

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization: Dartmouth-Hitchcock Clinic
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: One Medical Center Drive
 City or town, state or province, country, and ZIP or foreign postal code: Lebanon, NH 03756

D Employer identification number: 22-2519596
E Telephone number: (603) 653-1155
G Gross receipts \$ 514,120,063

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

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

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

J Website: ▶ www.dartmouth-hitchcock.org

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1983 **M** State of legal domicile: NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 Advancing health through research, education, clinical practice, and community partnerships; and providing each person the best care in the right place, at the right time, every time.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5,281
6 Total number of volunteers (estimate if necessary)	6	623
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	373,106
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	8,020,230
9 Program service revenue (Part VIII, line 2g)	364,143,295	391,029,523
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,287	1,974,910
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,703,961	112,531,662
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	455,923,543	513,556,325
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,387,188	1,697,267
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	285,481,234	304,820,322
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 88,227		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	162,397,835	188,699,423
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	449,266,257	495,217,012
19 Revenue less expenses. Subtract line 18 from line 12	6,657,286	18,339,313

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	218,528,160	229,963,525
21 Total liabilities (Part X, line 26)	424,050,787	463,672,940
22 Net assets or fund balances. Subtract line 21 from line 20	-205,522,627	-233,709,415

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2020-07-14
 Daniel P Jantzen CPA CFO
 Type or print name and title

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 ▶ 175 Powder Forest Drive Phone no. (860) 678-9200
 Simsbury, CT 060897902

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 382,676,808 including grants of \$ 0) (Revenue \$ 501,408,190)
See Additional Data

4b (Code:) (Expenses \$ 30,045,676 including grants of \$ 1,697,267) (Revenue \$ 393,926)
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 ▶ 412,722,484

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 23-38 covering various organizational requirements and schedules J through O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	5,281		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	Yes		
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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		
	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	
7b	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:		
8a	a The governing body?	Yes	
8b	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
10b	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	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	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	
15a	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?	Yes	
15b	a The organization's CEO, Executive Director, or top management official	Yes	
	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?		No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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 One Medical Center Drive Lebanon, NH 03756 (603) 650-5634

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

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

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

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

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

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

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

(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										

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	17,015,673	5,026,419	1,862,108

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 ▶ 1,403

	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

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 ▶ 0

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions).

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 (Investment income, Rents, Securities, Fundraising events, Gaming activities, Inventory, and Miscellaneous Revenue).

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	1,025,908	1,025,908		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	671,359	671,359		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,953,010	1,257,811	2,627,706	67,493
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,071,604	580,549	470,321	20,734
7 Other salaries and wages	239,374,785	209,027,157	30,347,628	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,643,566	11,041,974	1,601,592	
9 Other employee benefits	32,017,492	27,961,756	4,055,736	
10 Payroll taxes	15,759,865	8,502,804	7,257,061	
11 Fees for services (non-employees):				
a Management				
b Legal	824,493	25,002	799,491	
c Accounting	278,419		278,419	
d Lobbying	11,700		11,700	
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)	35,820,668	30,115,530	5,705,138	0
12 Advertising and promotion	1,211,033	9,449	1,201,584	
13 Office expenses	6,828,346	5,070,852	1,757,494	
14 Information technology	6,628,234	501,590	6,126,644	
15 Royalties				
16 Occupancy	6,990,091	374,350	6,615,741	
17 Travel	1,731,583	1,016,406	715,177	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	81,640	81,149	491	
20 Interest	6,199,231	619,923	5,579,308	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,517,953	1,019,328	2,498,625	
23 Insurance	3,342,286	2,322,521	1,019,765	
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	102,715,211	102,652,118	63,093	
b EQUIP REPAIR & MAINTENANCE	6,140,285	4,128,282	2,012,003	
c ACADEMIC, GME, TEACHING & SUPPORT	2,984,086	2,293,726	690,360	
d RECRUITMENT COSTS	805,225	703,225	102,000	
e All other expenses	2,588,939	1,719,715	869,224	0
25 Total functional expenses. Add lines 1 through 24e	495,217,012	412,722,484	82,406,301	88,227
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	47,522,818	4	57,629,020
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	186,474	5	155,947
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,960,814	7	2,097,728
	8 Inventories for sale or use	428,577	8	586,067
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	126,407,467		
	b Less: accumulated depreciation	106,081,119		
	11 Investments—publicly traded securities	705,040	11	666,552
	12 Investments—other securities. See Part IV, line 11	55,138,628	12	57,742,694
	13 Investments—program-related. See Part IV, line 11	855,304	13	152,738
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	88,361,009	15	90,606,431
16 Total assets. Add lines 1 through 15 (must equal line 34)	218,528,160	16	229,963,525	
Liabilities	17 Accounts payable and accrued expenses	188,056,385	17	203,815,575
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	10,390,823	23	6,660,425
	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	225,603,579	25	253,196,940
	26 Total liabilities. Add lines 17 through 25	424,050,787	26	463,672,940
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-206,950,402	27	-235,130,437
	28 Temporarily restricted net assets	429,316	28	422,563
	29 Permanently restricted net assets	998,459	29	998,459
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-205,522,627	33	-233,709,415	
34 Total liabilities and net assets/fund balances	218,528,160	34	229,963,525	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	513,556,325
2	Total expenses (must equal Part IX, column (A), line 25)	2	495,217,012
3	Revenue less expenses. Subtract line 2 from line 1	3	18,339,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-205,522,627
5	Net unrealized gains (losses) on investments	5	23,533
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	-46,549,634
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-233,709,415

