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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury

Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Exeter Hospital Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

5 Alumni Drive

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

Exeter, NH 03833

F Name and address of principal officer

Kevin J Callahan

5 Alumni Drive

Exeter, NH 03833

D Employer identification number

22-2674014

E Telephone number

(603) 580-6695

G Gross receipts \$ 318,557,355

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: [www.exeterhospital.com](#)

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1907

M State of legal domicile NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

The mission of Exeter Hospital is to improve the health of the community This mission will be accomplished without compromising Exeter Hospital's sustainability principally by the provision of health services and information to the community in collaboration with Exeter Health Resources' other affiliates which share this mission

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

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

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

9 Program service revenue (Part VIII, line 2g)

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) 0

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

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

KEVIN J O'LEARY CFO/Treasurer

Type or print name and title

2019-08-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Timothy R Hepburn

Preparer's signature

Timothy R Hepburn

Date

2019-08-13

Check ☐ if self-employed

PTIN

P00182393

Firm's name

BAKER NEWMAN & NOYES LLC

Firm's EIN

01-0494526

Firm's address

650 ELM STREET SUITE 302

Phone no

(800) 244-7444

MANCHESTER, NH 03101

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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

The mission of Exeter Hospital is to improve the health of the community. This mission will be accomplished without compromising Exeter Hospital's sustainability principally by the provision of health services and information to the community in collaboration with Exeter Health Resources' other affiliates which share this mission. Exeter Hospital works to accomplish this mission through the provision of comprehensive medical and surgical health care services including, but not limited to breast health, maternal/infant and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics and emergency care services.

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 \$ 214,095,983	including grants of \$ 984,548)	(Revenue \$ 259,884,972)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
See Additional Data				

























(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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The Center for Cancer Care at Exeter Hospital provides cancer patients and their families with comprehensive inpatient and outpatient services. Accredited by the American College of Surgeon's Commission on Cancer with commendation, the Center provides area residents with a leading, comprehensive approach to cancer treatment. The Center offers medical oncology, radiation oncology, surgery, clinical trials, multidisciplinary clinics and integrative oncology services. The Center is proud to have a relationship with the Massachusetts General Physician Organization for the provision of medical and radiation oncology services to patients. The medical oncology service supports a 13 chair infusion center. This unique clinical collaboration brings radiation oncologists from the world's leading academic medical center to Exeter Hospital's Center for Cancer Care. This affiliation allows Exeter Hospital's Center for Cancer Care to offer state-of-the-art radiation therapy services to patients including Intraoperative Radiation Therapy (IORT), CT Simulation, Partial Breast Irradiation, Image Guided Radiation Therapy, Intensity Modulated Radiation Therapy, Breath Hold Technique for Breast Cancer Treatment and Linear Accelerator delivered treatments. The Center's affiliated surgeons work collaboratively with affiliated pathologists, the medical oncologists and with the radiation oncologists to develop the most comprehensive treatment plans for our patients. Exeter Hospital's Cardiology Department offers acute cardiac care, heart catheterization, angioplasty, angiography, implanted cardioverter defibrillators, permanent pacemaker placement and a three phase cardiac rehabilitation program. Exeter Hospital's affiliated fellowship-trained interventional cardiologists and its cardiac team have received international recognitions for their ongoing successful use of emergency angioplasty and interventional cardiology procedures.

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	214,095,983
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	149	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,677	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ Kevin J O'Leary 5 Alumni Drive Exeter, NH 03833 (603) 580-6695

Part VII

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

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

☒

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Amy Case Trustee	1 00 1 00	X						0	0	0
(2) Susan Y Desjardins Trustee	1 00 1 00	X						0	0	0
(3) David Donsker MD Trustee	1 00 1 00	X						0	0	0
(4) Rob Eberle Trustee (as of April 2018)	1 00 1 00	X						0	0	0
(5) Suzanne Foster Trustee	1 00 1 00	X						0	0	0
(6) Ross Gittell PhD Trustee (end April 2018)	1 00 1 00	X						0	0	0
(7) Steve Hermans Trustee	1 00 1 00	X						0	0	0
(8) Richard Hollister MD Ex-Officio Member	1 00 41 00	X						0	488,512	29,368
(9) Katie Delahaye Paine Trustee (end April 2018)	1 00 1 00	X						0	0	0
(10) Sally Ward Trustee	1 00 1 00	X						0	0	0
(11) William Schleyer Chair	1 00 1 00	X		X				0	0	0
(12) Major General Joseph Simeone Vice Chairman (as of April 2018)	1 00 1 00	X		X				0	0	0
(13) Robert Schoenberger Vice Chairman (end April 2018)	1 00 1 00	X		X				0	0	0
(14) Kevin J Callahan CEO/Trustee	2 00 43 00	X		X				0	921,744	27,736
(15) Kevin J O'Leary CFO/Treasurer	2 00 43 00			X				0	553,823	92,998
(16) Constance D Sprauer Sr. VP Legal Affairs/Secretary	2 00 41 00			X				0	343,582	33,799
(17) Brian Campbell VP Ambulatory Care	40 00 0 00				X			308,807	0	40,128

