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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

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

D Employer identification number

02-0222140

E Telephone number

(603) 650-5000

G Gross receipts \$ 1,455,466,797

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; 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) 21

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6,541

6 Total number of volunteers (estimate if necessary) 497

7a Total unrelated business revenue from Part VIII, column (C), line 12 11,938,304

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

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

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

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

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

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

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

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 746,284,236

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

16b Total fundraising expenses (Part IX, column (D), line 25) ▶264,966

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

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

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

Expenses

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

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

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

Net Assets or Fund Balances

Beginning of Current Year End of Year

20 Total assets (Part X, line 16) 1,550,625,147 2,041,764,780

21 Total liabilities (Part X, line 26) 868,932,139 1,392,639,404

22 Net assets or fund balances. Subtract line 21 from line 20 681,693,008 649,125,376

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

2021-05-12
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road Suite 400
Louisville, KY 402411122 Phone no. (502) 326-3996

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

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 \$ 1,091,368,698 including grants of \$ 10,933,352) (Revenue \$ 1,324,784,331)
See Additional Data


4b (Code:) (Expenses \$ 92,037,219 including grants of \$) (Revenue \$ 62,081,886)
See Additional Data

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

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

4e Total program service expenses ► 1,183,405,917

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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,406	
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	

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization	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?	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?	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 CENTER DRIVE LEBANON, NH 03756 (603) 650-5634

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

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								7,152,913	10,111,980	1,668,260

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 ▶ 554

	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	38,837,394
Harvey Construction 10 Harvey Rd Bedford, NH 03110	Construction	21,294,910
Huron Consulting Services LLC 550 West Van Buren St Chicago, IL 60607	Consulting Services	9,626,557
Triage LLC 7200 World Communication Dr Omaha, NE 68122	Staffing Services	7,599,043
HP Cumming Construction Company 25 Crossroad Route 100 Waterford, VT 05676	Construction	6,195,493

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 ▶ 161

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A)	(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	22,604,501				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,880,384				
	g Noncash contributions included in lines 1a - 1f:\$	1g	4,327,833				
	h Total. Add lines 1a-1f ▶	34,484,885					
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code					
		622110	1,141,938,206	1,141,938,206			
	b RESEARCH RELATED ACTIVITIES	622110	7,509,476	7,509,476			
	c PHARMACY INCOME	446110	144,135,762	138,985,717	5,150,045		
	d NEAH & PROGRAM RELATED INVESTMENTS	541990	1,859,878	689,023	1,170,855		
	e						
	f All other program service revenue.		0	0	0		
g Total. Add lines 2a-2f. ▶	1,295,443,322						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		18,523,480		-153,530	18,677,010	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	742,422				
		b Less: rental expenses	6b	482,157			
		c Rental income or (loss)	6c	260,265	0		
	d Net rental income or (loss) ▶			260,265		260,265	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c	0	0		
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a STIMULUS PAYMENT	622110	53,788,038	53,788,038				
b MEANINGFUL USE REFUND	622110	554,741	554,741				
c CAFETERIA	722212	2,757,959			2,757,959		
d All other revenue		49,171,950	43,401,016	5,770,934	0		
e Total. Add lines 11a-11d ▶			106,272,688				
12 Total revenue. See instructions ▶			1,454,984,640	1,386,866,217	11,938,304	21,695,234	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,961,820	8,961,820		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,825,930	1,825,930		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	145,602	145,602		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,931,123	3,019,460	7,713,174	198,489
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,297,215	745,023	1,500,952	51,240
7 Other salaries and wages	647,940,760	564,083,012	83,857,748	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,719,581	37,166,035	5,553,546	
9 Other employee benefits	74,117,932	46,645,491	27,472,441	
10 Payroll taxes	40,341,518	21,204,548	19,121,733	15,237
11 Fees for services (non-employees):				
a Management				
b Legal	1,783,232	35,761	1,747,471	
c Accounting	725,905		725,905	
d Lobbying	39,600		39,600	
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)	101,305,796	83,076,758	18,229,038	0
12 Advertising and promotion	2,684,131	66,049	2,618,082	
13 Office expenses	17,656,927	12,677,676	4,979,251	
14 Information technology	17,148,987	1,543,409	15,605,578	
15 Royalties				
16 Occupancy	18,019,239	1,304,863	16,714,376	
17 Travel	4,137,205	2,081,807	2,055,398	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	163,398	163,398		
20 Interest	16,845,507	1,516,096	15,329,411	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,108,563	20,150,290	46,958,273	
23 Insurance	19,713,148	7,167,448	12,545,700	
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	288,838,575	286,685,296	2,153,279	
b MEDICAID ENHANCEMENT TAX	59,707,877	59,707,877		
c EQUIPMENT RENTAL & MAINT	15,923,947	10,806,353	5,117,594	
d ACADEMIC, GME, TEACHING & EDUCATIONAL	7,948,408	6,408,855	1,539,553	
e All other expenses	10,295,879	6,217,060	4,078,819	0
25 Total functional expenses. Add lines 1 through 24e	1,479,327,805	1,183,405,917	295,656,922	264,966
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		47,978,831	1	210,295,802	
	2	Savings and temporary cash investments		639,155	2	639,751	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		162,813,811	4	156,019,685	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		372,244	5	196,023	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		11,722,180	7	11,563,390	
	8	Inventories for sale or use		19,562,504	8	26,883,997	
	9	Prepaid expenses and deferred charges		10,655,043	9	23,928,953	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,302,580,327			
	b	Less: accumulated depreciation	10b	854,517,613	411,951,103	10c	448,062,714
	11	Investments—publicly traded securities		554,941,393	11	573,546,581	
	12	Investments—other securities. See Part IV, line 11		157,549,243	12	160,162,539	
	13	Investments—program-related. See Part IV, line 11		6,282,288	13	7,665,894	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		166,157,352	15	422,799,451	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,550,625,147	16	2,041,764,780		
Liabilities	17	Accounts payable and accrued expenses		180,227,192	17	208,215,387	
	18	Grants payable			18		
	19	Deferred revenue		4,113,693	19	171,284,403	
	20	Tax-exempt bond liabilities		0	20	37,885,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		581,142,070	23	42,315,447	
	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		103,449,184	25	932,939,167	
26	Total liabilities. Add lines 17 through 25		868,932,139	26	1,392,639,404		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		591,992,644	27	551,126,847	
	28	Net assets with donor restrictions		89,700,364	28	97,998,529	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		681,693,008	32	649,125,376	
33	Total liabilities and net assets/fund balances		1,550,625,147	33	2,041,764,780		

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	1,454,984,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,479,327,805
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,343,165
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	681,693,008
5	Net unrealized gains (losses) on investments	5	2,559,348
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	-10,783,815
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	649,125,376

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: 19010655
Software Version: 2019v5.0
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

