

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
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

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

**G** Gross receipts \$ 498,748,711

**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](http://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

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: Advancing 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.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14		
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	5,412		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	497		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	290,304		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0			
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	8,020,230	Current Year	24,093,904
	<b>9</b> Program service revenue (Part VIII, line 2g)		391,029,523		348,577,612
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,974,910		94,898
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		112,531,662		125,967,304
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		513,556,325		498,733,718
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,697,267	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			304,820,322		318,246,495
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,043					
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			188,699,423		207,292,227
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		495,217,012		529,508,671	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		18,339,313		-30,774,953	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	229,963,525	End of Year	252,063,565
	<b>21</b> Total liabilities (Part X, line 26)		463,672,940		558,937,659
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		-233,709,415		-306,874,094

## 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: 2021-05-12

Daniel P Jantzen CPA CFO  
Type or print name and title

**Paid Preparer Use Only**

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

Check  if self-employed PTIN: P01316095

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

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

**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 \$ 394,143,835 including grants of \$ 3,969,949 ) (Revenue \$ 471,522,859 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 35,792,252 including grants of \$ 0 ) (Revenue \$ 1,419,965 )  
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** ▶ 429,936,087

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 main columns: Question/Description, Amount/Value, and Yes/No. Rows include: 2a (5,412), 2b (Yes), 3a (Yes), 3b (Yes), 4a (No), 4b, 5a (No), 5b (No), 5c, 6a (No), 6b, 7 Organizations that may receive deductible contributions under section 170(c) (7a No, 7b, 7c No, 7d, 7e No, 7f No, 7g, 7h), 8 Sponsoring organizations maintaining donor advised funds, 9 Sponsoring organizations maintaining donor advised funds (9a, 9b), 10 Section 501(c)(7) organizations (10a, 10b), 11 Section 501(c)(12) organizations (11a, 11b), 12a Section 4947(a)(1) non-exempt charitable trusts (12a, 12b), 13 Section 501(c)(29) qualified nonprofit health insurance issuers (13a, 13b, 13c), 14a (No), 14b, 15 (Yes), 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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.

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

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

(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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 15,223,648, 6,103,499, 1,782,179.

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 ▶ 1,530

Table with 3 columns: Question, Yes, No. Questions 3, 4, 5 regarding compensation reporting and related organizations.

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.

Table with 3 columns: (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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	9,152,721		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,941,183		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		24,093,904		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE		621300	348,577,612	348,577,612		
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.			0	0	0	0
<b>g Total.</b> Add lines 2a-2f. . . . .			348,577,612			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		85,477		-312	85,789	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	841,103				
		(ii) Personal		63,392			
		<b>b</b> Less: rental expenses	10,154		4,839		
		<b>c</b> Rental income or (loss)	830,949		58,553		
	<b>d</b> Net rental income or (loss) . . . . .			889,502			889,502
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other			9,421		
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)	0		9,421		
	<b>d</b> Net gain or (loss) . . . . .			9,421			9,421
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> CONTRACTED REVENUE	621300	105,137,200	104,846,584	290,616			
<b>b</b> CAFETERIA INCOME	722212	421,974			421,974		
<b>c</b> STIMULUS PAYMENTS	621300	4,812,814	4,812,814				
<b>d</b> All other revenue . . . . .		14,705,814	14,705,814	0		0	
<b>e Total.</b> Add lines 11a-11d . . . . .		125,077,802					
<b>12 Total revenue.</b> See instructions . . . . .		498,733,718	472,942,824	290,304		1,406,686	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,203,243	3,203,243		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	710,083	710,083		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	56,623	56,623		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,250,992	1,174,234	2,999,568	77,190
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	893,362	289,731	583,704	19,927
<b>7</b> Other salaries and wages . . . . .	251,976,962	219,365,616	32,611,346	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	16,613,171	14,453,459	2,159,712	
<b>9</b> Other employee benefits . . . . .	28,823,640	18,139,913	10,683,727	
<b>10</b> Payroll taxes . . . . .	15,688,368	8,246,213	7,436,229	5,926
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	693,479	13,907	679,572	
<b>c</b> Accounting . . . . .	282,297		282,297	
<b>d</b> Lobbying . . . . .	15,400		15,400	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,678,609	32,307,628	7,370,981	0
<b>12</b> Advertising and promotion . . . . .	1,043,829	25,686	1,018,143	
<b>13</b> Office expenses . . . . .	6,866,583	4,930,207	1,936,376	
<b>14</b> Information technology . . . . .	6,669,052	600,216	6,068,836	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	7,007,482	507,447	6,500,035	
<b>17</b> Travel . . . . .	1,608,913	809,592	799,321	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	63,544	63,544		
<b>20</b> Interest . . . . .	6,551,031	589,593	5,961,438	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,532,030	1,060,542	2,471,488	
<b>23</b> Insurance . . . . .	7,666,224	2,787,341	4,878,883	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	112,326,112	111,488,726	837,386	
<b>b</b> EQUIP REPAIR & MAINTENANCE	6,192,647	4,202,471	1,990,176	
<b>c</b> ACADEMIC, GME, TEACHING & SUPPORT	3,091,047	2,492,332	598,715	
<b>d</b> RECRUITMENT COSTS	1,055,209	80,431	974,778	
<b>e</b> All other expenses	2,948,739	2,337,309	611,430	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	529,508,671	429,936,087	99,469,541	103,043
<b>26</b> 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	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	6,158,147	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .	57,629,020	<b>4</b>	45,372,368	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	155,947	<b>5</b>	161,724	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	2,097,728	<b>7</b>	2,047,228	
	<b>8</b> Inventories for sale or use . . . . .	586,067	<b>8</b>	679,143	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	126,405,153			
	<b>b</b> Less: accumulated depreciation	107,529,790	20,326,348	<b>10c</b>	18,875,363
	<b>11</b> Investments—publicly traded securities . . . . .	666,552	<b>11</b>	1,224,488	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	57,742,694	<b>12</b>	58,812,630	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	152,738	<b>13</b>	1,435,821	
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	90,606,431	<b>15</b>	117,296,653	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	229,963,525	<b>16</b>	252,063,565		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	203,815,575	<b>17</b>	241,810,363	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	13,401,173	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,660,425	<b>23</b>	7,047,317	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> 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	253,196,940	<b>25</b>	296,678,806	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	463,672,940	<b>26</b>	558,937,659	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	-235,130,437	<b>27</b>	-308,302,368	
	<b>28</b> Net assets with donor restrictions . . . . .	1,421,022	<b>28</b>	1,428,274	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	-233,709,415	<b>32</b>	-306,874,094		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	229,963,525	<b>33</b>	252,063,565		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	498,733,718
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	529,508,671
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-30,774,953
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-233,709,415
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,071,449
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-41,318,277
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-306,874,094