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Donna McKinney VP Acute Care	40 00 0 00				X			319,748	0	40,232
(19) Jonathan Jackson Physicist	40 00 0 00					X		252,915	0	31,386
(20) Jane Peterson Director	40 00 0 00					X		204,080	0	13,242
(21) Susan Callahan Director	40 00 0 00					X		199,984	0	20,868
(22) Deanna King Director	40 00 0 00					X		191,298	0	36,345
(23) Jeff Meisner Director	40 00 0 00					X		181,494	0	32,518
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,658,326	2,307,661	398,620

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 ► 88

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Exeter Health Resources Inc 5 Alumni Drive Exeter, NH 03833	Administrative Management Fees	8,416,667
Core Physician Services LLC 5 Alumni Drive Exeter, NH 03833	Physician Services	6,140,895
Mass General Physician Organization PO Box 3864 Boston, MA 022413864	Physician Services	1,681,419
Hutter Construction PO Box 257 New Ipswich, NH 03071	Building Contractor	1,399,744
GE Healthcare Inc PO Box 96483 Chicago, IL 60693	Equipment Maintenance	1,337,595

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 ► 53

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	81,695				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	170,486				
	g Noncash contributions included in lines 1a-1f \$	10,363					
	h Total. Add lines 1a-1f			252,181			
Program Service Revenue			Business Code				
	2a Net Patient Services	621300	252,081,116	252,081,116			
	b Disproportionate Share Funding	621300	5,046,360	5,046,360			
	c Cafeteria	722210	1,497,811	1,497,811			
	d Other Programs	621300	915,677	915,677			
	e Gift Shop	453220	116,482	116,482			
	f All other program service revenue		187,671	187,671			
	g Total. Add lines 2a-2f			259,845,117			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,018,057		13,269	2,004,788
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		60,715					
	b Less rental expenses	20,860					
	c Rental income or (loss)	39,855					
	d Net rental income or (loss)			39,855	39,855		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		56,187,737	189,723				
	b Less cost or other basis and sales expenses	47,319,054	0				
	c Gain or (loss)	8,868,683	189,723				
	d Net gain or (loss)			9,058,406			9,058,406
	8a Gross income from fundraising events (not including \$ 81,695 of contributions reported on line 1c) See Part IV, line 18	a	3,825				
	b Less direct expenses	b	32,269				
	c Net income or (loss) from fundraising events			-28,444			-28,444
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			271,185,172	259,884,972	13,269	11,034,750	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	925,146	925,146		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	59,402	59,402		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	708,915	632,834	76,081	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	81,040,303	72,343,076	8,697,227	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,696,030	2,406,693	289,337	
9 Other employee benefits.	17,362,477	15,499,140	1,863,337	
10 Payroll taxes.	5,819,750	5,195,176	624,574	
11 Fees for services (non-employees):				
a Management.				
b Legal.	48,167		48,167	
c Accounting.	69,000		69,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,757,363	22,100,409	2,656,954	
12 Advertising and promotion.	593,795	530,069	63,726	
13 Office expenses.	863,605	770,923	92,682	
14 Information technology.	395,785	353,309	42,476	
15 Royalties.				
16 Occupancy.	6,465,947	5,772,023	693,924	
17 Travel.	353,273	315,360	37,913	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,288,390	1,150,120	138,270	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	11,044,869	9,859,536	1,185,333	
23 Insurance.	1,021,354	911,743	109,611	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Supplies.	22,913,526	20,454,451	2,459,075	
b Drugs.	22,657,670	22,657,670		
c Medicaid Enhancement Ta.	12,615,694	12,615,694		
d Bad Debt Expense.	7,627,062	7,627,062		
e All other expenses.	13,348,730	11,916,147	1,432,583	
25 Total functional expenses. Add lines 1 through 24e.	234,676,253	214,095,983	20,580,270	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		37,984,098	1	30,078,280
	2	Savings and temporary cash investments		17,256,883	2	12,402,350
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		19,106,438	4	23,954,667
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,663,197	8	4,349,200
	9	Prepaid expenses and deferred charges		4,379,763	9	4,286,974
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	139,261,820		
	b	Less: accumulated depreciation	10b	81,957,575		
				56,455,358	10c	57,304,245
	11	Investments—publicly traded securities		53,046,458	11	30,367,029
	12	Investments—other securities. See Part IV, line 11		85,604,290	12	118,964,865
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		6,867,750	15	3,939,494	
16	Total assets. Add lines 1 through 15 (must equal line 34)		284,364,235	16	285,647,104	
Liabilities	17	Accounts payable and accrued expenses		17,450,903	17	20,268,597
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		52,689,148	20	50,757,211
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		30,159,759	25	24,594,296
	26	Total liabilities. Add lines 17 through 25		100,299,810	26	95,620,104
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		166,992,668	27	172,886,944
	28	Temporarily restricted net assets		302,436	28	370,735
	29	Permanently restricted net assets		16,769,321	29	16,769,321
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		184,064,425	33	190,027,000
	34	Total liabilities and net assets/fund balances		284,364,235	34	285,647,104