Form 990 (2019)

Form 990, Part III, Line 4a:

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 2020, MHMH PROVIDED 126,638 ACUTE PATIENT DAYS OF INPATIENT SERVICE AND HAD 27,309 TOTAL ACUTE CARE DISCHARGES, WHILE MHMH'S EMERGENCY ROOM WAS OPEN TO THE PUBLIC 24 HOURS PER DAY, 7 DAYS PER WEEK AND HAD 28,774 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 TELE-MEDICINE 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 TELE-HEALTH IN LEBANON OFFERS A 24/7 TEAM OF PHYSICIANS, PHARMACISTS, AND NURSES SUPPORTING THE FOLLOWING ACUTE CARE TELE-HEALTH SERVICE LINES: TELE-EMERGENCY, TELE-PHARMACY, TELE-NEUROLOGY, TELE-ICU, TELE-PSYCHIATRY, AND TELE-NEONATOLOGY; OUTPATIENT TELE-URGENT CARE 7 DAYS/WEEK; AND OUTPATIENT VIRTUAL VISITS IN PEDIATRICS AND MORE THAN 30 SPECIALTY SERVICES TO PATIENTS IN 17 CLINICAL LOCATIONS ALONG WITH 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'S 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 has also partnered with Colby-Sawyer College to provide nursing education to both Colby-Sawyer students and to MHMH staff. MHMH also sponsors numerous training programs through the Workforce Readiness Institute, a department of MHMH focused on providing training pathways for entry-level staff to gain the necessary education and certifications to move into higher-paying roles. Along with providing flu clinics to bring vaccinations to area communities, MHMH also created a community COVID testing center during the latter part of FY '20. Additionally, MHMH and DHC have served both the State of New Hampshire and area communities as "subject matter experts" during the COVID pandemic. During FY '20, MHMH commenced construction of a new Patient Pavilion, expanding its current in-patient capacity at the Lebanon campus. (For the last three years, MHMH has turned away almost 2,500 patients per year because the hospital was at full capacity during the patients' time of need.) Expected to be completed early in FY '23, the project will cost in excess of \$100 million and will expand in-patient capacity to more fully meet the acute-care needs of the region. 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 BY REQUEST. 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, 2020, MHMH PROVIDED FINANCIAL ASSISTANCE TO 17,000 PATIENTS IN THE AMOUNT OF \$23,299,566 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, 2020, THE HOSPITAL REPORTED A PROVISION FOR BAD DEBT OF \$43,174,978.

Form 990, Part III, Line 4b:

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 FY20, 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 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			
Jon Wahrenberger MDFAHAFAC	28.0									
Trustee	..... 12.0	X						0	355,485	65,268
JONATHAN HUNTINGTON MD PhD MPH	0.5									
TRUSTEE (EFFECTIVE 1/1/20)	..... 40.0	X						0	417,979	57,113
Kari M Rosenkranz MD	28.0									
Trustee (through 12/2019) / Physician	..... 12.0	X						0	522,969	36,344
KURT K RHYNHART MD	28.0									
TRUSTEE	..... 12.0	X						0	491,637	42,285
Laura K Landy MBA	0.8									
Trustee	..... 1.3	X						0	0	0
Marc B Wolpow JD MBA	0.8									
Trustee	..... 1.3	X						0	0	0
Mark W Begor MBA	0.8									
Trustee (effective 1/1/20)	..... 0.8	X						0	0	0
Pamela Thompson MSRNCENP	0.8									
Trustee	..... 1.3	X						0	0	0
Paul P Danos PHD	0.8									
Trustee	..... 1.3	X						0	0	0
Robert A Oden Jr PHD	1.5									
Trustee	..... 2.5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Matthew Haag	28.0									
VP Development	..... 12.0			X				371,795	0	35,780
Patrick F Jordan III MBA	39.0									
Chief Operating Officer	..... 18.0			X				770,233	0	64,134
Stephen Leblanc	28.0									
Chief Strategy Officer	..... 14.5			X				0	828,259	52,333
Susan A Reeves EDDRN	28.0									
Chief Nursing Executive	..... 12.5			X				577,922	0	56,445
GEORGE T BLIKE MD	28.0									
Chief Quality & Value Officer	..... 13.5				X			0	474,747	64,154
Jeffrey Obrien MHA	28.0									
VP Clinical Operations	..... 12.0				X			370,955	0	59,933
Karen Clements RNBSNMSB	28.0									
Chief Nursing Officer	..... 12.0				X			360,969	0	33,521
Peter D Solberg MD	28.0									
Chief Medical Information Officer	..... 12.0				X			0	390,772	60,729
Simon Hillier	28.0									
Dept. Chair - Anesthesiology	..... 12.0				X			0	565,423	57,356
Staci Hermann PHARMDMS	28.0									
Chief Pharmacy Officer	..... 12.0				X			285,277	0	27,090

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			
BRUCE KING	40.0									
PRES/CEO NEW LNDN HOSPITAL (Through 3/2020)	..... 0.0					X		368,277	1,219	56,614
David Gladstone MD	28.0									
CHF CLNCL PHYSCN - RADIOLOGY	..... 0					X		334,203	0	54,963
Kimberly Troland JD	28.0									
Deputy Gen Counsel	..... 12.0					X		397,737	0	42,204
Leigh Burgess	28.0									
VP RESEARCH OPS	..... 0					X		346,934	0	51,981
Tina E Naimie CPA	28.0									
VP CORP FINANCE	..... 14.0					X		284,775	0	23,176
Christine Schon MPA	0.0									
FMR KEY EMP/ ADM VP PRMRY CARE	..... 40.5						X	0	294,491	56,219
Richard I Rothstein MD	28.0									
Former Dept. Chair / Service Line LDR - MED	..... 12.0						X	0	681,373	57,240
Sandra Wong MD	28.0									
SVP SVC LN & Chair of Surgery	..... 12.0						X	0	720,339	33,203
Wendy Fielding MBA	28.0									
FMR KEY EMP / VP FINANCE PLANNING	..... 13.0						X	282,795	0	54,116
Wendy Wells MD	28.0									
FMR KEY EMP / DPT CHR PATHOLOGY	..... 12.0						X	0	596,868	50,558

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

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

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		238,915
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		105,038
j	Total. Add lines 1c through 1i			343,953
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, 2020, MARY HITCHCOCK MEMORIAL HOSPITAL INCURRED \$238,915 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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,733,699	58,012,839	56,795,299	54,754,800	72,720,335
b Contributions	2,989,578	1,209,274	338,335	137,888	378,941
c Net investment earnings, gains, and losses	698,013	1,592,942	2,065,129	2,553,792	-377,000
d Grants or scholarships					
e Other expenditures for facilities and programs	1,592,623	1,081,356	1,185,924	651,181	17,967,476
f Administrative expenses					
g End of year balance	61,828,667	59,733,699	58,012,839	56,795,299	54,754,800

