EXPENSES OF D-HH, APPROVE MHMH'S BUDGET, APPROVE THE BORROWINGS OR DISPOSITIONS OF ASSETS BY MHMH, APPROVE KEY STRATEGIC RELATIONSHIPS, APPROVE THE ELIMINATION OR ADDITION OF ANY MATERIAL HEALTH CARE SERVICE OR PROGRAM, AND OTHER AUTHORITY TO TAKE ACTION ON BEHALF OF MHMH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS REVIEWED BY EXTERNAL TAX ADVISORS, THE DIRECTOR OF CORPORATE FINANCE, THE VICE PRESIDENT OF CORPORATE FINANCE, AND THE CHIEF FINANCIAL OFFICER BEFORE THE FILING OF THE RETURN. ONCE THE RETURN HAS BEEN FULLY PREPARED A FINAL FORM 990 IS SENT TO EACH BOARD MEMBER AND TIME IS ALLOCATED FOR COMMENTS AND RESPONSES PRIOR TO OFFICIAL FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE MARY HITCHCOCK MEMORIAL HOSPITAL BOARD OF TRUSTEES APPROVED A POLICY CONCERNING A VOLUNTARY SELF-DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST. THE DARTMOUTH-HITCHCOCK HEALTH (D-HH) COMPLIANCE AND AUDIT SERVICES DEPARTMENT CONDUCTS AN ANNUAL SURVEY OF ALL OFFICERS, TRUSTEES, AND KEY EMPLOYEES AND PERFORMS OTHER PROCEDURES AS CONSIDERED NECESSARY TO REPORT ON COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE DEPARTMENT THEN REPORTS TO EACH BOARD ANY POTENTIAL CONFLICTS FOR THEIR REVIEW. PER THE POLICY, ANY CONFLICTS OR OTHERWISE PERCEIVED CONFLICTS ARE REQUIRED TO BE ADDRESSED BY THE BOARD OF TRUSTEES ON AN ONGOING BASIS. IN THE EVENT A CONFLICT ARISES, THE INDIVIDUAL MAY BE REMOVED FROM PARTICIPATING IN ANY DECISION-MAKING REGARDING THE IDENTIFIED CONFLICT AND/OR ITS CORRESPONDING TRANSACTIONS. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM SUCH PERSON ON THE BASIS FOR SUCH BELIEF AND AFFORD HIM/HER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT SUCH PERSON HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS EVALUATED BY INTERNAL HUMAN RESOURCES STAFF USING NATIONAL BENCHMARKING DATA (ALONG WITH ONGOING EVALUATIONS BY AN INDEPENDENT THIRD-PARTY FIRM FOR REASONABLENESS). THE LAST FORMAL PROCESS WAS COMPLETED IN 2019. EXTERNAL BENCHMARKING FROM AN INDEPENDENT THIRD PARTY HAS BEEN USED FOR ANY OFFICER WHO WAS HIRED OR RECEIVED A COMPENSATION ADJUSTMENT SINCE THE LAST FORMAL PROCESS. COMPENSATION RATES ARE DETERMINED BY FOLLOWING THE GUIDELINES OF THE COMPENSATION COMMITTEE CHARTER AND PHILOSOPHY DOCUMENTS AND A FORMAL REVIEW BY COMPENSATION COMMITTEE MEMBERS. THE PROCESS DESCRIBED ABOVE TO ESTABLISH COMPENSATION WAS USED FOR THE FOLLOWING POSITIONS: Chief Financial Officer, Chief Strategy Officer, Chief Clinical Officer, Chief Legal Officer, Chief Human Resources Officer, Chief Operating Officer, Chief Nursing - Executive, Chief Nursing Officer, Chief Pharmacy Officer, Chief Quality & Value Officer, Department Chair - Anesthesia, Department Chair - Radiology, Department Chair - Pathology and similar positions.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	MHMH'S GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE NEW HAMPSHIRE SECRETARY OF STATE. THE AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST EITHER IN ELECTRONIC OR HARD COPY FORM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a, Column (B) AVERAGE HOURS PER WEEK	AS PART OF DARTMOUTH-HITCHCOCK CLINIC AND MARY HITCHCOCK MEMORIAL HOSPITAL'S AFFILIATION AGREEMENT, THE TWO ORGANIZATIONS SHARE OFFICERS. AS SUCH, THE AVERAGE HOURS PER WEEK ARE ALLOCATED BETWEEN THE TWO ORGANIZATIONS' 990'S EVEN THOUGH COMPENSATION REPORTED IN PART VII IS BASED ON THE ENTITY ISSUING THE W-2. IN ADDITION, CERTAIN OFFICERS SPEND TIME ON DARTMOUTH-HITCHCOCK HEALTH (THE SOLE CORPORATE MEMBER OF BOTH MHMH AND DHC), DARTMOUTH-HITCHCOCK CLINIC, ALONG WITH THREE SUPPORTING ORGANIZATIONS DARTMOUTH-HITCHCOCK MEDICAL CENTER, EVERWELL, INC., HAMDEN RISK RETENTION GROUP, AND RELATED ENTITIES- ALICE PECK DAY MEMORIAL HOSPITAL, WINDSOR HOSPITAL CORPORATION (DBA MT ASCUTNEY HOSPITAL AND HEALTH CENTER), MT ASCUTNEY HOSPITAL COMMUNITY HEALTH FOUNDATION, HISTORIC HOMES OF RUNNEMEDE, CHESHIRE MEDICAL CENTER, CHESHIRE HEALTH FOUNDATION, CHESHIRE HEALTH SERVICES, THE NEW LONDON HOSPITAL ASSOCIATION, VNA & HOSPICE OF VT AND NH, AND THE HITCHCOCK FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue: 37707318, Related or Exempt Function Revenue: 33262174, Unr elated Business Revenue: 4445144, Revenue Excluded from Tax Under Sections 512, 513, or 51 4: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	NET ASSET TRANSFER TO AFFILIATES - 11602360; NET ASSETS RELEASED FROM RESTRICTION - -11907712; PENSION-RELATED AND OTHER CHANGES - -22865520;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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) NEW ENGLAND ALLIANCE FOR HEALTH LLC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 26-4232401	HLTH IMPROVMT	NH	37,360	590,388	MHMH
(2) D-H SPECIALTY SERVICES LLC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 46-0876427	SHD SVGS PRGM	NH	0	0	MHMH