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 22-2519596  
**Name:** Dartmouth-Hitchcock Clinic

Form 990 (2019)

## Form 990, Part III, Line 4a:

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 2020 resulted in 1,470,854 office visits recorded by DHC personnel, with 356,626 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 CMS'S 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 2020. 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. Due to increased patient demand in the southern part of New Hampshire, DHC has commenced a major construction project to expand the Manchester Clinic site to increase patient capacity. The 94,000 additional square feet will include a state-of-the-art, six-room, extended-stay (23 hour) ambulatory surgery center, expanded medical office space to support primary and specialty care outpatient clinics, and a fixed magnetic resonance imaging (MRI) unit, among other uses. 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, 2020, DHC provided financial assistance to 23,363 patients in the amount of \$16,102,221 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, 2020, DHC reported a provision for bad debts of approximately \$26,448,136.

**Form 990, Part III, Line 4b:**

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 2020, DHC continued the transition of research activities and management from GSM to DHC, under the leadership of the Vice President for Research.

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**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		1,212,148	0	57,872
John Nigriny Staff Physician	40.0 ..... 0					X		973,872	0	58,042
Lixia Ellis MD Physician	12.0 ..... 28.0					X		933,061	0	49,489
Nathan Simmons MD Physician	12.0 ..... 28.0					X		929,952	0	53,695
Timothy Ryken Staff Physician	12.0 ..... 28.0					X		1,063,854	0	58,379
Christine Schon MPA FMR KEY EMP/ VP Ambulatory Care	40.0 ..... 0.5						X	294,491	0	56,219
Kimberly Troland JD FMR INTRM GC/DEPUTY GEN CNSL	12.0 ..... 28.0						X	0	397,737	42,204
Richard I Rothstein MD Former Dept Chair/Srvc LN LDR - MED	12.0 ..... 28.0						X	681,373	0	57,240
Sandra Wong MD SVP SVC LN & Chair of Surgery	12.0 ..... 28.0						X	720,339	0	33,203
Tina E Naimie CPA FMR KEY EMP/ VP CORP FINANCE	12.0 ..... 30.0						X	0	284,775	23,176

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Wendy Fielding MBA ..... FMR KEY EMP/ VP FINANCE PLANNING	12.0 ..... 29.0						X	0	282,795	54,116
Wendy Wells MD ..... FMR KEY EMP/DEPT CHR PATHOLOGY	12.0 ..... 28.0						X	596,868	0	50,558

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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 **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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0	8,020,230	24,093,904	32,114,134
<b>2</b> 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 . . . . .	419,623,067	437,313,420	454,429,030	501,802,116	472,942,824	2,286,110,457
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	419,623,067	437,313,420	454,429,030	509,822,346	497,036,728	2,318,224,591
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</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
<b>c</b> Add lines 7a and 7b. . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						2,318,224,591

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	419,623,067	437,313,420	454,429,030	509,822,346	497,036,728	2,318,224,591
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,411,061	735,442	770,344	1,008,778	989,972	4,915,597
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0
<b>c</b> Add lines 10a and 10b. . . . .	1,411,061	735,442	770,344	1,008,778	989,972	4,915,597
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .	230,170	-172,489	150,042	3,882	4,453	216,058
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	61,525,638	83,083,146	90,978,791	111,631,549	125,261,413	472,480,537
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	482,789,936	520,959,519	546,328,207	622,466,555	623,292,566	2,795,836,783
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	82.92 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	83.76 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.18 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.25 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	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>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

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

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

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

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

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 61525638.0, COLUMN B - 83083146.0, COLUMN C - 90978791.0, COLUMN D - 111631549.0, COLUMN E - 125261413.0, COLUMN F - 472480537.0;

**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](http://www.irs.gov/Form990) for instructions and the latest information.