2

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

a

Board designated or quasi-endowment ▶ 26.64 %

b

Permanent endowment ▶ 57.35 %

c

Temporarily restricted endowment ▶ 16.01 %

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

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,342,245		50,342,245
b Buildings		586,991,081	376,904,695	210,086,386
c Leasehold improvements		4,111,615	3,944,444	167,171
d Equipment		584,868,473	473,668,474	111,199,999
e Other		76,266,913	0	76,266,913
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				448,062,714

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	71,351,212	F
(B) HEDGE FUNDS	30,194,747	F
(C) OTHER INVESTMENTS	58,616,580	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	160,162,539	

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	24,827,511
(2) DUE FROM AFFILIATES	347,750,949
(3) CAPITAL LEASE RECEIVABLE	41,654,847
(4) OTHER MISC ASSETS	8,054,136
(5) UNAMORTIZED BOND ISSUANCE COSTS	512,008
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	422,799,451

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) THIRD PARTY RESERVES	27,435,440
(3) ACCRUED POST RETMNT PENS & MED	90,978,646
(4) Payable to Dartmouth Hitchcock Health	814,525,081
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	932,939,167

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
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: 19010655
Software Version: 2019v5.0
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

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

2019

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	8			25,014,704
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	8			25,014,704

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe (Including Iceland and Greenland)	Program Support	21,600	Cash			FMV
			Central America and the Caribbean	Program Support	89,741	Cash			FMV
			Europe (Including Iceland and Greenland)	Program Support	34,261	Cash			FMV

- 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**
- 3 Enter total number of other organizations or entities **0**

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

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

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
East Asia and the Pacific	0	1	Program Services	Medical program	5,900
Central America and the Caribbean	0	1	Program Services	Medical Services	1,252

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	0	6	Program Services	Medical Services	34,439
Europe (Including Iceland and Greenland)	0	0	Program Services	Program Support	55,861

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	0	0	Program Services	Program Support	89,741
Central America and the Caribbean	0	0	Investments	Investments in captive	24,827,511

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Hospitals</h2> <p>► 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.</p>	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2019</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
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 <i>free</i> 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>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,650,339	0	9,650,339	0.65 %
b Medicaid (from Worksheet 3, column a)			252,268,589	127,270,423	124,998,166	8.45 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	261,918,928	127,270,423	134,648,505	9.10 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			24,796,926	16,201,521	8,595,405	0.58 %
f Health professions education (from Worksheet 5)			52,192,530	14,450,425	37,742,105	2.55 %
g Subsidized health services (from Worksheet 6)			24,599,001	19,104,017	5,494,984	0.37 %
h Research (from Worksheet 7)			24,879,364	19,797,436	5,081,928	0.34 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,741,749	500	2,741,249	0.19 %
j Total. Other Benefits	0	0	129,209,570	69,553,899	59,655,671	4.03 %
k Total. Add lines 7d and 7j	0	0	391,128,498	196,824,322	194,304,176	13.13 %

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			10,800		10,800	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			924,078		924,078	0.06 %
7 Community health improvement advocacy			102,191		102,191	0.01 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	1,037,069	0	1,037,069	0.07 %

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 Yes	
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 0	
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)	5 337,697,070
6 Enter Medicare allowable costs of care relating to payments on line 5	6 341,843,717
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -4,146,647
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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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6				
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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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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>https://www.dartmouth-hitchcock.org/about-dhh/community-health.html</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>https://www.dartmouth-hitchcock.org/about-dhh/community-health.html</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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225.0% and FPG family income limit for eligibility for discounted care of 300.0%			
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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	<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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html			
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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, 20a, 20b, 20c, 20d, 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.DARTMOUTHCHICKOCK.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 2020, DHC AND MHMH COMBINED, TOTALED \$250,399,871.

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 II Community Building Activities	Community building activities include expenses related to coalitions that address regional public health networks, improvement in systems of care for substance use and mental health disorders, prevention of substance abuse, falls reduction for older adults, and prescription drug misuse.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AS A RESULT OF NEW ACCOUNTING GUIDANCE, BAD DEBT IS NO LONGER AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.
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. 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. FOR FINANCIAL STATEMENT PURPOSES, Dartmouth Hitchcock Health HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 \$64,886,809 and costs of \$88,702,476 for services not included on the Medicare Cost Report (Ambulance Services, Laboratory and other fee screens, and Medicare Part C & D services) MHMH incurred a net loss of \$23,815,667 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.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- MARY HITCHCOCK MEMORIAL HOSPITAL: Line 16a URL: https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html ;
Schedule H, Part V, Section B, Line 16b FAP Application website	- MARY HITCHCOCK MEMORIAL HOSPITAL: Line 16b URL: 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 16c FAP plain language summary website	- MARY HITCHCOCK MEMORIAL HOSPITAL: Line 16c URL: https://www.dartmouth-hitchcock.org/billing-charges/financial_assistance.html ;
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, MHMH 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 VISITING 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, MHMH 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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.
Schedule H, Part VI, Line 4 Community information	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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	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 21 VOTING MEMBERS OF THE MARY HITCHCOCK BOARD OF TRUSTEES AT FY20 END, 14 ARE NEITHER CONTRACTORS NOR EMPLOYEES OF MHMH .
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 2020 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	NH

Additional Data

Software ID: 19010655

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EIN: 02-0222140

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	

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 UPPER VALLEY, WHOSE MEMBERSHIP INCLUDES COMMUNITY MENTAL HEA LTH SERVICES, SUBSTANCE USE SERVICES, MENTAL HEALTH PEER LEADERS, WIC PROVIDERS, SENIOR SE RVICES ADVOCATES, SERVICES WORKING WITH PEOPLE WITH PHYSICAL AND DEVELOPMENTAL DISABILTIE S, COMMUNITY NURSING, VISITING NURSES, AND OTHER CORE HUMAN SERVICES. IN ADDITION TO ASSU TING IN SURVEY DISSEMINATION, THESE PROVIDERS ADVOCATED FOR UNDERSERVED AND VULNERABLE POP ULATIONS IN OUR REGION AS A PART OF THE CHNA PROCESS. DURING THIS CHNA PROCESS, OUR CHNA C OLLABORATIVE TEAM CONVENED ONE REGIONAL DISCUSSION GROUP OF PERSONS IDENTIFYING AS BLACK/A FRICAN-AMERICAN (MAY 10, 2018); WE MADE RESIDENT SURVEYS WIDELY AVAILABLE TO COMMUNITY RES IDENTS THROUGH PUBLIC LIST SERVES, DIRECT E-MAIL INVITATIONS TO PATIENTS OF OUR PRIMARY CA RE 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 REVIEWE D MEETING MINUTES FROM TWO REGIONAL COMMUNITIES (HARTFORD, VT, AND CLAREMONT, NH), WHERE I SSUES 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 INSURANCE, HOMELESSNESS, BEHAVIORAL HEALTH CONDITIONS, AND SERIOUS AND CHRONIC ILLNESSES I N ORDER TO SURVEY THESE MEMBER