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	271,185,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,676,253
3	Revenue less expenses Subtract line 2 from line 1	3	36,508,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184,064,425
5	Net unrealized gains (losses) on investments	5	-3,476,524
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,069,820
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	190,027,000

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 22-2674014
Name: Exeter Hospital Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

In fiscal year 2018, Exeter Hospital served the community by providing care to 5,312 acute inpatients, 176,851 outpatient visits, 28,037 emergency room visits and 615 births. In 2018, Exeter Hospital supported its mission by supporting \$8,709,936 in community outreach, benefits and financial assistance to the community excluding \$38,526,638 in uncovered Medicare and Medicaid expenses. Exeter Hospital supports health care access in its service area by offering a robust financial assistance program that covers the cost of up to 100% of care provided to area residents based on income and family size. In 2018, the charity care program helped people access the health system as Exeter Hospital incurred a cost of \$897,185 to provide financial assistance. In addition we provide support to vital community programs like our Healthreach Diabetes and Paramedicine programs and for providing access to contracted mental health professionals in our emergency room. We also supported access to the health system and the development of healthy life styles through our community education programs and our financial support of important healthcare related community based not for profits such as Lamprey Healthcare and Families First.

Form 990, Part III, Line 4b:

Exeter Hospital's acute care program provides acute inpatient and outpatient observation level care in our 99 staffed inpatient beds. Our inpatient services treat emergent, acute, elective surgical and palliative care patients. Approximately 73% of our admissions come from the emergency room. We offer inpatient acute services for medical and surgical diagnoses for adults as well as pediatric and obstetrical inpatient services. Exeter Hospital is fully accredited by DNV Healthcare, Inc. (an officially deemed Medicare and Medicaid Credentialing agency), earned the Magnet designation from the American Nurses Credentialing Center, which is the most prestigious distinction a healthcare organization can receive for nursing excellence and high quality patient care as well as many other service level specific national accreditations. Our practice model is guided by a series of collaborative Best Practice Committees that engage nurses and physicians in the development of the best possible evidence based care protocols. Exeter Hospital supports the safety of our patients and the efficiency of the care provided through the deployment of a 24/7 Hospitalist program that manages the majority of the medical needs of our patients during their admission. In our 10 bed ICU we also use an intensivist service to ensure that our most acute patients receive the most highly coordinated care possible, resulting in significantly lower than expected infection rates, ICU readmission rates and shorter ICU stays. For our patients at the end of their lives we ensure their safety and comfort through a physician led, highly coordinated palliative care program.

Form 990, Part III, Line 4c:

Exeter Hospital's Surgical program provides a full range of both inpatient and outpatient surgical services for patients of all ages from across our service area. Available surgical specialties include, orthopedics, general, ENT, gynecological, urological, plastics, ophthalmologic and vascular.

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Exeter Hospital Inc		Employer identification number 22-2674014

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 22-2674014
Name: Exeter Hospital Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 Exeter Hospital Inc	Employer identification number 22-2674014
-------------------------------------------------	----------------------------------------------

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,034
j	Total Add lines 1c through 1i			29,034
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Association Dues Allocated to Lobbying A portion of annual membership dues paid to the American Hospital Association and the New Hampshire Hospital Association are considered lobbying expenses. For fiscal year ending September 30, 2018, the amounts deemed for lobbying were \$6,817 and \$22,217, respectively.

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As Filed Data -

DLN: 93493226013779

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Exeter Hospital Inc

Employer identification number

22-2674014

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

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

☐ Yes

☐ No

6

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

☐ Yes

☐ No

Part II

Conservation Easements.