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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			No
3b			

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 22-2519596

Name: Dartmouth-Hitchcock Clinic

Form 990 (2018)

Form 990, Part III, Line 4a:

As a component of an integrated academic medical center, Dartmouth-Hitchcock Clinic (DHC) provides significant support for academic and research programs through its support of the Geisel School of Medicine at Dartmouth College (GSM). DHC provides support for physicians' unpaid teaching time as part of its community benefit initiatives, consisting of the time physicians spend providing clinical supervision and education for residents and medical students. In addition, DHC 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 Mary Hitchcock Memorial Hospital (MHMH) 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. During fiscal year 2019, DHC continued the transition of research activities and management from GSM to DHC, under the leadership of the Vice President for Research.

Form 990, Part III, Line 4b:

Dartmouth-Hitchcock Clinic (DHC) is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on related income. Pursuant to Section 501(a) of the Code, DHC and its subsidiaries form a multispecialty physician practice group which operates throughout New Hampshire and Vermont and provides both medical services to patients and medical education and research. Health care services provided during 2019 resulted in 1,329,567 office visits recorded by DHC personnel, with 326,965 unique patients served. The promotion of health through the medical practice activities of DHC provides the basis for the organization's tax-exempt status. DHC operates as an integral component of (and is fully owned by) Dartmouth-Hitchcock Health (D-HH), a New Hampshire not-for-profit corporation organized to support medical organizations like DHC. DHC provides the physician staff to a related affiliate, Mary Hitchcock Memorial Hospital (MHMH, also a fully-owned member of D-HH) and the related sophistication essential for the development and operations 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 DHC and MHMH 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 MHMH, DHC 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. DHC actively supports community-based health care, and promotes the coordination of services among health care providers and social services organizations within the regions it serves. DHC also seeks to work collaboratively with other area health care providers to improve the health status of residents in the region. DHC, MHMH, and Cheshire Medical Center (Cheshire) are playing key coordinating roles in the implementation of CMS1S Delivery System Reform Incentive Payment (DSRIP) Program, better known as a "1115 Waiver." This statewide initiative will integrate and improve behavioral and physical health care. The effort ties together mental health, substance use and disorder treatment, physical health, social needs, housing, transportation, and the criminal justice system to form a coordinated effort that provides care for New Hampshire's most vulnerable residents in the DSRIP. These activities are also an integral part of DHC's and MHMH's efforts at addressing the opioid abuse crisis, which impacts so many patients in DHC's service area. In addition to the alternative payment models and integrated care delivery relationships noted above, DHC has several shared risk contracts with the largest commercial insurance carriers in its market. DHC was responsible for managing the cost of care and health of approximately 100,000 members across these patient populations during fiscal year 2019. The Jack Byrne Center for Palliative & Hospice Care coordinates the clinical, education, and research efforts of DHC and Visiting Nurse alliances around the region. This effort provides much-needed end-of-life care for patients in a clinical setting that meets the needs of patients and their families. DHC files an annual community benefits report with the State of New Hampshire which outlines the community and charitable benefits DHC provides. The complete and updated community benefits reports are available upon request; these reports can also be found on the organization's website. The broad categories used in the community benefit report to summarize the benefits mentioned here include: "financial assistance" (formerly called "charity care"), which represents services provided to patients who cannot afford health care services due to inadequate financial resources which result from being uninsured or underinsured. For the year ended June 30, 2019, DHC provided financial assistance to 23,833 patients in the amount of \$15,029,423 as measured by gross charges. The estimated cost of providing this care for the year ended June 30, 2019, was \$4,344,664. DHC also routinely provides services to Medicaid patients at reimbursement levels that are well below the cost of the care provided. The uncompensated cost of care for Medicaid patients for the year ended June 30, 2019 was \$31,102,839. Community health activities 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 Granite State Fit Kids Health Program for elementary schools, the Women's Health Resource Centers in Lebanon, NH, and Smoking Prevention and Cessation programs. This category also includes financial contributions and the contribution of time and services to community programs, hospitals, and agencies. DHC also provides a significant amount of uncompensated care to its patients that is reported as "provision for bad debts," which is not included in the amounts reported above. For the fiscal year ended June 30, 2019, DHC reported a provision for bad debts of approximately \$25,736,010.