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>S OF POPULATIONS IN OUR COMMUNITY, AND HOSTED MULTIPLE DISCUSSION GROUPS WITH PEOPLE AFEC TED BY POVERTY AND CHRONIC ILLNESS. WE RECOGNIZE THE LIMITATIONS OF OUR ENGAGEMENT OF RACI AL AND ETHNIC MINORITY MEMBERS OF OUR COMMUNITY, AND ARE WORKING TO IMPROVE THIS PART OF O UR 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/LATI NO, 3.0% AS ASIAN. 92.1% OF THE MHMH HOSPITAL SERVICE AREA'S RESIDENTS IDENTIFY AS CAUCASI AN. WIDE DISPERSAL OF THIS POPULATION ACROSS A LARGE GEOGRAPHY FURTHER COMPLICATES ENGAGEM ENT EFFORTS. OUR SUMMER 2018 DISCUSSION GROUP WITH COMMUNITY MEMBERS IDENTIFYING AS BLACK/ AFRICAN AMERICAN WAS A POSITIVE, BUT LIMITED IMPROVEMENT OVER PRIOR YEARS. HOUSEHOLD MEDIA N INCOME, INSURANCE STATUS, AND OTHER INDICATORS OF POVERTY ARE SIGNIFICANT DRIVERS OF DIS PARITY IN OUR REGION. POVERTY RATES RANGE WIDELY BY TOWN, WITH A RANGE BY TOWN OF 2.9% TO 31.7% OF HOUSEHOLDS LIVING ON INCOMES BELOW 200% OF FEDERAL POVERTY LEVEL. THESE POPULATIO NS FACE NOTABLE HEALTH DISPARITY CONDITIONS ASSOCIATED WITH POVERTY AND OTHER SOCIAL DETER MINANTS OF HEALTH NEEDS. DURING OUR ASSESSMENT PROCESS, MHMH MADE SPECIFIC EFFORTS TO CONT ACT AND RECEIVE INPUT FROM MEMBERS OF INCOME-VULNERABLE POPULATIONS, INCLUDING: * A DISCUS SION GROUP WITH PREGNANT AND PARENTING TEENS PARTICIPATING IN AN ALTERNATIVE HIGH SCHOOL E NVIRONMENT AT THE FAMILY PLACE PARENT CHILD CENTER (MAY 1, 2018). * A DISCUSSION GROUP WIT H ADULTS LIVING WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES/CAREGIVERS (MAY 4TH, 20 18). * A DISCUSSION GROUP WITH PREGNANT WOMEN IN TREATMENT FOR SUBSTANCE USE DISORDERS (AP RIL 9, 2018). * A DISCUSSION GROUP WITH COMMUNITY NURSES SERVING CHRONICALLY ILL, HOMEBOUN D, AND OTHERWISE VULNERABLE OLDER ADULTS IN REGIONAL TOWNS (MAY 8, 2018). * A DISCUSSION G ROUP WITH THE BOARD AND LEADERSHIP OF THE MASCOMA COMMUNITY HEALTH CLINIC, A COMMUNITY HEA LTH CLINIC SEEKING FQHC-LOOKALIKE STATUS AND SERVING A SET OF COMMUNITIES WITH HEALTH DISP ARITIES (MAY 14, 2018) * WORKING WITH THE GOOD NEIGHBOR HEALTH CLINIC AND MASCOMA COMMUNIT Y HEALTH CENTER TO DISSEMINATE SURVEYS TO PATIENTS WHO ARE UNINSURED AND LOW-INCOME. DISSE MINATING SURVEYS AT THE HAVEN (SHELTER); LISTEN COMMUNITY SERVICES (BASIC NEED SUPPORT, FO OD SHELF, AND COMMUNITY DINNERS); TO PARENTS OF CHILDREN IN DARTMOUTH-HITCHCOCK AND ALICE PECK DAY'S PEDIATRICS CLINICS; VIA WOMEN, INFANTS, AND CHILDREN'S CLINICS; THROUGH GRAFTON COUNTY SENIOR CITIZENS COUNCIL (HOME-DELIVERED MEALS AND CONGREGATE MEALS); THROUGH VISIT ING NURSE AND HOSPICE OF VT AND NH (HOME-VISITING PROGRAMS FOR FAMILIES WITH YOUNG CHILDR E N AND FOR SENIORS WITH COMPLEX HEALTH NEEDS); AND THROUGH OTHER COMMUNITY ORGANIZATIONS SE RVING 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 (60+ 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 2020, 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). WITH THE ONSET OF COVID-19 IN FEBRUARY-MARCH 2020, MHMH HAS ADDED AND PRIORITIZED COVID-19 DRIVEN COMMUNITY NEEDS TO OUR OTHER CHNA PRIORITIES. THIS HAS INCLUDED PROVIDING SIGNIFICANT FUNDING AND STAFF SUPPORT TO HELP COMMUNITY FOOD SUPPORT PROGRAMS, BEHAVIORAL HEALTH PROVIDERS, NURSING HOMES, AND OTHER COMMUNITY ORGANIZATIONS ADAPT TO AND MAINTAIN BASIC SOCIAL SERVICES SAFELY DURING THE PANDEMIC.

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

2019

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 116

3 Enter total number of other organizations listed in the line 1 table 4

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	78	896,752		FMV	
(2) D-H tuition Reimbursement Programs	400	833,859		FMV	
(3) Patient Assistance	792	42,727		FMV	
(4) CHARITABLE RESEARCH	1	52,592		FMV	
(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: 19010655
Software Version: 2019v5.0
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
Alice Peck Day Memorial Hospital 10 Alice Peck Day Drive Lebanon, NH 03766	02-0222791	501(c)(3)	91,445		FMV		PROGRAM SUPPORT
American Cancer Society 2 Commerce Drive Suite 110 Bedford, NH 03110	13-1788491	501(c)(3)	28,440		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 PO Box 4002012 Des Moines, IA 503402012	13-5613797	501(c)(3)	24,840		FMV		PROGRAM SUPPORT
Amoskeag Health 145 Hollis Street Manchester, NH 03101	02-0458174	501(c)(3)	39,600		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
ANDERSON ORTHOPEDIC RESEARCH INSTITUTE 2501 PARKERS LN ALEXANDRIA, VA 22306	23-7162048	501(c)(3)	12,114		FMV		CHARITABLE RESEARCH
APPLIED GEOSOLUTIONS LLC 15 NEWMARKET ROAD DURHAM, NH 03824	02-0518753		22,550		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
ATRIUM HEALTH CAROLINAS HEALTHCARE SYSTEM CHARLOTTE, NH 282601979	56-0529945	501(c)(3)	31,140		FMV		CHARITABLE RESEARCH
Bipartisan Policy Center Inc 1225 I Street NW Washington, DC 02005	73-1628382	501(c)(3)	18,000		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
BOSTON MEDICAL CENTER 52 RATTLESNAKE HILL RD ANDOVER, MA 01810	04-3314093	501(c)(3)	20,074		FMV		CHARITABLE RESEARCH
BOSTON UNIVERSITY PO BOX 28763 NEW YORK, NY 100878763	04-2103547	501(c)(3)	173,863		FMV		CHARITABLE RESEARCH