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	17,071,757	17,027,510	16,993,856	17,004,799	17,006,133
b Contributions	174,933	154,049	107,531	69,258	53,100
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	106,634	109,802	73,877	80,201	54,434
f Administrative expenses					
g End of year balance	17,140,056	17,071,757	17,027,510	16,993,856	17,004,799

2

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

a

Board designated or quasi-endowment

2 160 %

b

Permanent endowment

97 840 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		142,400		142,400
b Buildings		74,636,615	48,697,526	25,939,089
c Leasehold improvements		402,255	225,583	176,672
d Equipment		57,587,835	31,171,296	26,416,539
e Other		6,492,715	1,863,170	4,629,545
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				57,304,245

Schedule D (Form 990) 2017

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) Limited Partnerships	90,220,864	F
(B) Alternative Investments	28,744,001	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	118,964,865	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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	
Due to Third Party Payors	3,975,558
Accrued Pension Liability	14,796,570
Swap Valuation Liability	4,331,358
Reserve for Professional Liability Claims	1,490,810
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	24,594,296

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	268,841,419
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,476,524
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,132,771
e	Add lines 2a through 2d	2e	-2,343,753
3	Subtract line 2e from line 1	3	271,185,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	271,185,172

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	234,735,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	58,874
e	Add lines 2a through 2d	2e	58,874
3	Subtract line 2e from line 1	3	234,676,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	234,676,253

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2674014
Name: Exeter Hospital Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The goal of the Permanent Endowment Fund is to provide a source of financial support to Exeter's patient care activities. These funds are invested in a prudent manner with regard to preserving principal while providing reasonable returns. These returns are then used for capital expenditures, other major program needs, and to generally increase the financial strength of the organization. The quasi-endowments are funds which have been donated to the organization for a purpose specified by the donor. These funds are held until used for the purpose intended by the donor.

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code, and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the tax positions of the Hospital and has concluded that it has maintained its tax-exempt status, does not have any significant unrelated business income, and has taken no uncertain tax positions that require adjustment to the financial statements.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Impact of Interest Rate Swaps 1,073,897 Income Included in Expenses on Audited Financial Statements 58,874

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Income Included in Expenses on Audited Financial Statements 58,874

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Exeter Hospital Inc

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.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

22-2674014

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			23,194,821
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			23,194,821

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,		0		26,277	Contribution of medical equipment and supplies to hospitals and clinics who serve the needy in countries outside the United States	Book Value
(2)			Central America and the Caribbean				33,125	Contribution of medical equipment and supplies to hospitals and clinics who serve the needy in countries outside the United States	Book Value
(3)									
(4)									

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 **2**

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" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, do not 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, do not 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).

Return Reference	Explanation
Part I, Line 2	All requests for grants/contributions/sponsorships over \$5,000 require the approval of at least the Vice President of Strategy, Community Relations and Development to ensure that they are consistent with our mission, values and strategic plan. Each year a subcommittee of Exeter Health Resources, Inc.'s (parent company) Board of Trustees is charged with overseeing our Community Benefits program and our community needs assessment and reviews a detailed report on the previous year's grants/contributions/sponsorships and approves the current year's plan for community support. That subcommittee and the larger Exeter Health Resources, Inc.'s (parent company) Board of Trustees are regularly updated on our community support initiatives. The grantees reported on Schedule F are 501(c)(3) domestic organizations located in Massachusetts that provide medical equipment and supplies to needy foreign hospitals and clinics.

Return Reference	Explanation
Schedule F, Part I, Line 3	<p>The legal owner of Exeter Hospital, Inc 's foreign investments is a related organization, Exeter Health Resources, Inc Since a portion of Exeter Health Resources, Inc 's total foreign investments are allocated to the Hospital's assets on the financial statements, those allocated investments have been disclosed on Schedule F, Part I, Line 3 of Exeter Hospital, Inc 's Form 990 However, any required IRS Forms 926 and other foreign tax reporting obligations are filed by the legal owner, Exeter Health Resources, Inc (EIN 02-0222126)</p>

Return Reference	Explanation
Schedule F, Part IV, Line 3	Exeter Hospital, Inc did not have an ownership interest in any foreign corporation that was greater than the 10% ownership filing threshold Accordingly, IRS Form(s) 5471 is not required to be filed

Return Reference	Explanation
Schedule F, Part IV, Line 4	Exeter Hospital, Inc meets the exception for tax-exempt organizations with respect to filing Form 8621 Accordingly, Form 8621 is not required to be filed for the Hospital

Additional Data

Software ID:

Software Version:

EIN: 22-2674014

Name: Exeter Hospital Inc

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 - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments in funds domiciled in the region		23,135,419
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	0	0	Grants to recipients located in region	Contribution of medical equipment and supplies to hospitals and clinics who serve the needy in countries outside the United States	26,277

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	Grants to recipients located in region	Contribution of medical equipment and supplies to hospitals and clinics who serve the needy in countries outside the United States	33,125

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Exeter Hospital Inc

Employer identification number
22-2674014

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Trick or Trot (event type)	Caring Hands (event type)	1 (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	55,854	16,023	13,643	85,520
	2 Less Contributions	55,854	12,198	13,643	81,695
	3 Gross income (line 1 minus line 2)		3,825		3,825
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,420	3,433		5,853
	6 Rent/facility costs				
	7 Food and beverages		3,366		3,366
	8 Entertainment				
	9 Other direct expenses	12,089	1,330	9,631	23,050
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,269
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-28,444

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part II, Fundraising Events	In accordance with the IRS instructions for the reporting of income on Schedule G, event revenue deemed to be charitable contributions has been reported on line 2, thus reducing the total gross event income on line 3. This presentation gives the appearance on Schedule G of a loss from the respective events. However, when the charitable contributions are considered and added back, these three events had a combined profit of \$53,251.