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			
Duane A Compton PHD Trustee / Ex-Officio	0.8	X						0	0	0
William J Conaty Trustee	0.8	X						0	0	0
Paul P Danos PHD Trustee	1.3 0.8	X						0	0	0
Cherie Holmes MD Trustee	12.0 29.0	X						429,451	0	54,176
Senator Judd A Greg Trustee	0.8	X						0	0	0
Laura K Landy MBA Trustee	0.8	X						0	0	0
Kari M Rosenkranz MD Trustee / Physician	12.0 28.0	X						521,915	0	35,773
Brian C Spence MDMHCDS Trustee (Through 12/31/18) / Physician	12.0 28.0	X						473,411	0	57,091
Pamela Thompson MSRNCENP Trustee	0.8 1.3	X						0	0	0
Jon Wahrenberger MDFAHAFAC Trustee	12.0 28.0	X						346,803	0	65,665

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 VP Development	12.0 34.0			X				0	100,204	7,675
GEORGE T BLIKE MD Chief Quality & Value Officer	12.0 29.0				X			488,455	0	89,309
Karen Clements RNBSNMSB Chief Nursing Officer	12.0 28.0				X			0	354,860	33,093
Staci Hermann PHARMDMS INTERIM CHIEF PHARMACY OFFICER	12.0 28.0				X			0	198,201	22,260
Simon Hillier InterIM Dept Chair ANESTHESIOLOGY	12.0 28.0				X			528,291	0	56,469
Jeffrey Obrien MHA KEY EMP/ VP CLINICAL OPS	12.0 28.0				X			0	365,136	57,115
Peter D Solberg MD Chief Medical Information Officer	12.0 28.0				X			384,275	0	56,111
Sandra Wong MD SVP SVC LN & Chair of Surgery	12.0 28.0				X			788,615	0	32,833
David Bauer MD Staff Physician	12.0 28.0					X		935,620	0	45,960
Nathan Simmons MD Physician	12.0 28.0					X		1,054,450	0	54,604

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			
Daniel Stewart MD Physician	12.0 28.0					X		1,240,845	0	50,805
John Nigriny Staff Physician	40.0 0					X		905,010	0	57,091
Timothy Ryken Staff Physician 0					X		946,671	0	56,878
Steven Boyce FMR KEY EMP/ADM VP MED SPCLTS	12.0 28.0						X	128,301	0	30,179
Wendy Fielding MBA FMR KEY EMP/ VP FINANCE PLANNING	12.0 29.0						X	0	247,327	49,988
Robert Greene MDMHCDSFACP Former Key Employee	12.0 28.0						X	122,058	0	0
Tina E Naimie CPA FMR KEY EMP/ VP CORP FINANCE	12.0 29.0						X	0	257,299	28,591
Christine Schon MPA FMR KEY EMP/ VP Ambulatory Care	1.0 41.0						X	280,023	0	43,714
Thomas J Siepka Chief Pharm Officer	12.0 28.0						X	0	113,190	6,151
Wendy Wells MD FMR KEY EMP/DEPT CHR PATHOLOGY	12.0 28.0						X	506,952	0	60,768

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			
Thomas Dodds MD FMR KEY EMP/DEPT CHR ANESTH	12.0 28.0						X	123,247	0	12,597
John Birkmeyer MD Former CCO/EVP ENTPRS SP	0.0 0.0						X	328,004	0	0
John S Malanowski MILR Former Chief HR Officer 0						X	0	138,656	0
Richard I Rothstein MD Former Dept Chair/Srvc LN LDR - MED	12.0 28.0						X	787,038	0	56,413
Kimberly Troland JD FMR INTRM GC/DEPUTY GEN CNSL	12.0 28.0						X	0	405,537	50,301
Sowmya Viswanathan MD Former Chief ACO Officer	0.0 0.0						X	161,538	0	0
James N Weinstein DO MS Former Trustee/CEO	0.0 0.0						X	963,321	0	34,820

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Dartmouth-Hitchcock Clinic

Employer identification number

22-2519596

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	8,020,230	8,020,230
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	397,956,831	419,623,067	437,313,420	454,429,030	501,802,116	2,211,124,464
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	397,956,831	419,623,067	437,313,420	454,429,030	509,822,346	2,219,144,694
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0	0	0	0	0	0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						2,219,144,694

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	397,956,831	419,623,067	437,313,420	454,429,030	509,822,346	2,219,144,694
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,741,634	1,411,061	735,442	770,344	1,008,778	6,667,259
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	2,741,634	1,411,061	735,442	770,344	1,008,778	6,667,259
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	103,904	230,170	-172,489	346,528	365,521	873,634
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,358,696	61,525,638	83,083,146	90,978,791	111,631,549	422,577,820
13 Total support. (Add lines 9, 10c, 11, and 12.)	476,161,065	482,789,936	520,959,519	546,524,693	622,828,194	2,649,263,407

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	83.76 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	84.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.25 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.46 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <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** 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** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 75358696.0, COLUMN B - 61525638.0, COLUMN C - 83083146.0, COLUMN D - 90978791.0, COLUMN E - 111631549.0, COLUMN F - 422577820.0;

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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2018
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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 Dartmouth-Hitchcock Clinic	Employer identification number 22-2519596
--	--

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		113,724
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		53,739
j	Total. Add lines 1c through 1i			167,463
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 IB & 1G DARTMOUTH-HITCHCOCK CLINIC 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, DARTMOUTH HITCHCOCK CLINIC (DHC), 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 DHC AND ITS ABILITY TO CARRY OUT ITS MISSION. THE TYPICAL ACTIVITIES MAY INCLUDE SENDING LETTERS TO, CALLING, AND MEETING WITH GOVERNMENT OFFICIALS AND LEGISLATORS. FOR THE FISCAL YEAR ENDED JUNE 30, 2019, DARTMOUTH HITCHCOCK CLINIC INCURRED \$113,724 IN CONJUNCTION WITH THESE ACTIVITIES. LINE 11 DHC PAYS DUES TO VARIOUS ORGANIZATIONS RELATED TO ITS EXEMPT MISSION. THE AMOUNT REPORTED UNDER OTHER ACTIVITIES ON LINE 11 REFERS TO THE AMOUNT OF LOBBYING ACTIVITIES IDENTIFIED IN DUES PAYMENTS TO OUTSIDE ORGANIZATIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
Dartmouth-Hitchcock Clinic