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
BRD OF REGENTS UNIV OF OK HLTH SCIENCE ROOM 2B02 TULSA, OK 741352512	73-1563627	St. of OK	40,875		FMV		EDUCATIONAL SERVICES
BRIGHAM AND WOMEN'S HOSPITAL INC NURSING PROF DEVELOPMENT BOSTON, MA 02115	04-2312909	501(c)(3)	140,909		FMV		CHARITABLE RESEARCH

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)(3)	9,720		FMV		PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY DEPT OF GENETICS GENOME SCIENCES CLEVELAND, OH 441064948	34-1018992	501(c)(3)	8,805		FMV		CHARITABLE EDUCATIONAL SERVICES

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
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(c)(3)	204,162		FMV		CHARITABLE RESEARCH
CENTERSTONE OF KENTUCKY INC 10101 LINN STATION RD LOUISVILLE, KY 40223	31-0939757	501(c)(3)	43,313		FMV		CHARITABLE RESEARCH

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
CENTERSTONE RESEARCH INSTITUTE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 37228	26-2505456	501(c)(3)	153,906		FMV		CHARITABLE RESEARCH
Cheshire Medical Center 580 Court St 590 Keene, NH 03431	02-0354549	501(c)(3)	383,753		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
CLEVELAND CLINIC FOUNDATION ATTN STACIE PALLOTTA CLEVELAND, OH 44195	34-0714585	501(c)(3)	82,940		FMV		CHARITABLE RESEARCH
Colby Sawyer College 541 Main Street New London, NH 03257	02-0222120	501(c)(3)	750,000		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
COMMONWEALTH OF MASSACHUSETTS DEPT OF REVENUE BOSTON, MA 022055140	04-6002284	St. of MA	222,875		FMV		EDUCATIONAL SERVICES
COMMUNITY MENTAL HEALTH AFFILIATES INC 270 JOHN DOWNEY DR NEW BRITAIN, CT 06051	06-0934544	501(c)(3)	28,873		FMV		CHARITABLE 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
CONCORD HOSPITAL 250 PLEASANT ST CONCORD, NH 03301	22-2594672	501(c)(3)	8,509		FMV		CHARITABLE PROGRAM SUPPORT
COOS COUNTY FAMILY HEALTH SERVICES 133 PLEASANT STREET BERLIN, NH 03570	02-0350051	501(c)(3)	12,593		FMV		CHARITABLE 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
Counseling Assoc of New London LLC 35 Newport Road New London, NH 03257	20-1917474	501(c)(3)	111,874		FMV		PROGRAM SUPPORT
CREARE LLC 16 GREAT HOLLOW RD HANOVER, NH 03755	02-0259551		7,191		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
Crotched Mountain 1 Verney Drive Greenfield, NH 03047	22-2541478	501(c)(3)	14,256		FMV		PROGRAM SUPPORT
Easter Seals of NH 555 Auburn Street Manchester, NH 03103	02-0272825	501(c)(3)	37,168		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
Families Flourish Northeast 235 Whitford Street Manchester, NH 03104	84-4591232	501(c)(3)	36,000		FMV		PROGRAM SUPPORT
Families in Transition 122 Market St Manchester, NH 03101	02-0475414	501(c)(3)	63,810		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
Family Place Inc 319 US Route 5 South Norwich, VT 05055	03-0305264	501(c)(3)	42,521		FMV		PROGRAM SUPPORT
FEINSTEIN INSTITUTES FOR MEDICAL RESEARC 350 COMMUNITY DRIVE MANHASSET, NY 11030	11-2673595	501(c)(3)	23,777		FMV		CHARITABLE RESEARCH

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
Foundation for Healthy Communities (NHHA) 125 Airport Road Concord, NH 03301	02-0275078	501(c)(3)	1,004,346		FMV		PROGRAM SUPPORT
Good Neighbor Health Clinic 70 North Main Street White River Junction, VT 05001	03-0346949	501(c)(3)	46,800		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
Grafton County Senior Citizens Council 10 Campbell St Lebanon, NH 03766	23-7248316	501(c)(3)	12,960		FMV		PROGRAM SUPPORT
Grafton Regional Development Corporation 131 Main Street Plymouth, NH 03264	04-3373604	501(c)(3)	10,440		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	501(c)(3)	14,400		FMV		PROGRAM SUPPORT
GREATER NASHUA MENTAL HEALTH CENTER 100 WEST PEARL STREET NASHUA, NH 03060	02-0222121	501(c)(3)	37,747		FMV		CHARITABLE 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
GREATER SEACOAST COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	02-0304203	501(c)(3)	5,868		FMV		CHARITABLE PROGRAM SUPPORT
HARVARD UNIVERSITY HARVARD MED-CME BOSTON, MA 021170825	04-2103580	501(c)(3)	5,405		FMV		CHARITABLE EDUCATIONAL SERVICES

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)	33,722		FMV		PROGRAM SUPPORT
HIVHCV Resource Center 2 Blacksmith Street Lebanon, NH 03766	22-3104237	501(c)(3)	7,200		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
John Hopkins University Rubenstein Building Baltimore, MD 21287	52-0595110	501(c)(3)	44,885		FMV		PROGRAM SUPPORT
Keene Serenity Center 34 Mechanic Street Keene, NH 03431	46-3123664	501(c)(3)	24,473		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
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(c)(3)	87,348		FMV		CHARITABLE RESEARCH
MAPS COUNSELING SERVICES 19 FEDERAL STREET KEENE, NH 03431	02-0312473	501(c)(3)	8,957		FMV		CHARITABLE 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)	10,800		FMV		PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 100 CHARLES RIVER PLAZA STE 600 BOSTON, MA 021142792	04-2697983	501(c)(3)	84,872		FMV		CHARITABLE RESEARCH

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
MAYFLOWER MEDICAL OUTREACH INC PO BOX 75449 OKLAHOMA CITY, OK 73147	27-1245528	501(c)(3)	19,803		FMV		CHARITABLE RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	107,521		FMV		CHARITABLE RESEARCH