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As Filed Data -

DLN: 93493226013779

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Exeter Hospital Inc

Employer identification number

22-2674014

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
	<input type="checkbox"/> Applied uniformly to all hospital facilities		
	<input type="checkbox"/> Applied uniformly to most hospital facilities		
	<input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 32000 0000000000 %		
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care		No
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		959	897,185		897,185	0 400 %
b Medicaid (from Worksheet 3, column a)		4,938	27,154,318	5,046,360	22,107,958	9 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		5,897	28,051,503	5,046,360	23,005,143	10 140 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		17,042	1,051,388	20,391	1,030,997	0 450 %
f Health professions education (from Worksheet 5)		272	1,784,856		1,784,856	0 790 %
g Subsidized health services (from Worksheet 6)		2,155	3,862,252	364,822	3,497,430	1 540 %
h Research (from Worksheet 7)		1,028	406,181	20,464	385,717	0 170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			934,075		934,075	0 410 %
j Total. Other Benefits		20,497	8,038,752	405,677	7,633,075	3 360 %
k Total. Add lines 7d and 7j		26,394	36,090,255	5,452,037	30,638,218	13 500 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			68,772		68,772	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			155,904		155,904	0.070 %
8 Workforce development						
9 Other						
10 Total			224,676		224,676	0.100 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
	2,886,840		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
	1,646,530		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	81,381,154
6 Enter Medicare allowable costs of care relating to payments on line 5	6	105,324,168
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,943,014
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Exeter Hospital Inc

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Schedule H, Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Schedule H, Part V, Section C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

Exeter Hospital Inc

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>320 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Schedule H, Part V, Section C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Schedule H, Part V, Section C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Section C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

Exeter Hospital Inc

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

Exeter Hospital Inc

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **16**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	All eligible financial assistance recipients receive 100% free care. Patients who do not qualify for financial assistance and are uninsured receive a discount that is equal to $AGB = 42\%$ (amounts generally billed) using the lookback method. There are several factors regarding eligibility for Financial Assistance. The applicant must reside in our service area, a geographic location consisting of approximately 40 surrounding towns, listed on our website, Financial Assistance policy and Plain Language Summary. The other factor is combined income and assets (as defined in our Financial Assistance Policy) are compared to the FPG.
Part I, Line 7	A ratio of patient cost to charge was calculated utilizing Worksheet 2. The ratio of cost to charge was utilized in calculating line 7a total net community benefit expense for charity care.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 7,627,062
Part II, Community Building Activities	The majority of the remaining community benefit activities reported as community building activities are cash donations to community organizations for the purpose of furthering community support and advocacy for community health improvement

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The amount reported represents total bad debt write-offs net of recoveries as reported on the audited financial statements of \$8,828,257 x 32 70% (ratio of patient cost to charge) to equal \$2,886,840 This amount does not include any estimated provisions which are in bad debt expense reported on the audited financial statements
Part III, Line 3	The amount reported represents \$5,035,260 of charges included in total bad debt write offs for patient eligible for financial assistance x 32 70% (ratio of patient cost to charge) to equal \$1,646,530