Employer identification number
22-2519596

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	1,340,985	1,284,444	1,214,414	1,128,967	1,113,436
b Contributions		1,105		102,466	
c Net investment earnings, gains, and losses	61,035	55,436	72,236	-10,712	16,985
d Grants or scholarships					
e Other expenditures for facilities and programs	56,203		2,206	6,307	1,454
f Administrative expenses					
g End of year balance	1,345,817	1,340,985	1,284,444	1,214,414	1,128,967

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 74.19 %
 - c** Temporarily restricted endowment ▶ 25.81 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,505,032	7,215,859		9,720,891
b Buildings		72,493,046	61,988,838	10,504,208
c Leasehold improvements		27,567,760	27,490,774	76,986
d Equipment		16,625,770	16,601,507	24,263
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				20,326,348

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) Public Equities Funds	125,943	F
(B) Private Equities Funds	600,288	F
(C) Hedge Funds	56,188	F
(D) Other Securities	135,426	F
(E) INVESTMENT IN CAPTIVE - HAMDEN	56,824,849	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	57,742,694	

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) DHC 457(B) PLAN ASSETS	78,940,654
(2) DUE FROM AFFILIATE	11,665,777
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	90,606,431

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED POST RETIREMENT PENSION	189,512,412
RESERVES FOR INSURANCE RELATED LOSS	60,346,669
ESTIMATED THIRD PARTY SETTLEMENT	3,337,859
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	253,196,940

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: 18007697

Software Version: 2018v3.1

EIN: 22-2519596

Name: Dartmouth-Hitchcock Clinic

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE RESEARCH AND CLINICAL SUPPORT FOR THE CARDIO THORACIC SURGERY CHAIR AT DARTMOUTH HITCHCOCK CLINIC

**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

2018

Open to Public Inspection

Name of the organization
Dartmouth-Hitchcock Clinic

Employer identification number
22-2519596

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	18			57,080,260
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	18			57,080,260

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

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

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 CLINIC PROVIDES UNRESTRICTED PROGRAM SUPPORT FOR CERTAIN FOREIGN ORGANIZATIONS. PROGRAM SUPPORT TO SPECIFIC ORGANIZATIONS IS CHOSEN AND DIRECTED BY THE PHYSICIANS AND/OR RESEARCHERS WORKING DIRECTLY WITH THE CHARITY.

990 Schedule F, Supplemental Information

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 22-2519596

Name: Dartmouth-Hitchcock Clinic

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)			Program Services	Advertising	6,865
North America (Canada & Mexico only)			Program Services	Honorarium Payments	1,050

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)			Program Services	Dues & Licenses	151
North America (Canada & Mexico only)		3	Program Services	Consultant	9,704

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		5	Program Services	Medical Services in Haiti (TB & HIV) and Nicaragua (hearing loss)	11,484
South Asia		4	Program Services	Medical Services in India	79,743

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa		6	Program Services	Medical services in Rwanda and Tanzania for infectious diseases and healthcare development	55,809
North America (Canada & Mexico only)			Program Services	Software	86,386

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Medical program	2,093
East Asia and the Pacific			Program Services	Medical program	374

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			Investments	Investment in captive	56,824,849
North America (Canada & Mexico only)			Program Services	Medical program	1,752

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Dartmouth-Hitchcock Clinic

Employer identification number 22-2519596

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 36
3 Enter total number of other organizations listed in the line 1 table. 0

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	63	289,421			
(2) D-H Tuition Reimbursement Program	468	356,265			
(3) Patient Assistance	181	25,673			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	EACH AWARD ESTABLISHED BY DARTMOUTH-HITCHCOCK CLINIC (DHC) 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 AWARD. THE COORDINATORS OF THE PROGRAMS ARE RESPONSIBLE FOR ASSURING THAT ALL TERMS ARE MET, INCLUDING PROPER DOCUMENTATION OF EXPENSES WITH RECEIPTS.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 22-2519596
Name: Dartmouth-Hitchcock Clinic

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Upper Valley Haven 713 Hartford Avenue White River Junction, VT 05001	03-0277908	501 (c) (3)	17,888		FMV		Program Support
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501 (c) (3)	10,500		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grafton County Senior Citizens Council 10 Campbell Street Lebanon, NH 03766	23-7248316	501 (c) (3)	5,400		FMV		Program Support
Public Health Council of the Upper Valley One Court Street 378 Lebanon, NH 03766	75-2991608	501 (c) (3)	16,500		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Manchester Community Health Center 145 Hollis Street Manchester, NH 03101	02-0458174	501 (c) (3)	15,750		FMV		Program Support
Good Neighbor Health Clinic 70 North Main Street White River Junction, VT 05001	03-0346949	501 (c) (3)	24,000		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
NH Hospital Association 125 Airport Road Concord, NH 03301	02-6012527	501 (c) (3)	341,447		FMV		Program Support
Mt Ascutney Hospital and Health Center 289 County Road Windsor, VT 05089	03-0183721	501 (c) (3)	12,000		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
New London Hospital 273 Country Road New London, NH 03257	02-0222171	501 (c) (3)	7,500		FMV		Program Support
Tri-Valley Transit 279 Creek Road Middlebury, VT 05753	03-0335768	501 (c) (3)	12,750		FMV		Transportation Subsidy