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
MEDICAL UNIVERSITY OF SO CAROLINA 1 SOUTH PARK CIRCLE CHARLESTON, SC 29407	57-6000722	St. of SC	136,796		FMV		EDUCATIONAL SERVICES
MENTAL HLTH CTR OF GRTR MANCHESTER ATTN JOANN BATTY STAFF DEV MANCHESTER, NH 03101	02-0258994	501(c)(3)	14,767		FMV		CHARITABLE 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
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	St. of MI	25,606		FMV		EDUCATIONAL SERVICES
Monadnock Area Peer Support Agency 64 Beaver Street Keene, NH 03431	02-0484723	501(c)(3)	26,705		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
Monadnock Community Hospital 452 Old Street Rd Peterborough, NH 03458	02-0222157	501(c)(3)	118,968		FMV		PROGRAM SUPPORT
Monadnock Family Services 17 93rd Street Keene, NH 03431	02-6012230	501(c)(3)	198,847		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
Monadnock United Way 23 Center Street Keene, NH 03431	02-0236885	501(c)(3)	14,400		FMV		PROGRAM SUPPORT
Mt Ascutney Hospital and Health Center 289 County Rd Windsor, VT 05089	03-0183721	501(c)(3)	16,200		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
National Alliance on Mental Illness NH (NAMI) 85 No State Street Concord, NH 03301	22-2760743	501(c)(3)	81,931		FMV		PROGRAM SUPPORT
NEUROLOGY ASSOCIATES PA 331 N MAITLAND AVE MAITLAND, FL 32751	59-1931548		24,684		FMV		CHARITABLE RESEARCH

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 Catholic Charities 215 Myrtle Street Manchester, NH 03104	02-0222163	501(c)(3)	10,800		FMV		PROGRAM SUPPORT
New Hampshire Charitable Foundation 37 Pleasant Street Concord, NH 03301	02-6005625	501(c)(3)	43,200		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 Coalition Against Domestic Violence PO Box 353 Concord, NH 03302	02-0360151	501(c)(3)	18,000		FMV		PROGRAM SUPPORT
New Hampshire Public Broadcast 268 Mast Road Durham, NH 03824	94-3443883	501(c)(3)	14,400		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 Women's Foundation 18 Low Avenue Suite 205 Concord, NH 03301	02-0495092	501(c)(3)	5,616		FMV		PROGRAM SUPPORT
New London Hospital 273 Country Rd New London, NH 03257	02-0222171	501(c)(3)	133,209		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
NORTHWESTERN UNIVERSITY DEPT OF MEDICAL SOCIAL SERVICES CHICAGO, IL 60611	36-2167817	501(c)(3)	11,876		FMV		CHARITABLE EDUCATIONAL SERVICES
OREGON CLINIC PC 847 NE 19TH AVENUE PORTLAND, OR 97232	93-1127856		59,242		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
OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 575 PORTLAND, OR 97207	93-1176109	St. of OR	26,466		FMV		EDUCATIONAL SERVICES
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 170330850	24-6000376	St. of PA	25,746		FMV		EDUCATIONAL SERVICES

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
Planned Parenthood of Northern NE 784 Hercules Drive Colchester, VT 05446	03-0222941	501(c)(3)	7,370		FMV		PROGRAM SUPPORT
PROVIDENCE CENTER 528 NORTH MAIN STREET PROVIDENCE, RI 02860	05-0316969	501(c)(3)	61,962		FMV		CHARITABLE RESEARCH

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 LEBANON, NH 03766	75-2991608	501(c)(3)	28,862		FMV		CHARITABLE PROGRAM SUPPORT
Reality Check Inc 17 Turnpike Road Jaffrey, NH 03452	26-3344553	501(c)(3)	30,977		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
RECTOR & VISITORS OF UNIV OF VIRGINIA JOHN W STEINKE CHARLOTTESVILLE, VA 229081355	54-6001796	St. of VA	36,154		FMV		EDUCATIONAL SERVICES
REGENTS OF THE UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA, CA 920930009	94-3067788	St. of CA	35,829		FMV		EDUCATIONAL SERVICES

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
REGENTS OF UNIV OF MICHIGAN DEPT OF PATHOLOGY BILLING ANN ARBOR, MI 48109	38-6006309	St. of MI	117,406		FMV		EDUCATIONAL SERVICES
RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL PO BOX 781653 DETROIT, MI 48278	31-6056230	501(c)(3)	53,484		FMV		CHARITABLE RESEARCH

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)	7,200		FMV		PROGRAM SUPPORT
Schwartz Center for Compassionate Health 205 Portland St 6th Floor Boston, MA 02114	04-1564655	501(c)(3)	5,040		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
SEATTLE CHILDREN'S HOSPITAL PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(c)(3)	45,978		FMV		CHARITABLE RESEARCH
SECOND GROWTH INC PO BOX 206 HANOVER, NH 03755	02-0519093	501(c)(3)	20,714		FMV		CHARITABLE 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
SINAI HOSPITAL OF BALTIMORE INC 2401 W BELVEDERE AVENUE BALTIMORE, MD 21215	52-0486540	501(c)(3)	23,031		FMV		CHARITABLE RESEARCH
Southwestern Community Services PO Box 603 / 63 Community Way Keene, NH 03431	02-6013808	501(c)(3)	42,338		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
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94305	94-1156365	501(c)(3)	30,000		FMV		CHARITABLE EDUCATIONAL SERVICES
StayWorkPlay NH 235 Hanover Street Suite 1 Manchester, NH 03101	27-0327032	501(c)(3)	10,800		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
Sullivan County 14 Main Street Newport, NH 03773	02-6000870	501(c)(3)	86,400		FMV		PROGRAM SUPPORT
The ALS Association 10 Ferry Street Concord, NH 03301	13-3271855	501(c)(3)	5,400		FMV		PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THOMAS JEFFERSON UNIVERSITY 901 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(c)(3)	54,921		FMV		CHARITABLE EDUCATIONAL SERVICES
TLC Family Resource Center PO Box 1098 Claremont, NH 03743	52-2439830	501(c)(3)	53,896		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)	30,600		FMV		PROGRAM SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET HANOVER, NH 03755	02-0222111	501(c)(3)	1,137,577		FMV		CHARITABLE EDUCATIONAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TRUSTEES OF THE UNIV OF PENNSYLVANIA THE WHARTON SCHOOL PHILADELPHIA, PA 191789726	23-1352685	St. of PA	24,268		FMV		EDUCATIONAL SERVICES
Turning Points Network 11 School Street Claremont, NH 03743	02-0350899	501(c)(3)	70,181		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)	28,800		FMV		PROGRAM SUPPORT
UNIVERSITY OF ALABAMA AT BIRMINGHAM UAB SCHOOL OF NURSING BIRMINGHAM, AL 352941210	63-6005396	St. of AL	58,574		FMV		EDUCATIONAL SERVICES