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**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b>	Other exempt purpose expenditures .....		
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>		<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		15,400
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		40,848
<b>j</b>	Total. Add lines 1c through 1i .....			56,248
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINES 1B & 1G DARTMOUTH-HITCHCOCK CLINIC THROUGH 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, 2020, DARTMOUTH HITCHCOCK CLINIC INCURRED \$15,400 OF EXPENSES 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)

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.



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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,345,817	1,340,985	1,284,444	1,214,414	1,128,967
<b>b</b> Contributions . . . . .			1,105		102,466
<b>c</b> Net investment earnings, gains, and losses	28,397	61,035	55,436	72,236	-10,712
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	14,120	56,203		2,206	6,307
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,360,094	1,345,817	1,340,985	1,284,444	1,214,414

- 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 ▶ 73.41 %
  - c** Temporarily restricted endowment ▶ 26.59 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .	2,505,032	7,215,859		9,720,891
<b>b</b> Buildings . . . . .		72,493,046	63,369,823	9,123,223
<b>c</b> Leasehold improvements		27,567,760	27,548,115	19,645
<b>d</b> Equipment . . . . .		16,623,456	16,611,852	11,604
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				18,875,363

**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		
(B) Private Equities Funds	145,375	F
(C) Hedge Funds	61,528	F
(D) Other Securities	119,442	F
(E) INVESTMENT IN CAPTIVE - HAMDEN	58,486,285	F
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	58,812,630	

**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)		
<b>Total.</b> (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	88,232,195
(2) DUE FROM AFFILIATE	29,064,458
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	117,296,653

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT PENSION	214,396,684
(3) RESERVES FOR INSURANCE RELATED LOSS	78,858,824
(4) ESTIMATED THIRD PARTY SETTLEMENT	3,423,298
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	296,678,806

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	8			58,559,082
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	8			58,559,082

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Program Support	8,400	Cash			
		Central America and the Caribbean	Program Support	34,899	Cash			
		Europe (Including Iceland and Greenland)	Program Support	13,324	Cash			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .	▶ 3
3 Enter total number of other organizations or entities . . . . .	▶ 0

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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:** 19010655

**Software Version:** 2019v5.0

**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
East Asia and the Pacific	0	1	Program Services	Medical program	2,294
Central America and the Caribbean	0	1	Program Services	Medical Services	487

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	6	Program Services	Medical Services	13,393
Europe (Including Iceland and Greenland)	0	0	Program Services	Program Support	21,724

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Program Support	34,899
Central America and the Caribbean	0	0	Investments	Captive Investments	58,486,285

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 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 100
3 Enter total number of other organizations listed in the line 1 table 3

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Awards and Educational Assistance	31	348,737			
(2) D-H Tuition Reimbursement Program	155	324,278			
(3) Patient Assistance	308	16,616			
(4) Charitable Research	1	20,452		FMV	
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	EACH AWARD ESTABLISHED BY 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:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 22-2519596  
**Name:** Dartmouth-Hitchcock Clinic

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alice Peck Day Memorial Hospital 10 Alice Peck Day Drive Lebanon, NH 03766	02-0222791	501(c)(3)	35,562		FMV		PROGRAM SUPPORT
American Cancer Society 2 Commerce Drive Suite 110 Bedford, NH 03110	13-1788491	501(c)(3)	11,060		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Heart Association PO Box 4002012 Des Moines, IA 503402012	13-5613797	501(c)(3)	9,660		FMV		PROGRAM SUPPORT
Amoskeag Health 145 Hollis Street Manchester, NH 03101	02-0458174	501(c)(3)	15,400		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APPLIED GEOSOLUTIONS LLC 15 NEWMARKET ROAD DURHAM, NH 03824	02-0518753		8,770		FMV		PROGRAM SUPPORT
ATRIUM HEALTH CAROLINAS HEALTHCARE SYSTEM CHARLOTTE, NH 282601979	56-0529945	501(c)(3)	12,110		FMV		CHARITABLE RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Bipartisan Policy Center Inc 1225 I Street NW Washington, DC 02005	73-1628382	501(c)(3)	7,000		FMV		PROGRAM SUPPORT
BOSTON MEDICAL CENTER 52 RATTLESNAKE HILL RD ANDOVER, MA 01810	04-3314093	501(c)(3)	7,806		FMV		CHARITABLE RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON UNIVERSITY PO BOX 28763 NEW YORK, NY 100878763	04-2103547	501(c)(3)	67,613		FMV		CHARITABLE RESEARCH
Boys & Girls Club of Central New Hampshire 55 Bradley Street Concord, NH 03301	02-0259874	501(c)(3)	6,000		FMV		PROGRAM SUPPORT