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advance Transit PO Box 1027 Wilder, VT 05088	22-2558708	501 (c) (3)	33,520		FMV		Transportation Subsidy
Southeast VT Transit 45 Mill Street Wilmington, VT 05363	03-0353976	501 (c) (3)	9,000		FMV		Transportation Subsidy

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes 1550 Crystal Dr Suite 1300 Arlington, VA 22202	13-1846366	501 (c) (3)	6,000		FMV		Program Support
Cheshire Medical Center 580 Court Street 590 Keene, NH 03431	02-0354549	501 (c) (3)	36,000		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
New Hampshire Charitable Foundation 37 Pleasant Street Concord, NH 03301	02-6005625	501 (c) (3)	18,000		FMV		Program Support
Listen Community Services 60 Hanover St Lebanon, NH 03766	23-7225952	501 (c) (3)	15,000		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
Families in Transition 122 Market Street Manchester, NH 03101	02-0475414	501 (c) (3)	19,125		FMV		Program Support
Twin Pines Housing Trust 226 Holiday Drive Suite 20 White River Junction, VT 05001	22-2809527	501 (c) (3)	15,000		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
Southwestern Community Services PO Box 603 63 Community Way Keene, NH 03431	02-6013808	501 (c) (3)	41,178		FMV		Program Support
Mascoma Community Healthcare Inc 18 Roberts Road PO Box 550 Canaan, NH 03741	46-5672753	501 (c) (3)	15,000		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
Conservation Law Foundation 62 Summer Street Boston, MA 02110	04-6149986	501 (c) (3)	15,000		FMV		Program Support
American Cancer Society 2 Commerce Drive Suite 100 Bedford, NH 03110	13-1788491	501 (c) (3)	11,850		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 Community Nursing Project PO Box 1302 Lebanon, NH 03766	83-1224873	501 (c) (3)	9,000		FMV		Program Support
Alice Peck Day Memorial Hospital 10 Alice Peck Day Dr Lebanon, NH 03766	02-0222791	501 (c) (3)	7,500		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Hospital 172 Kinsley Street Nashua, NH 030603648	02-0222215	501 (c) (3)	7,500		FMV		Program Support
Granite United Way 22 Concord Street Floor 2 Manchester, NH 03101	02-6006033	501 (c) (3)	13,500		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Visions for Creative Housing Solutions 8 Sunrise Farm Lane Enfield, NH 03748	80-0868234	501 (c) (3)	7,500		FMV		Program Support
JSI Research & Training Institute 501 South Street Bow, NH 03304	04-2679824	501 (c) (3)	6,000		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
City Year Inc 248 Elm Street Suite 201 Manchester, NH 03101	22-2882549	501 (c) (3)	6,750		FMV		Program Support
Health Care Without Harm 12355 Sunrise Valley Dr Suite 680 Reston, VA 20191	52-2358837	501 (c) (3)	9,000		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
Granite YMCA Corporate Office 117 Market Street Manchester, NH 03101	02-0222248	501 (c) (3)	5,850		FMV		Program Support
Boys & Girls Club of Manchester 555 Union Street Manchester, NH 03104	02-0226033	501 (c) (3)	6,150		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TLC Family Resource Center PO Box 1098 Claremont, NH 03743	52-2439830	501 (c) (3)	16,324		FMV		Program Support
Valley Regional Healthcare 243 Elm Street Claremont, NH 03743	02-0397338	501 (c) (3)	33,001		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Headrest Inc 141 Mascoma St Lebanon, NH 03766	23-7256865	501 (c) (3)	12,660		FMV		Program Support
Monadnock Collaborative 105 Castle Street Keene, NH 03431	02-0526791	501 (c) (3)	5,560		FMV		Program Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Dartmouth-Hitchcock Clinic

Employer identification number
22-2519596

Part I Questions Regarding Compensation

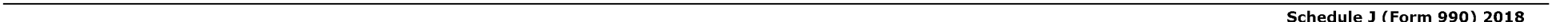
		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 22-2519596
Name: Dartmouth-Hitchcock Clinic