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
UNIVERSITY OF ARIZONA PROJECTS CONTRACTING SERVICES TUCSON, AZ 857190521	74-2652689	St. of AZ	13,899		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF COLORADO UCHSC DNA DIAGNOSTIC LAB AURORA, CO 80045	84-6000555	St. of CO	29,475		FMV		EDUCATIONAL SERVICES

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UNIVERSITY OF MARYLAND BALTIMORE 220 ARCH STREET BALTIMORE, MD 212011531	52-6002033	St. of MA	59,139		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF MIAMI DEPARTMENT OF PATHOLOGY ATLANTA, GA 303845776	59-2695890	St. of FL	22,035		FMV		EDUCATIONAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF NEBRASKA MEDICAL CTR 985045 NEBRASKA MED CTR OMAHA, NE 681985045	47-0491233	St. of NE	21,020		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD DURHAM, NH 03824	02-6000937	St. of NH	27,113		FMV		EDUCATIONAL SERVICES

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
UNIVERSITY OF TEXAS AT AUSTIN VALUE INSTITUTE ATTN ROBERT CROSS AUSTIN, TX 78712	74-6002003	St. of TX	50,864		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF VERMONT DEPT OF PEDIATRICS BURLINGTON, VT 054050068	03-0179440	St. of VT	172,897		FMV		EDUCATIONAL SERVICES

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
UNIVERSITY OF WASHINGTON GRANT CONTRACT ACCOUNTING CHICAGO, IL 60693	91-6001537	St. of WA	53,041		FMV		EDUCATIONAL SERVICES
Upper Valley Community Nursing Project PO Box 1302 Lebanon, NH 03766	83-1224873	501(c)(3)	10,800		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 Habitat for Humanity PO Box 1038 White River Junction, VT 05001	03-0306081	501(c)(3)	15,404		FMV		PROGRAM SUPPORT
Upper Valley Haven 713 Hartford Ave White River Junction, VT 05001	03-0277908	501(c)(3)	58,050		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 Hospital 243 Elm Street Claremont, NH 03743	02-0222118	501(c)(3)	239,538		FMV		PROGRAM SUPPORT
Vermont Medical Society 134 Main Street Montpelier, VT 05601	03-0164911	501(c)(6)	5,040		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
VETERANS EDUCATION & RESEARCH ASSN OF NORTHERN NEW ENGLAND WHITE RIVER JUNCTION, VT 05001	22-3091219	501(c)(3)	11,470		FMV		CHARITABLE RESEARCH
VINFEN CORPORATION 950 CAMBRIDGE ST CAMBRIDGE, MA 02141	04-2632219	501(c)(3)	61,225		FMV		CHARITABLE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH STREET RICHMOND, VA 23219	54-6001758	St. of VA	24,577		FMV		EDUCATIONAL SERVICES
Vital Communities 195 North Main Street White River Junction, VT 05001	03-0355283	501(c)(3)	24,840		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
West Central Behavioral Health 9 Hanover Street Lebanon, NH 03766	22-2645978	501(c)(3)	231,755		FMV		PROGRAM SUPPORT
WEST VIRGINIA UNIVERSITY RESEARCH CORPOR ONE WATERFRONT PLACE MORGANTOWN, WV 265066001	55-0665758	St. of WV	16,434		FMV		EDUCATIONAL SERVICES

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)	43,560		FMV		PROGRAM SUPPORT
Women's Information Service of the Upper Valley 38 Bank Street Lebanon, NH 03766	02-0346512	501(c)(3)	50,400		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
Woodstock Area Council on Aging 99 Senior Lane Woodstock, VT 05091	03-0295419	501(c)(3)	14,400		FMV		PROGRAM SUPPORT
Visiting Nurse Association and Hospice of Vermont and New Hampshire Inc 88 Prospect St White River Junction, VT 05001	03-6006494	501(c)3	132,200		FMV		PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b 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 on 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	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 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.
Schedule J, Part III SPLIT DOLLAR LIFE PLAN	MHMH SPONSORS A SPLIT DOLLAR LIFE PLAN FOR CERTAIN LONG-TERM EMPLOYEES. THE ORIGINAL OBJECTIVES FOR OFFERING THESE PLANS WERE TO BETTER ENABLE MHMH TO ATTRACT AND RETAIN QUALITY EXECUTIVE PERSONNEL, IMPROVE THE PHYSICIANS' POST-RETIREMENT LIFE INSURANCE BENEFITS, AND TO REPLACE AN INCREASINGLY COSTLY RETIREE LIFE INSURANCE PROGRAM. THE PLAN WAS FROZEN IN 1998 AND THEREFORE NO FURTHER COSTS OF THE INDIVIDUAL EMPLOYEE INSURANCE PREMIUMS HAVE BEEN FUNDED BY THE ORGANIZATION. THE NUMBER OF PARTICIPANTS AND DOLLAR VALUE CONTINUES TO DWINDLE AS INDIVIDUALS RETIRE/LEAVE THE ORGANIZATION. THE FOLLOWING INDIVIDUALS HAVE A SPLIT DOLLAR LIFE PLAN ARRANGEMENT: DANIEL JANTZEN \$130,828 STEPHEN LEBLANC \$59,434 RICHARD ROTHSTEIN \$102,290
Schedule J, Part I, Line 3 Compensation of the CEO	The CEO is paid by Dartmouth Hitchcock Clinic, a related organization, which uses a compensation committee, an independent compensation consultant, a compensation survey or study, and approval by the board or compensation committee to establish the CEO's compensation.
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/WEELLNESS PROGRAM DESIGNED TO MAINTAIN THE HEALTH OF MANAGEMENT PERSONNEL. ALL EXPENSES ARE SUBMITTED FOR APPROVAL BEFORE REIMBURSEMENT.
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.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Dartmouth Hitchcock Clinic (DHC) and Mary Hitchcock Memorial Hospital (MHMH) sponsor a split dollar life plan for certain long-term employees. The original objectives for offering these plans were to better enable DHC and MHMH to attract and retain quality executive personnel, improve the physicians' post-retirement life insurance benefits, and to replace an increasingly costly retiree life insurance program. The plan was frozen to new participants in 1998. The number of participants and dollar value continues to dwindle as individuals retire/leave the organization. THE FOLLOWING INDIVIDUALS HAVE A SPLIT DOLLAR LIFE PLAN ARRANGEMENT: DANIEL JANTZEN \$130,828 STEPHEN LEBLANC \$59,434 RICHARD ROTHSTEIN \$102,290