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

(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	
(1) DARTMOUTH-HITCHCOCK MASTER INVESTMENT PROGRAM OF POOLED INVESTMENT ACCOUNTS 1 MED CTR DR LEBANON, NH 03756 02-0205863	POOLED INVEST	NH	MHMH	Excluded	29,924,954	658,677,570		No	25,394	Yes		

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

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
ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 22-2519596	PHYS SVCS	NH	501(c)(3)	10	D-HH		No
ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 26-4812335	PARENT ORG	NH	501(c)(3)	7	NA	Yes	
273 COUNTY ROAD NEW LONDON, NH 03257 02-0222171	HOSPITAL	NH	501(c)(3)	3	D-HH		No
289 COUNTY ROAD WINDSOR, VT 05089 03-0183721	HOSPITAL	VT	501(c)(3)	3	D-HH		No
580 COURT STREET KEENE, NH 03431 02-0354549	HOSPITAL	NH	501(c)(3)	3	D-HH		No
10 ALICE PECK DAY DRIVE LEBANON, NH 03766 02-0222791	HOSPITAL	NH	501(c)(3)	3	D-HH		No
205 BILLINGS FARM ROAD 5 WILDER, VT 05088 03-6006494	HOSPICE	VT	501(c)(3)	10	D-HH		No
ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 22-2715483	SUPPORTING ORG.	NH	501(c)(3)	Type I	NA		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
(1)	THE NEW LONDON HOSPITAL ASSOCIATION INC	L	58,096	FMV
(1)	THE NEW LONDON HOSPITAL ASSOCIATION INC	Q	1,521,454	FMV
(2)	WINDSOR HOSPITAL CORPORATION	L	86,996	FMV
(3)	WINDSOR HOSPITAL CORPORATION	Q	1,450,319	FMV
(4)	WINDSOR HOSPITAL CORPORATION	R	103,938	FMV
(5)	DARTMOUTH-HITCHCOCK HEALTH	R	14,708,458	FMV
(6)	CHESHIRE MEDICAL CENTER	L	23,153,748	FMV
(7)	CHESHIRE MEDICAL CENTER	Q	608,398	FMV
(8)	ALICE PECK DAY MEMORIAL HOSPITAL	L	81,640	FMV
(9)	ALICE PECK DAY MEMORIAL HOSPITAL	Q	835,711	FMV