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
James N Weinstein DO MS	(i)	782,744	0	180,577	26,580	8,240	998,141	0
Former Trustee/CEO	(ii)	0	0	0	0	0	0	0
Joanne M Conroy MD	(i)	954,614	253,555	38,756	26,580	25,582	1,299,087	0
Trustee, Ex-Officio, CEO	(ii)	0	0	0	0	0	0	0
Jocelyn Chertoff MD	(i)	559,809	250	52,688	26,580	15,705	655,032	0
Trustee/ VP SRVC LN/DPT CHCR DGNSTC RAD	(ii)	0	0	0	0	0	0	0
Jeffrey A Cohen MD	(i)	394,582	250	45,014	26,580	37,781	504,207	0
Trustee (Through 12/31/18)	(ii)	0	0	0	0	0	0	0
Cherie Holmes MD	(i)	393,474	250	35,727	38,328	15,848	483,627	0
Trustee	(ii)	0	0	0	0	0	0	0
Kari M Rosenkranz MD	(i)	495,650	250	26,015	21,080	14,693	557,688	0
Trustee / Physician	(ii)	0	0	0	0	0	0	0
Brian C Spence MDMHCDS	(i)	451,894	250	21,267	21,080	36,011	530,502	0
Trustee (Through 12/31/18) / Physician	(ii)	0	0	0	0	0	0	0
Jon Wahrenberger MDFAHAFAC	(i)	342,647	250	3,906	26,580	39,085	412,468	0
Trustee	(ii)	0	0	0	0	0	0	0
KURT K RHYNHART MD	(i)	436,988	250	39,811	21,343	20,729	519,121	0
TRUSTEE	(ii)	0	0	0	0	0	0	0
John Birkmeyer MD	(i)	0	0	328,004	0	0	328,004	0
Former CCO/EVP ENTPRS SP	(ii)	0	0	0	0	0	0	0
John S Malanowski MILR	(i)	0	0	0	0	0	0	0
Former Chief HR Officer	(ii)	0	0	138,656	0	0	138,656	0
Richard I Rothstein MD	(i)	780,410	250	6,378	26,640	29,773	843,451	0
Former Dept Chair/Srvc LN LDR - MED	(ii)	0	0	0	0	0	0	0
Kimberly Troland JD	(i)	0	0	0	0	0	0	0
FMR INTRM GC/DEPUTY GEN CNSL	(ii)	362,975	250	42,312	21,080	29,221	455,838	0
Sowmya Viswanathan MD	(i)	0	0	161,538	0	0	161,538	0
Former Chief ACO Officer	(ii)	0	0	0	0	0	0	0
Aimee M Giglio	(i)	0	0	0	0	0	0	0
Chief HR Officer	(ii)	318,913	10,250	29,599	12,648	34,630	406,040	0
DANIEL P JANTZEN CPA	(i)	0	0	0	0	0	0	0
CFO	(ii)	621,847	10,250	170,310	26,580	29,223	858,210	0
Patrick Jordan III MBA	(i)	0	0	0	0	0	0	0
Chief Operating Officer	(ii)	593,349	250	1,588	21,080	37,284	653,551	0
JOHN KACAVAS	(i)	0	0	0	0	0	0	0
Chief Legal Officer	(ii)	528,095	10,250	90,643	21,080	31,336	681,404	0
Stephen Leblanc	(i)	640,573	10,250	27,497	26,580	34,294	739,194	0
Chief Administrative Officer	(ii)	0	0	0	0	0	0	0
EDWARD MERRENS	(i)	629,398	10,250	70,908	28,864	20,070	759,490	0
Chief Clinical Officer	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Maria Padin MD	(i)	369,274	5,250	31,412	37,334	36,836	480,106	0
Chief Medical Officer	(ii)	0	0	0	0	0	0	0
Susan A Reeves EDDRN	(i)	0	0	0	0	0	0	0
Chief Nursing Executive	(ii)	457,787	250	2,628	26,580	30,379	517,624	0
Steven Boyce	(i)	127,572	250	479	10,843	19,336	158,480	0
FMR KEY EMP/ADM VP MED SPCLTS	(ii)	0	0	0	0	0	0	0
Wendy Fielding MBA	(i)	0	0	0	0	0	0	0
FMR KEY EMP/ VP FINANCE PLANNING	(ii)	228,163	250	18,914	19,118	30,870	297,315	0
Robert Greene MDMHCDSFACP	(i)	0	0	122,058	0	0	122,058	0
Former Key Employee	(ii)	0	0	0	0	0	0	0
Tina E Naimie CPA	(i)	0	0	0	0	0	0	0
FMR KEY EMP/ VP CORP FINANCE	(ii)	256,492	250	557	19,498	9,093	285,890	0
Christine Schon MPA	(i)	251,113	250	28,660	26,580	17,134	323,737	0
FMR KEY EMP/ VP Ambulatory Care	(ii)	0	0	0	0	0	0	0
Thomas J Siepka	(i)	0	0	0	0	0	0	0
Chief Pharm Officer	(ii)	104,506	5,000	3,684	5,492	659	119,341	0
Wendy Wells MD	(i)	460,678	250	46,024	37,543	23,225	567,720	0
FMR KEY EMP/DEPT CHR PATHOLOGY	(ii)	0	0	0	0	0	0	0
Thomas Dodds MD	(i)	120,987	250	2,010	8,783	3,814	135,844	0
FMR KEY EMP/DEPT CHR ANESTH	(ii)	0	0	0	0	0	0	0
GEORGE T BLIKE MD	(i)	420,654	5,250	62,551	52,781	36,528	577,764	0
Chief Quality & Value Officer	(ii)	0	0	0	0	0	0	0
Karen Clements RNBSNMSB	(i)	0	0	0	0	0	0	0
Chief Nursing Officer	(ii)	325,478	600	28,782	21,080	12,013	387,953	0
Staci Hermann PHARMDMS	(i)	0	0	0	0	0	0	0
INTERIM CHIEF PHARMACY OFFICER	(ii)	197,813	250	138	8,349	13,911	220,461	0
Simon Hillier	(i)	481,194	250	46,847	26,580	29,889	584,760	0
InterIM Dept Chair ANESTHESIOLOGY	(ii)	0	0	0	0	0	0	0
Jeffrey Obrien MHA	(i)	0	0	0	0	0	0	0
KEY EMP/ VP CLINICAL OPS	(ii)	326,402	250	38,484	24,226	32,889	422,251	0
Peter D Solberg MD	(i)	357,928	5,250	21,097	21,497	34,614	440,386	0
Chief Medical Information Officer	(ii)	0	0	0	0	0	0	0
Sandra Wong MD	(i)	729,365	250	59,000	21,080	11,753	821,448	0
SVP SVC LN & Chair of Surgery	(ii)	0	0	0	0	0	0	0
David Bauer MD	(i)	875,926	250	59,444	12,648	33,312	981,580	0
Staff Physician	(ii)	0	0	0	0	0	0	0
Nathan Simmons MD	(i)	948,007	250	106,193	21,785	32,819	1,109,054	0
Physician	(ii)	0	0	0	0	0	0	0
Daniel Stewart MD	(i)	1,146,052	250	94,543	21,080	29,725	1,291,650	0
Physician	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John Nigriny	(i)	837,702	250	67,058	21,080	36,011	962,101	0
Staff Physcian	(ii)	0	0	0	0	0	0	0
Timothy Ryken	(i)	898,762	250	47,659	21,080	35,798	1,003,549	0
Staff Physician	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Dartmouth-Hitchcock Clinic	Employer identification number 22-2519596
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Stephen Leblanc	Officer	Split Dollar Life		X	0	57,192		No	Yes		Yes	
(2) Richard Rothstein	Former Officer	Split Dollar Life		X	0	98,755		No	Yes		Yes	
Total							155,947					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Amy Stansfield	Family member of Trustee Ed Stansfield	223,612	Employment Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