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	<p>Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which accounts for patients who are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The Hospital's allowance for doubtful accounts for self-pay patients decreased from 101% of self-pay accounts receivable at September 30, 2017 to 95% of self-pay accounts receivable at September 30, 2018. The Hospital's self-pay bad debt write-offs decreased approximately \$610,000 from \$3,586,000 in 2017 to \$2,976,000 in 2018. The net change in the allowance as a percentage of self-pay accounts receivable and bad debt write-offs was a result of collection trends and a shift in payor mix.</p>
Part III, Line 8	<p>Medicare costs are not counted as a Community Benefit per New Hampshire or IRS guidance, therefore the cost figure of \$23,943,014 is not included in the Total Unreimbursed Community Benefit Expense. The ratio of cost to charge was utilized in calculating the amount.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	If an account is sent to a collection agency and the patient applies for financial assistance within 240 days from first bill, the account will be placed on hold with the agency through the consideration process. If the patient is approved for financial assistance, the account will be retracted from the collection agency and financial assistance will be applied to the accounts. Exeter Hospital only contracts with collection agencies that follow Fair Debt Collection Practices and do not engage in Extraordinary Collection Activities. The Bad Debt/Collection Policy can be located online at https://www.exeterhospital.com/getmedia/dea9264c-9d03-4f28-803f-0bbc4b103f1b/LD327-09-2016.pdf.aspx
Part VI, Line 2	<p>Every three years, Exeter Hospital, in collaboration with its community partners, conducts a community needs assessment to identify, prioritize, and develop a plan to address critical health issues. The last community needs assessment was completed in FYE 2016. The purpose of the assessment was to engage community members through key leader interviews and Community Forums, and to achieve the following objectives:</p> <ol style="list-style-type: none">1) Educate and inform key leaders and Community Forum participants of the results of the FYE 2013 Community Needs Assessment and achievements to date to meet identified needs.2) Validate Priority Health Needs identified in the FYE 2013 Community Needs Assessment and further define these needs in FYE 2016 from the stakeholders' perspective.3) Identify unmet needs that have emerged since the FYE 2013 Community Needs Assessment.4) Engage key leaders and Community Forum participants in a discussion to identify solutions to address community health needs.5) Share the findings of the UNH Survey Center Household Telephone Survey.6) Where appropriate, motivate key leaders and Community Forum participants to participate in efforts to address community health needs going forward.7) Serve as a continuing foundation for the development of a Community Benefits Plan, as mandated under RSA 732-e. <p>The FYE 2016 Community Needs Assessment included telephone surveys, open community forums, online surveys, key leader interviews, outreach to support agencies and the review of relevant secondary data sources. Information was solicited from a broad cross-section of the hospital's service area and included government welfare, public health, transportation, police, education and emergency preparedness officials, as well as outreach agencies that serve military & veterans, children & families, youth, elderly and the low-income. Legislators were invited to attend community forums. Providers of medical care to low-income minority population and mental health services were included. The report in its entirety can be accessed on the Exeter Hospital website: https://www.exeterhospital.com/getmedia/ab627f1a-3ed4-4290-a7e7-a2256955e010/1-EH-2017-Community-Health-Needs-(2).pdf.aspx</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>Exeter Hospital provides its patients with information regarding the organization's financial assistance program, and a summary of the organization's policy at the time of registration, on the back of every billing statement, and when phone contact is made when there is a balance on the account. On the Exeter Hospital website (http //www exeterhospital com), patients and the general public can find information on the organization's financial assistance programs, financial assistance, uninsured care discount program, catastrophic care program, and state-wide programs. As an additional measure to ensure our community members are aware of Exeter Hospital's financial assistance programs, twice a year the organization may run advertisements in community newspapers summarizing the organization's financial assistance/charity care policy. Exeter Hospital employs financial counselors specifically dedicated to assisting patients with questions regarding their eligibility for financial assistance, and assisting patients through the qualification process as applicable. All inpatient self-pay patients are provided information and counseling regarding the eligibility for financial assistance programs at the time of service. Self-pay and underinsured patients in the Emergency Department, Surgical areas and Oncology are also informed of the hospital's financial assistance programs at time of service or discharge.</p>
Part VI, Line 4	<p>Exeter Hospital services an area that encompasses 40 communities with an estimated population of 239,652.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	<p>Exeter Hospital addressed these needs by promoting community health and access to primary care by providing 1) Charity care of \$897,125 (calculated at cost) during fiscal year 2018 which served 959 people 2) Financial assistance through its health care access program which has three components a) The Uninsured Care Discount/Hospital Access Plus Program - Patients who are uninsured will not be charged more than amounts generally billed to patients who have insurance covering the same care Exeter Hospital, prior to billing the patients, applies a discount towards gross charges for patients who are uninsured This discount is not valid for patients who have health insurance coverage, including but not limited to Medicare, Medicaid, MedPay, third party liability or any other state or federal programs b) The Financial Assistance Program (FAP) is a community-based program available to uninsured and under-insured patients who meet income and asset guidelines, and who live in our service area To qualify, patients must first have applied for all other sources of coverage, including