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

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BRD OF REGENTS UNIV OF OK HLTH SCIENCE ROOM 2B02 TULSA, OK 741352512	73-1563627	St. of OK	15,896		FMV		EDUCATIONAL SERVICES
BRIGHAM AND WOMEN'S HOSPITAL INC NURSING PROF DEVELOPMENT BOSTON, MA 02115	04-2312909	501(c)(3)	54,798		FMV		CHARITABLE RESEARCH

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CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(c)(3)	79,396		FMV		CHARITABLE RESEARCH
CENTERSTONE OF KENTUCKY INC 10101 LINN STATION RD LOUISVILLE, KY 40223	31-0939757	501(c)(3)	16,844		FMV		CHARITABLE RESEARCH

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CENTERSTONE RESEARCH INSTITUTE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 37228	26-2505456	501(c)(3)	59,852		FMV		CHARITABLE RESEARCH
Cheshire Medical Center 580 Court St 590 Keene, NH 03431	02-0354549	501(c)(3)	149,237		FMV		PROGRAM SUPPORT



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City of Manchester PO Box 9598 Manchester, NH 03108	02-6000517	City of Manchester	20,000		FMV		PROGRAM SUPPORT
CLEVELAND CLINIC FOUNDATION ATTN STACIE PALLOTTA CLEVELAND, OH 44195	34-0714585	501(c)(3)	32,254		FMV		CHARITABLE RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMONWEALTH OF MASSACHUSETTS DEPT OF REVENUE BOSTON, MA 022055140	04-6002284	St. of MA	86,674		FMV		EDUCATIONAL SERVICES
COMMUNITY MENTAL HEALTH AFFILIATES INC 270 JOHN DOWNEY DR NEW BRITAIN, CT 06051	06-0934544	501(c)(3)	11,228		FMV		CHARITABLE PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Counseling Assoc of New London LLC 35 Newport Road New London, NH 03257	20-1917474	501(c)(3)	43,506		FMV		PROGRAM SUPPORT
Crotched Mountain 1 Verney Drive Greenfield, NH 03047	22-2541478	501(c)(3)	5,544		FMV		PROGRAM SUPPORT

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Easter Seals of NH 555 Auburn Street Manchester, NH 03103	02-0272825	501(c)(3)	14,454		FMV		PROGRAM SUPPORT
Families Flourish Northeast 235 Whitford Street Manchester, NH 03104	84-4591232	501(c)(3)	14,000		FMV		PROGRAM SUPPORT

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Families in Transition 122 Market St Manchester, NH 03101	02-0475414	501(c)(3)	24,815		FMV		PROGRAM SUPPORT
FAMILY PLACE INC 319 US ROUTE 5 SOUTH NORWICH, VT 05055	03-0305264	501(c)(3)	16,536		FMV		CHARITABLE PROGRAM SUPPORT

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Family Promise of Greater Nashua 180 Lowell Road Hudson, NH 03051	02-0528837	501(c)(3)	5,625		FMV		PROGRAM SUPPORT
FEINSTEIN INSTITUTES FOR MEDICAL RESEARC 350 COMMUNITY DRIVE MANHASSET, NY 11030	11-2673595	501(c)(3)	9,246		FMV		CHARITABLE RESEARCH

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

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Foundation for Healthy Communities (NHHA) 125 Airport Road Concord, NH 03301	02-0275078	501(c)(3)	390,579		FMV		PROGRAM SUPPORT
Good Neighbor Health Clinic 70 North Main Street White River Junction, VT 05001	03-0346949	501(c)(3)	18,200		FMV		PROGRAM SUPPORT

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Grafton County Senior Citizens Council 10 Campbell St Lebanon, NH 03766	23-7248316	501(c)(3)	5,040		FMV		PROGRAM SUPPORT
Granite United Way 22 Concord Street Floor 2 Manchester, NH 03101	02-6006033	501(c)(3)	5,600		FMV		PROGRAM SUPPORT



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Greater Manchester Chamber of Commerce 54 Hanover Street Manchester, NH 03101	02-0161920	501(c)(3)	8,270		FMV		PROGRAM SUPPORT
Greater Nashua Chamber of Commerce 142 Main Street Nashua, NH 03060	02-0116973	501(c)(3)	7,500		FMV		PROGRAM SUPPORT

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GREATER NASHUA MENTAL HEALTH CENTER 100 WEST PEARL STREET NASHUA, NH 03060	02-0222121	501(c)(3)	14,679		FMV		CHARITABLE PROGRAM SUPPORT
Headrest Inc 141 Mascoma St Lebanon, NH 03766	23-7256865	501(c)(3)	13,114		FMV		PROGRAM SUPPORT

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John Hopkins University Rubenstein Building Baltimore, MD 21287	52-0595110	501(c)(3)	17,456		FMV		PROGRAM SUPPORT
Keene Serenity Center 34 Mechanic Street Keene, NH 03431	46-3123664	501(c)(3)	9,517		FMV		PROGRAM SUPPORT

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MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(c)(3)	33,969		FMV		CHARITABLE RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 100 CHARLES RIVER PLAZA STE 600 BOSTON, MA 021142792	04-2697983	501(c)(3)	33,006		FMV		CHARITABLE RESEARCH