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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				
1Joanne M Conroy MD Trustee, Ex-Officio, CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,030,023	184,500	141,998	26,955	26,945	1,410,421	0
1Jocelyn Chertoff MD VP Service Line / DPT CHR Diagnostic Radiology	(i)	0	0	0	0	0	0	0
	(ii)	644,951	0	57,897	26,955	15,649	745,452	0
2Cherie Holmes MD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	446,943	1,000	37,402	26,955	28,344	540,644	0
3Kari M Rosenkranz MD Trustee (through 12/2019) / Physician	(i)	0	0	0	0	0	0	0
	(ii)	500,097	0	22,872	21,355	14,989	559,313	0
4Jon Wahrenberger MDFAHAFAC Trustee	(i)	0	0	0	0	0	0	0
	(ii)	336,765	0	18,720	26,955	38,313	420,753	0
5KURT K RHYNHART MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	453,257	0	38,380	21,355	20,930	533,922	0
6JONATHAN HUNTINGTON MD PhD MPH TRUSTEE (EFFECTIVE 1/1/20)	(i)	0	0	0	0	0	0	0
	(ii)	384,586	0	33,393	21,355	35,758	475,092	0
7Richard I Rothstein MD Former Dept. Chair / Service Line LDR - MED	(i)	0	0	0	0	0	0	0
	(ii)	593,894	0	87,479	26,955	30,285	738,613	0
8Aimee M Claiborne Chief HR Officer	(i)	371,431	45,600	35,807	12,813	35,401	501,052	0
	(ii)	0	0	0	0	0	0	0
9DANIEL P JANTZEN CPA Chief Financial Officer	(i)	643,403	80,400	97,958	26,955	29,778	878,494	0
	(ii)	0	0	0	0	0	0	0
10Patrick F Jordan III MBA Chief Operating Officer	(i)	654,825	80,400	35,008	21,355	42,779	834,367	0
	(ii)	0	0	0	0	0	0	0
11JOHN KACAVAS Chief Legal Officer	(i)	586,982	74,400	53,606	23,617	34,240	772,845	0
	(ii)	0	0	0	0	0	0	0
12Stephen Leblanc Chief Strategy Officer	(i)	0	0	0	0	0	0	0
	(ii)	662,188	80,400	85,671	26,955	25,378	880,592	0
13EDWARD MERRENS Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	648,460	80,400	65,921	26,955	16,267	838,003	0
14Maria Padin MD Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	394,016	0	36,908	26,955	37,687	495,566	0
15Susan A Reeves EDDRN Chief Nursing Executive	(i)	493,481	60,350	24,091	26,955	29,490	634,367	0
	(ii)	0	0	0	0	0	0	0
16Martin Purcell MBA Chief Information Officer	(i)	385,271	0	26,183	26,955	26,075	464,484	0
	(ii)	0	0	0	0	0	0	0
17Matthew Haag VP Development	(i)	352,781	0	19,014	21,355	14,425	407,575	0
	(ii)	0	0	0	0	0	0	0
18Wendy Fielding MBA FMR KEY EMP / VP FINANCE PLANNING	(i)	263,381	0	19,414	21,355	32,761	336,911	0
	(ii)	0	0	0	0	0	0	0
19Christine Schon MPA FMR KEY EMP/ ADM VP PRMRY CARE	(i)	0	0	0	0	0	0	0
	(ii)	262,978	2,000	29,513	26,955	29,264	350,710	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				
21 Wendy Wells MD FMR KEY EMP / DPT CHR PATHOLOGY	(i)	0	0	0	0	0	0	0
	(ii)	548,491	0	48,377	26,955	23,603	647,426	0
1 Sandra Wong MD SVP SVC LN & Chair of Surgery	(i)	0	0	0	0	0	0	0
	(ii)	653,814	0	66,525	21,355	11,848	753,542	0
2 GEORGE T BLIKE MD Chief Quality & Value Officer	(i)	0	0	0	0	0	0	0
	(ii)	433,049	0	41,698	26,955	37,199	538,901	0
3 Karen Clements RNBSNMSB Chief Nursing Officer	(i)	333,940	250	26,779	21,355	12,166	394,490	0
	(ii)	0	0	0	0	0	0	0
4 Staci Hermann PHARMDMS Chief Pharmacy Officer	(i)	260,616	0	24,661	12,813	14,277	312,367	0
	(ii)	0	0	0	0	0	0	0
5 Simon Hillier Dept. Chair - Anesthesiology	(i)	0	0	0	0	0	0	0
	(ii)	516,806	0	48,617	26,955	30,401	622,779	0
6 Jeffrey Obrien MHA VP Clinical Operations	(i)	343,917	0	27,038	26,955	32,978	430,888	0
	(ii)	0	0	0	0	0	0	0
7 Peter D Solberg MD Chief Medical Information Officer	(i)	0	0	0	0	0	0	0
	(ii)	369,462	0	21,310	25,455	35,274	451,501	0
8 Tina E Naimie CPA VP CORP FINANCE	(i)	273,632	0	11,143	21,355	1,821	307,951	0
	(ii)	0	0	0	0	0	0	0
9 Kimberly Troland JD Deputy Gen Counsel	(i)	365,343	0	32,394	21,355	20,849	439,941	0
	(ii)	0	0	0	0	0	0	0
10 BRUCE KING PRES/CEO NEW LNDN HOSPITAL (Through 3/2020)	(i)	319,769	0	48,508	26,955	29,659	424,891	0
	(ii)	0	0	1,219	0	0	1,219	0
11 David Gladstone MD CHF CLNCL PHYSCN - RADIOLOGY	(i)	308,219	0	25,984	26,955	28,008	389,166	0
	(ii)	0	0	0	0	0	0	0
12 Leigh Burgess VP RESEARCH OPS	(i)	332,384	0	14,550	21,355	30,626	398,915	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2019

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	7,195,000		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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

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)

Department of the Treasury

Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

\$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(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	130,828		No	Yes		Yes	
(2) DEBORAH JANTZEN	FAMILY MEMBER	SPLIT DOLLAR LIFE		X	0	65,195		No	Yes		Yes	
Total						196,023						

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
(1) Aimee Claiborne	Officer of MHMH	12,500	Tuition Assistance	Education

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

Part V Supplemental Information

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

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

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

2019

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	12	4,327,833	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 isn't 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

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II.

33

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

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

Return Reference	Explanation
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 M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - MHMH is reporting the number of contributors of stock.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
Mary Hitchcock Memorial Hospital

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 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	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)

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 2020. 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' FORMS 990 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), AND/OR DARTMOUTH-HITCHCOCK CLINIC ALONG WITH OTHER AFFILIATED ORGANIZATIONS: DARTMOUTH-HITCHCOCK MEDICAL CENTER, 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	All Other - Total Revenue: 49171950, Related or Exempt Function Revenue: 43401016, Unrelat ed Business Revenue: 5770934, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

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 FROM AFFILIATES - 6410826; PENSION-RELATED AND OTHER CHANGES - -17194641;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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	122,629	968,403	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	16,299,826	675,012,810		No	-210,862	Yes		75.75 %

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

Yes

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.

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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		No
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
88 Prospect Street White River Junction, VT 05001 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