Dartmouth-Hitchcock Clinic

Employer identification number

22-2519596

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The DARTMOUTH-HITCHCOCK CLINIC (DHC) board has a Governance Committee who has the authority/responsibility of the DHC Board to ensure that DHC 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 DARTMOUTH-HITCHCOCK CLINIC (DHC). D- HH HAS SPECIFIC AUTHORITY AND RESERVED POWERS, INCLUDING THE POWER TO CONFIRM THE ELECTION OF MEMBERS OF DHC'S BOARD OF TRUSTEES AND THE POWER TO APPROVE SIGNIFICANT GOVERNANCE, FINANCIAL AND OPERATIONAL DECISIONS OF DHC'S TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	DARTMOUTH-HITCHCOCK HEALTH (D-HH) IS THE SOLE CORPORATE MEMBER OF DARTMOUTH-HITCHCOCK CLINIC (DHC). D-HH HAS SPECIFIC AUTHORITY AND RESERVED POWERS, INCLUDING THE POWER TO CONFIRM THE ELECTION OF MEMBERS OF DHC'S BOARD OF TRUSTEES AND THE POWER TO APPROVE SIGNIFICANT GOVERNANCE, FINANCIAL AND OPERATIONAL DECISIONS OF DHC'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 THE SYSTEM AS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM IN FURTHERANCE OF DHC'S MISSION. 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 DHC'S BOARD OF TRUSTEES, TO APPOINT OR REMOVE A MEMBER OF DHC'S BOARD OF TRUSTEES, ASSESS DHC A MONETARY AMOUNT FOR THE PAYMENT OF THE EXPENSES OF D-HH, APPROVE DHC'S BUDGET, APPROVE THE BORROWINGS OR DISPOSITIONS OF ASSETS BY DHC, 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 DHC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORMS 990 AND 990-T ARE REVIEWED BY THE DIRECTOR OF CORPORATE FINANCE, 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 990 AND 990-T IS SENT TO EACH BOARD MEMBER AND TIME IS ALLOCATED FOR COMMENTS AND RESPONSES PRIOR TO OFFICIAL FILING OF THE FORMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE DARTMOUTH-HITCHCOCK CLINIC (DHC) BOARD OF TRUSTEES APPROVED A POLICY CONCERNING A VOLUNTARY SELF DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST. DARTMOUTH-HITCHCOCK HEALTH'S 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 INVOLVED 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 UNDER 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 15a Process to establish compensation of top management official	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 CONSULTATION WITH THE INDEPENDENT THIRD PARTY FIRM'S RECOMMENDATIONS AND SUGGESTIONS. THIS PROCESS WAS CONTEMPORANEOUSLY DOCUMENTED AND LAST UNDERTAKEN IN 2019.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	DHC'S GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE NEW HAMPSHIRE SECRETARY OF STATE. CERTAIN FINANCIAL INFORMATION IS DISCLOSED THROUGH THE COMMUNITY BENEFITS ANNUAL REPORT. 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'S (DHC) AND MARY HITCHCOCK MEMORIAL HOSPITAL'S (MHMH) AFFILIATION AGREEMENT, THE TWO ORGANIZATIONS SHARE OFFICERS. AS SUCH, THE AVERAGE HOURS PER WEEK ARE ALLOCATED BETWEEN THE TWO ORGANIZATIONS ON THEIR FORM 990'S EVEN THOUGH COMPE NSATION REPORTED IN PART VII IS BASED ON THE ENTITY ISSUING THE W-2. IN ADDITION, CERTAIN OFFICERS SPEND TIME ON DARTMOUTH-HITCHCOCK HEALTH (D-HH), THE SOLE CORPORATE MEMBER OF BOT H MHMH AND DHC, ALONG WITH TWO SUPPORTING ORGANIZATIONS: DARTMOUTH-HITCHCOCK MEDICAL CENTE R (DHMC) AND HAMDEN RISK RETENTION GROUP (HAMDEN). CERTAIN OFFICERS ALSO SPEND TIME ON REL ATED ENTITIES, INCLUDING ALICE PECK DAY MEMORIAL HOSPITAL (APD), WINDSOR HOSPITAL CORPORAT ION (DBA MOUNT ASCUTNEY HOSPITAL AND HEALTH CENTER) (MAHHC), MOUNT ASCUTNEY HOSPITAL COMMU NITY HEALTH FOUNDATION, HISTORIC HOMES OF RUNNEMEDE, CHESHIRE MEDICAL CENTER (CHESHIRE), C HESHIRE HEALTH FOUNDATION, CHESHIRE HEALTH SERVICES, THE NEW LONDON HOSPITAL ASSOCIATION (NLH), VISITING NURSE ASSOCIATION & HOSPICE OF VT AND NH (VNA), AND THE HITCHCOCK FOUNDATIO N (THC).