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MAYFLOWER MEDICAL OUTREACH INC PO BOX 75449 OKLAHOMA CITY, OK 73147	27-1245528	501(c)(3)	7,701		FMV		CHARITABLE RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	41,814		FMV		CHARITABLE RESEARCH

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MEDICAL UNIVERSITY OF SO CAROLINA 1 SOUTH PARK CIRCLE CHARLESTON, SC 29407	57-6000722	St. of SC	53,199		FMV		EDUCATIONAL SERVICES
Mental Health Center of Greater Manchester ATTN JOANN BATTY STAFF DEV MANCHESTER, NH 03101	02-0258994	501(c)(3)	5,743		FMV		CHARITABLE PROGRAM SUPPORT

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MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	St. of MI	9,958		FMV		EDUCATIONAL SERVICES
Monadnock Area Peer Support Agency 64 Beaver Street Keene, NH 03431	02-0484723	501(c)(3)	10,385		FMV		PROGRAM SUPPORT

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Monadnock Community Hospital 452 Old Street Rd Peterborough, NH 03458	02-0222157	501(c)(3)	46,266		FMV		PROGRAM SUPPORT
Monadnock Family Services 17 93rd Street Keene, NH 03431	02-6012230	501(c)(3)	77,329		FMV		PROGRAM SUPPORT



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Monadnock United Way 23 Center Street Keene, NH 03431	02-0236885	501(c)(3)	5,600		FMV		PROGRAM SUPPORT
Mt Ascutney Hospital and Health Center 289 County Rd Windsor, VT 05089	03-0183721	501(c)(3)	6,300		FMV		PROGRAM SUPPORT

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National Alliance on Mental Illness NH (NAMI) 85 No State Street Concord, NH 03301	22-2760743	501(c)(3)	31,862		FMV		PROGRAM SUPPORT
NEUROLOGY ASSOCIATES PA 331 N MAITLAND AVE MAITLAND, FL 32751	59-1931548		9,600		FMV		CHARITABLE RESEARCH

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New Hampshire Charitable Foundation 37 Pleasant Street Concord, NH 03301	02-6005625	501(c)(3)	16,800		FMV		PROGRAM SUPPORT
New Hampshire Coalition Against Domestic Violence PO Box 353 Concord, NH 03302	02-0360151	501(c)(3)	7,000		FMV		PROGRAM SUPPORT

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New Hampshire Public Broadcast 268 Mast Road Durham, NH 03824	94-3443883	501(c)(3)	5,600		FMV		PROGRAM SUPPORT
New London Hospital 273 Country Rd New London, NH 03257	02-0222171	501(c)(3)	51,804		FMV		PROGRAM SUPPORT

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OREGON CLINIC PC 847 NE 19TH AVENUE PORTLAND, OR 97232	93-1127856		23,038		FMV		PROGRAM SUPPORT
OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 575 PORTLAND, OR 97207	93-1176109	St. of OR	10,292		FMV		EDUCATIONAL SERVICES

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PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 170330850	24-6000376	St. of PA	10,012		FMV		EDUCATIONAL SERVICES
PROVIDENCE CENTER 528 NORTH MAIN STREET PROVIDENCE, RI 02860	05-0316969	501(c)(3)	24,096		FMV		CHARITABLE RESEARCH

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Public Health Council of the Upper Valley ONE COURT STREET LEBANON, NH 03766	75-2991608	501(c)(3)	11,224		FMV		CHARITABLE PROGRAM SUPPORT
Reality Check Inc 17 Turnpike Road Jaffrey, NH 03452	26-3344553	501(c)(3)	12,047		FMV		PROGRAM SUPPORT

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RECTOR & VISITORS OF UNIV OF VIRGINIA JOHN W STEINKE CHARLOTTESVILLE, VA 229081355	54-6001796	St. of VA	14,060		FMV		EDUCATIONAL SERVICES
REGENTS OF THE UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA, CA 920930009	94-3067788	St. of CA	13,933		FMV		EDUCATIONAL SERVICES



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REGENTS OF UNIV OF MICHIGAN DEPT OF PATHOLOGY BILLING ANN ARBOR, MI 48109	38-6006309	St. of MI	45,657		FMV		EDUCATIONAL SERVICES
RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL PO BOX 781653 DETROIT, MI 48278	31-6056230	501(c)(3)	20,799		FMV		CHARITABLE RESEARCH

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SEATTLE CHILDREN'S HOSPITAL PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(c)(3)	17,880		FMV		CHARITABLE RESEARCH
SECOND GROWTH INC PO BOX 206 HANOVER, NH 03755	02-0519093	501(c)(3)	8,055		FMV		CHARITABLE PROGRAM SUPPORT

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SINAI HOSPITAL OF BALTIMORE INC 2401 W BELVEDERE AVENUE BALTIMORE, MD 21215	52-0486540	501(c)(3)	8,957		FMV		CHARITABLE RESEARCH
Southwestern Community Services PO Box 603 / 63 Community Way Keene, NH 03431	02-6013808	501(c)(3)	16,465		FMV		PROGRAM SUPPORT

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STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94305	94-1156365	501(c)(3)	11,667		FMV		CHARITABLE EDUCATIONAL SERVICES
Sullivan County 14 Main Street Newport, NH 03773	02-6000870	501(c)(3)	33,600		FMV		PROGRAM SUPPORT