the Healthcare Exchange and the New Hampshire Health Protection Program c) Exeter's Catastrophic Care Program provides financial relief for those patients who do not qualify for our Financial Assistance Program, but who are faced with a substantial debt due to a serious illness or injury This program is calculated based on a percentage of the patient's gross income 3) Telehealth Services which provided \$370,045 in telehealth monitoring services serving 11,436 persons in fiscal year 2018 4) Transportation which is an important health care support service provided by the Hospital in response to an identified community need Each year the program enhances access for patients who otherwise would not be able to obtain needed health care and health related support services During fiscal year 2018 Exeter Hospital provided transports at a cost of \$21,774 5) Support for Youth Suicide/Substance and Prescription Drug Abuse prevention and education services by a) The Hospital making financial contributions to Haven of New Hampshire in fiscal year 2018 totaling \$35,000 specifically designated to support their efforts in addressing public health through violence prevention and improving the well-being of children and families b) The Hospital providing support in the amount of \$19,584 to Connor's Climb Foundation which is dedicated to preventing youth suicide All of the funds raised directly impact programs for suicide awareness, education and prevention in the New Hampshire community c) In fiscal year 2018, the Hospital contributed \$30,000 in financial support to Arts In Reach This program provides teenage girls in the Greater Seacoast of New Hampshire a platform to develop both their creative freedom and power of voice in a positive, supportive setting 6) Community Education Programs offered by the Hospital that provided community education services at an expense of \$410,594 serving 2,347 persons in fiscal year 2018 7) Cancer Wellness and Diabetes Support Programs offered by the Hospital served 722 people by providing cancer and diabetes programs at an expense of \$1,219,742 in fiscal year 2018 8) Participation in research studies by the "The Center for Cancer Care" at Exeter Hospital through several national research groups sponsored by the National Cancer Institute This enables the Center to offer clinical trials to patients undergoing treatment at the Hospital that allows patients to voluntarily take part in leading edge research that does not necessitate travel outside of the Seacoast area During fiscal year 2018, the Hospital provided \$385,717 for clinical trials and research that served 1,028 patients</p>
Part VI, Line 6	<p>Exeter Hospital, Inc is one of three affiliates of Exeter Health Resources, Inc Each of the affiliated companies are committed to providing health care services that are innovative, progressive and focused on quality and the well-being of patients The mission of Exeter Health Resources, Inc and its affiliates is to improve the health of the community This mission will be principally accomplished without compromising Exeter Health Resources, Inc's sustainability by supporting the provision of health services and information to the community by the affiliated companies of Exeter Health Resources, Inc During Fiscal Year 2018, Exeter Hospital, Core Physicians and Rockingham VNA & Hospice have continued the pursuit of this mission providing \$75,770,894 in charity care and other community benefit programs and services to communities in the areas served 1) Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region The Hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics, and emergency care services Exeter Hospital is accredited by DNV Healthcare, Inc and is a Magnet-recognized hospital Magnet designation from the American Nurses Credentialing Center is the most prestigious distinction a health care organization can receive for nursing excellence and high quality patient care 2) Core Physicians is a community-based, multi-specialty group practice affiliated with Exeter Health Resources that provides comprehensive primary, specialty and pediatric dental care throughout the greater Seacoast Region Over 160 providers in over 30 locations pursue exceptional patient satisfaction through clinical competence and professional office administration 3) Rockingham Visiting Nurse Association & Hospice is a community-based home health and hospice agency providing individuals and families with the highest quality home care, hospice and community outreach programs within Rockingham County and the surrounding towns of Barrington, Lee, Dover and Durham Exeter Hospital works collaboratively with local non-profit agencies and organizations which strive to improve the health of the community These relationships include 1) Lamprey Health Care In fiscal year 2018, the Hospital continued its financial support with a community benefit grant in the amount of \$380,500 Lamprey Health Care provides high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay As New Hampshire's oldest community health care center it provides services at three centers located in Newmarket, Raymond, and Nashua Families First Health & Support Center In fiscal year 2018, the Hospital made financial contributions in the amount of \$38,500 Families First is a community health center offering a wide variety of health services and programs including primary care, prenatal care, dental care, and mobile health care for the underserved population 2) Seacoast Mental Health Center The Hospital partners with Seacoast Mental Health Center to offer mental health services to patients and their caregivers in the Emergency Department and The Center for Cancer Care In fiscal year 2018, Exeter helped to underwrite mental health services in the amount of \$463,725 serving 795 people 3) Haven of New Hampshire The Hospital made financial contributions of \$35,000 specifically designated to support their efforts in addressing public health through violence prevention and improving the well-being of children and families 4) Connors Climb In fiscal year 2018, the Hospital provided support in the amount of \$19,584 to The Connor's Climb Foundation which is dedicated to preventing youth suicide All of the funds raised directly impact programs for suicide awareness, education and prevention in the New Hampshire Community 5) Arts In Reach In fiscal year 2018, the Hospital contributed \$30,000 in financial support to Arts In Reach This program provides teenage girls in the Greater Seacoast of New Hampshire a platform to develop both their creative freedom and power of voice in a positive, supportive setting</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	NH