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1 INDEPENDENT CONTRACTORS	DARTMOUTH-HITCHCOCK CLINIC (DHC) IS PART OF THE DARTMOUTH-HITCHCOCK HEALTH (D-HH) SYSTEM, WHICH INCLUDES DHC, MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH), AND ITS SUBSIDIARIES. MHMH RECEIVED AUTHORITY FROM THE INTERNAL REVENUE SERVICE TO ACT AS DHC'S PAY AGENT AND IMPLEMENTED THIS PROCESS AT THE BEGINNING OF FISCAL YEAR 2010. ALL EXPENSES ARE PAID DIRECTLY BY MHMH AND REIMBURSED BY DHC. MHMH MANAGES ALL REQUIRED IRS REPORTING RELATED TO THESE DISBURSEMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Column (A) STATEMENT OF FUNCTIONAL EXPENSES	MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) AND DARTMOUTH-HITCHCOCK CLINIC (DHC) OPERATE UNDER AN AFFILIATION AGREEMENT AS DIRECTED BY DARTMOUTH-HITCHCOCK HEALTH (D-HH), THE SOLE CORPORATE MEMBER OF BOTH ENTITIES. DUE TO THE INTEGRATED OPERATING STRUCTURE, RELATED MISSION, AND CLOSE RELATIONSHIP OF DHC AND MHMH, EXPENSES ARE SHARED BETWEEN THE TWO ENTITIES. ALL EXPENSES REPORTED WITHIN THIS FORM 990 ARE DHC'S SHARE OF EXPENSES AS DESIGNATED BY THE AFFILIATION AGREEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION AND OTHER CHARGES - -46481846; NET ASSETS RELEASED FROM RESTRICTION - -67788;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c AUDITED FINANCIAL STATEMENTS	THE ORGANIZATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF DARTMOUTH-HITCHCOCK HEALTH AND SUBSIDIARIES, WHICH CONSISTS OF THE FOLLOWING ORGANIZATIONS AND THEIR RELATED SUBSIDIARIES: DARTMOUTH-HITCHCOCK CLINIC, MARY HITCHCOCK MEMORIAL HOSPITAL, MOUNT ASCUTNEY HOSPITAL AND HEALTH CENTER, CHESHIRE MEDICAL CENTER, THE NEW LONDON HOSPITAL ASSOCIATION, ALICE PECK DAY MEMORIAL HOSPITAL, AND VISITING NURSE ASSOCIATION & HOSPICE OF VT AND NH.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Dartmouth-Hitchcock Clinic

Employer identification number

22-2519596

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) RENAISSANCE PSYCHIATRY OF NEW ENGLAND ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 81-3076466	PSYCH SERVICES	NH	-111,521	1,414,180	D-HC

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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) POMPANOOSUC INVESTMENT CORPORATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 02-0352330	REAL ESTate HoLDInG	NH	DHC	C Corporation	-127	75,632	100 %	Yes	
(2) HAMDEN ASSURANCE CO LTD 98-0121409	Liability INSURANCE	BD	DHC	C Corporation	14,428,591	51,072,292	70.2 %	Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 22-2519596
Name: Dartmouth-Hitchcock Clinic

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 02-0222140	HOSPITAL	NH	501(c)(3)	3	D-HH		No
ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 02-0222139	HeaLTH CaRE ReSeaRCH	NH	501(c)(3)	7	DHC	Yes	
30 MAIN STREET STE 330 BURLINGTON, VT 05401 20-8530788	SELF INSURANCE	VT	501(c)(3)	Type I	DHC	Yes	
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
205 BILLINGS FARM ROAD 5 WILDER, VT 05088 03-6006494	HOSPICE	VT	501(c)(3)	10	D-HH		No