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THOMAS JEFFERSON UNIVERSITY 901 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(c)(3)	21,358		FMV		CHARITABLE EDUCATIONAL SERVICES
TLC Family Resource Center PO Box 1098 Claremont, NH 03743	52-2439830	501(c)(3)	20,960		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tri-Valley Transit 279 Creek Road Middlebury, VT 05753	03-0335768	501(c)(3)	11,900		FMV		PROGRAM SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET HANOVER, NH 03755	02-0222111	501(c)(3)	442,391		FMV		CHARITABLE EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF THE UNIV OF PENNSYLVANIA THE WHARTON SCHOOL PHILADELPHIA, PA 191789726	23-1352685	St. of PA	9,438		FMV		EDUCATIONAL SERVICES
Turning Points Network 11 School Street Claremont, NH 03743	02-0350899	501(c)(3)	27,292		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Twin Pines Housing Trust 226 Holiday Drive Suite 20 White River Junction, VT 05001	22-2809527	501(c)(3)	11,200		FMV		PROGRAM SUPPORT
United Way of Greater Nashua 20 Broad Street Nashua, NH 03064	02-6015642	501(c)(3)	20,000		FMV		PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM UAB SCHOOL OF NURSING BIRMINGHAM, AL 352941210	63-6005396	St. of AL	22,779		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF ARIZONA PROJECTS CONTRACTING SERVICES TUCSON, AZ 857190521	74-2652689	St. of AZ	5,405		FMV		EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF COLORADO UCHSC DNA DIAGNOSTIC LAB AURORA, CO 80045	84-6000555	St. of CO	11,462		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF MARYLAND BALTIMORE 220 ARCH STREET BALTIMORE, MD 212011531	52-6002033	St. of MA	22,999		FMV		EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MIAMI DEPARTMENT OF PATHOLOGY ATLANTA, GA 303845776	59-2695890	St. of FL	8,569		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF NEBRASKA MEDICAL CTR 985045 NEBRASKA MED CTR OMAHA, NE 681985045	47-0491233	St. of NE	8,174		FMV		EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD DURHAM, NH 03824	02-6000937	St. of NH	10,544		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF TEXAS AT AUSTIN VALUE INSTITUTE ATTN ROBERT CROSS AUSTIN, TX 78712	74-6002003	St. of TX	19,781		FMV		EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VERMONT DEPT OF PEDIATRICS BURLINGTON, VT 054050068	03-0179440	St. of VT	67,238		FMV		EDUCATIONAL SERVICES
UNIVERSITY OF WASHINGTON GRANT CONTRACT ACCOUNTING CHICAGO, IL 60693	91-6001537	St. of WA	20,627		FMV		EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Upper Valley Habitat for Humanity PO Box 1038 White River Junction, VT 05001	03-0306081	501(c)(3)	5,991		FMV		PROGRAM SUPPORT
Upper Valley Haven 713 Hartford Ave White River Junction, VT 05001	03-0277908	501(c)(3)	22,575		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Valley Regional Hospital 243 Elm Street Claremont, NH 03743	02-0222118	501(c)(3)	93,154		FMV		PROGRAM SUPPORT
VINFEN CORPORATION 950 CAMBRIDGE ST CAMBRIDGE, MA 02141	04-2632219	501(c)(3)	23,810		FMV		CHARITABLE PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH STREET RICHMOND, VA 23219	54-6001758	St. of VA	9,558		FMV		EDUCATIONAL SERVICES
Vital Communities 195 North Main Street White River Junction, VT 05001	03-0355283	501(c)(3)	9,660		FMV		PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
West Central Behavioral Health 9 Hanover Street Lebanon, NH 03766	22-2645978	501(c)(3)	90,127		FMV		PROGRAM SUPPORT
WEST VIRGINIA UNIVERSITY RESEARCH CORPOR ONE WATERFRONT PLACE MORGANTOWN, WV 265066001	55-0665758	St. of WV	6,391		FMV		EDUCATIONAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Willing Hands Enterprises PO Box 172 Lebanon, NH 03766	20-2204811	501(c)(3)	16,940		FMV		PROGRAM SUPPORT
Women's Information Service of the Upper Valley 38 Bank Street Lebanon, NH 03766	02-0346512	501(c)(3)	19,600		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Woodstock Area Council on Aging 99 Senior Lane Woodstock, VT 05091	03-0295419	501(c)(3)	5,600		FMV		PROGRAM SUPPORT
YMCA of Greater Nashua 6 Henry Clay Drive Merrimack, NH 03054	02-0222250	501(c)(3)	19,750		FMV		PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Visiting Nurse Association and Hospice of Vermont and New Hampshire Inc 88 Prospect St White River Junction, VT 05001	03-6006494	501(c)3	51,411		FMV		Program Support

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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](http://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
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> 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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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 IN A CALENDAR YEAR. COLUMN D REPRESENTS NONTAXABLE BENEFITS SUCH AS THE COST OF HEALTHCARE COVERAGE PROVIDED BY D-H ON BEHALF OF ITS EMPLOYEES.
Schedule J, Part I, Line 3 ESTABLISHING COMPENSATION CEO	The process for determining compensation of the CEO is the responsibility of the Compensation Committee of Dartmouth Hitchcock Health (DHH). The compensation committee consists of the Chairperson of the Board and three or more members of the board who are elected by the board, acting upon the recommendation of the chairperson and are not employees of DHH, a related organization or a subsidiary organization of a related organization. The compensation committee determines the compensation of the CEO of the DHH within ranges established by the board.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Dartmouth Hitchcock Clinic (DHC) and Mary Hitchcock Memorial Hospital (MHMH) sponsor a split dollar life plan for certain long-term employees. The original objectives for offering these plans were to better enable DHC and MHMH to attract and retain quality executive personnel, improve the physicians' post-retirement life insurance benefits, and to replace an increasingly costly retiree life insurance program. The plan was frozen to new participants in 1998. The number of participants and dollar value continues to dwindle as individuals retire/leave the organization. THE FOLLOWING INDIVIDUALS HAVE A SPLIT DOLLAR LIFE PLAN ARRANGEMENT: DANIEL JANTZEN \$130,828 STEPHEN LEBLANC \$59,434 RICHARD ROTHSTEIN \$102,290

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 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				
1Joanne M Conroy MD Trustee, Ex-Officio, CEO	(i)	1,030,023	184,500	141,998	26,955	26,945	1,410,421	0
	(ii)	0	0	0	0	0	0	0
1Jocelyn Chertoff MD VP SRVC LN/DPT CHCR DGNSTC RAD	(i)	644,951	0	57,897	26,955	15,649	745,452	0
	(ii)	0	0	0	0	0	0	0
2Cherie Holmes MD Trustee	(i)	446,943	1,000	37,402	26,955	28,344	540,644	0
	(ii)	0	0	0	0	0	0	0
3Kari M Rosenkranz MD Trustee (through 12/2019) / Physician	(i)	500,097	0	22,872	21,355	14,989	559,313	0
	(ii)	0	0	0	0	0	0	0
4Jon Wahrenberger MDFAHAFAC Trustee	(i)	336,765	0	18,720	26,955	38,313	420,753	0
	(ii)	0	0	0	0	0	0	0
5KURT K RHYNHART MD TRUSTEE	(i)	453,257	0	38,380	21,355	20,930	533,922	0
	(ii)	0	0	0	0	0	0	0
6JONATHAN HUNTINGTON MD PhD MPH TRUSTEE (EFFECTIVE 1/1/20)	(i)	384,586	0	33,393	21,355	35,758	475,092	0
	(ii)	0	0	0	0	0	0	0
7Richard I Rothstein MD Former Dept Chair/Srvc LN LDR - MED	(i)	593,894	0	87,479	26,955	30,285	738,613	0
	(ii)	0	0	0	0	0	0	0
8Kimberly Troland JD FMR INTRM GC/DEPUTY GEN CNSL	(i)	0	0	0	0	0	0	0
	(ii)	365,343	0	32,394	21,355	20,849	439,941	0
9Aimee M Claiborne Chief HR Officer	(i)	0	0	0	0	0	0	0
	(ii)	371,431	45,600	35,807	12,813	35,401	501,052	0
10DANIEL P JANTZEN CPA CFO	(i)	0	0	0	0	0	0	0
	(ii)	643,403	80,400	97,958	26,955	29,778	878,494	0
11Patrick F Jordan III MBA Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	654,825	80,400	35,008	21,355	42,779	834,367	0
12JOHN KACAVAS Chief Legal Officer	(i)	0	0	0	0	0	0	0
	(ii)	586,982	74,400	53,606	23,617	34,240	772,845	0
13Stephen Leblanc Chief Strategy Officer	(i)	662,188	80,400	85,671	26,955	25,378	880,592	0
	(ii)	0	0	0	0	0	0	0
14EDWARD MERRENS Chief Clinical Officer	(i)	648,460	80,400	65,921	26,955	16,267	838,003	0
	(ii)	0	0	0	0	0	0	0
15Maria Padin MD Chief Medical Officer	(i)	394,016	0	36,908	26,955	37,687	495,566	0
	(ii)	0	0	0	0	0	0	0
16Susan A Reeves EDRRN Chief Nursing Executive	(i)	0	0	0	0	0	0	0
	(ii)	493,481	60,350	24,091	26,955	29,490	634,367	0
17Martin Purcell MBA Chief Information Officer	(i)	0	0	0	0	0	0	0
	(ii)	385,271	0	26,183	26,955	26,075	464,484	0
18Matthew Haag VP Development	(i)	0	0	0	0	0	0	0
	(ii)	352,781	0	19,014	21,355	14,425	407,575	0
19Wendy Fielding MBA FMR KEY EMP/ VP FINANCE PLANNING	(i)	0	0	0	0	0	0	0
	(ii)	263,381	0	19,414	21,355	32,761	336,911	0



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>21</b> Tina E Naimie CPA	(i)	0	0	0	0	0	0	
FMR KEY EMP/ VP CORP FINANCE	(ii)	273,632	0	11,143	21,355	1,821	307,951	
<b>1</b> Christine Schon MPA	(i)	262,978	2,000	29,513	26,955	29,264	350,710	
FMR KEY EMP/ VP Ambulatory Care	(ii)	0	0	0	0	0	0	
<b>2</b> Wendy Wells MD	(i)	548,491	0	48,377	26,955	23,603	647,426	
FMR KEY EMP/DEPT CHR PATHOLOGY	(ii)	0	0	0	0	0	0	
<b>3</b> Sandra Wong MD	(i)	653,814	0	66,525	21,355	11,848	753,542	
SVP SVC LN & Chair of Surgery	(ii)	0	0	0	0	0	0	
<b>4</b> GEORGE T BLIKE MD	(i)	433,049	0	41,698	26,955	37,199	538,901	
Chief Quality & Value Officer	(ii)	0	0	0	0	0	0	
<b>5</b> Karen Clements RNBSNMSB	(i)	0	0	0	0	0	0	
Chief Nursing Officer	(ii)	333,940	250	26,779	21,355	12,166	394,490	
<b>6</b> Staci Hermann PHARMDMS	(i)	0	0	0	0	0	0	
CHIEF PHARMACY OFFICER	(ii)	260,616	0	24,661	12,813	14,277	312,367	
<b>7</b> Simon Hillier	(i)	516,806	0	48,617	26,955	30,401	622,779	
Dept Chair ANESTHESIOLOGY	(ii)	0	0	0	0	0	0	
<b>8</b> Jeffrey Obrien MHA	(i)	0	0	0	0	0	0	
KEY EMP/ VP CLINICAL OPS	(ii)	343,917	0	27,038	26,955	32,978	430,888	
<b>9</b> Peter D Solberg MD	(i)	369,462	0	21,310	25,455	35,274	451,501	
Chief Medical Information Officer	(ii)	0	0	0	0	0	0	
<b>10</b> Lixia Ellis MD	(i)	913,881	0	19,180	13,286	36,203	982,550	
Physician	(ii)	0	0	0	0	0	0	
<b>11</b> Nathan Simmons MD	(i)	840,404	0	89,548	21,355	32,340	983,647	
Physician	(ii)	0	0	0	0	0	0	
<b>12</b> Daniel Stewart MD	(i)	1,102,691	0	109,457	21,355	36,517	1,270,020	
Physician	(ii)	0	0	0	0	0	0	
<b>13</b> John Nigriny	(i)	894,894	0	78,978	21,355	36,687	1,031,914	
Staff Physician	(ii)	0	0	0	0	0	0	
<b>14</b> Timothy Ryken	(i)	978,573	0	85,281	21,355	37,024	1,122,233	
Staff Physician	(ii)	0	0	0	0	0	0	

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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 Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Stephen Leblanc	Officer	Split Dollar Life		X	0	59,434		No	Yes		Yes	
(2) Richard Rothstein	Former Officer	Split Dollar Life		X	0	102,290		No	Yes		Yes	
<b>Total</b>							▶ \$	161,724				

**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	233,957	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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 2020.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 2020. EXTERNAL BENCHMARKING FROM AN INDEPENDENT THIRD PARTY HAS BEEN USED FOR ANY OFFICER WHO WAS HIRED OR RECEIVED A COMPENSATION ADJUSTMENT SINCE THE LAST FORMAL PROCESS. COMPENSATION RATES ARE DETERMINED BY FOLLOWING THE GUIDELINES OF THE COMPENSATION COMMITTEE CHARTER AND PHILOSOPHY DOCUMENTS AND A FORMAL REVIEW BY COMPENSATION COMMITTEE MEMBERS. THE PROCESS DESCRIBED ABOVE TO ESTABLISH COMPENSATION WAS USED FOR THE FOLLOWING POSITIONS: Chief Financial Officer, Chief Strategy Officer, Chief Clinical Officer, Chief Legal Officer, Chief Human Resources Officer, Chief Operating Officer, Chief Nursing - Executive, Chief Nursing Officer, Chief Pharmacy Officer, Chief Quality & Value Officer, Department Chair - Anesthesia, Department Chair - Pathology, and similar positions.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER REVENUE - Total Revenue: 14705814, Related or Exempt Function Revenue: 14705814, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION AND OTHER CHARGES - -41318277;

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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
<b>(1)</b> RENAISSANCE PSYCHIATRY OF NEW ENGLAND ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 81-3076466	PSYCH SERVICES	NH	-285,182	753,203	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
<b>(1)</b> POMPANOOSUC INVESTMENT CORPORATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 02-0352330	REAL ESTate HoLDInG	NH	DHC	C Corporation	-127	75,632	100 %	Yes	
<b>(2)</b> HAMDEN ASSURANCE CO LTD 98-0121409	Liability INSURANCE	BD	DHC	C Corporation	0	65,767,503	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .	Yes	
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> 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
(1)Hamden Risk Retention Group	M	3,206,530	FMV
(2)The Hitchcock Foundation	P	446,872	FMV
(3)The Hitchcock Foundation	S	246,039	FMV



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**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
88 Prospect Street White River Junction, VT 05001 03-6006494	HOSPICE	VT	501(c)(3)	10	D-HH		No