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 22-2674014

Name: Exeter Hospital Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Exeter Hospital Inc 5 Alumni Drive Exeter, NH 03833 www.exeterhospital.com 1761	X	X					X			

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

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

Form and Line Reference	Explanation
Exeter Hospital, Inc	Part V, Section B, Line 3j Every three years, Exeter Hospital, in collaboration with its community partners, conducts a community needs assessment to identify, prioritize, and develop a plan to address critical health issues The last community needs assessment was completed in FYE 2016 The purpose of the assessment was to engage community members through key leader interviews and Community Forums, and to achieve the following objectives 1) Educate and inform key leaders and Community Forum participants of the results of the FYE 2013 Community Needs Assessment and achievements to date to meet identified needs 2) Validate Priority Health Needs identified in the FYE 2013 Community Needs Assessment and further define these needs in FYE 2016 from the stakeholders' perspective 3) Identify unmet needs that have emerged since the FYE 2013 Community Needs Assessment 4) Engage key leaders and Community Forum participants in a discussion to identify solutions to address community health needs 5) Share the findings of the UNH Survey Center Household Telephone Survey 6) Where appropriate, motivate key leaders and Community Forum participants to participate in efforts to address community health needs going forward 7) Serve as a continuing foundation for the development of a Community Benefits Plan, as mandated under RSA 7 32-e The FYE 2016 Community Needs Assessment included telephone surveys, open community forums, online surveys, key leader interviews, outreach to support agencies and the review of relevant secondary data sources Information was solicited from a broad cross-section of the hospital's service area and included government welfare, public health, transportation, police, education and emergency preparedness officials, as well as outreach agencies that serve military & veterans, children & families, youth, elderly and the low-income Legislators were invited to attend community forums Providers of medical care to low-income minority population and mental health services were included

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

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

Form and Line Reference	Explanation
Exeter Hospital, Inc	Part V, Section B, Line 6b Representatives from the following organizations collaborated on the hospital's community needs assessment Exeter Area YMCA, Easter Seals NH, Lamprey Health Care, Families First Health and Support Center, Richie-McFarland Children's Center, Seacoast Mental Health Center, United Way of the Greater Seacoast as well as affiliates Core Physicians and Rockingham VNA & Hospice

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

Form and Line Reference	Explanation
Exeter Hospital, Inc	<p>Part V, Section B, Line 11 The needs identified in the FYE 2016 Community Health Needs Assessment are Access to care due to insurance coverage cost barriers, Substance Abuse and Addiction, Mental Health Services, Youth Suicide/Substance and Prescription drug abuse, Transportation, Affordable Housing/Homelessness and Elder Care and Support Services The community benefit spending in FYE 2018 directly related to the FYE 2016 identified needs which were Access to care due to insurance coverage cost barriers, Substance Abuse and Addiction, Mental Health Services, Youth Suicide/Substance and Prescription drug abuse, Transportation, Affordable Housing/Homelessness and Elder Care and Support Services Exeter Hospital addressed these needs by promoting community health and access to primary care by providing 1) Charity care of \$ 897,185 (calculated at cost) during fiscal year 2018 which served 959 people 2) Financial assistance through its health care access program which has three components a) The Uninsured Care Discount/Hospital Access Plus Program - Patients who are uninsured will not be charged more than amounts generally billed to patients who have insurance covering the same care Exeter Hospital, prior to billing the patients, applies a discount towards gross charges for patients who are uninsured This discount is not valid for patients who have health insurance coverage, including but not limited to Medicare, Medicaid, MedPay, third party liability or any other state or federal programs b) The Financial Assistance Program (FAP) is a community-based program available to uninsured and under-insured patients who meet income and asset guidelines, and who live in our service area To qualify, patients must first have applied for all other sources of coverage, including the Healthcare Exchange and the New Hampshire Health Protection Program c) Exeter's Catastrophic Care Program provides financial relief for those patients who do not qualify for our Financial Assistance Program, but who are faced with a substantial debt due to a serious illness or injury This program is calculated based on a percentage of the patient's gross income 3) Telehealth Services which provided \$370,045 in telehealth monitoring services serving 11,436 persons in fiscal year 2018 4) Transportation which is an important health care support service provided by the Hospital in response to an identified community need Each year the program enhances access for patients who otherwise would not be able to obtain needed health care and health related support services During fiscal year 2018 Exeter Hospital provided transports at a cost of \$21,774 5) Support for Youth Suicide/Substance and Prescription Drug Abuse prevention and education services by a) The Hospital making financial contributions to Haven of New Hampshire in fiscal year 2018 totaling \$35,000 specifically designated to support their efforts in addressing public health through violence prevention and improving t</p>

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

Form and Line Reference	Explanation
Exeter Hospital, Inc	<p>he well-being of children and families b) The Hospital providing support in the amount of \$19,584 to Connor's Climb Foundation which is dedicated to preventing youth suicide All of the funds raised directly impact programs for suicide awareness, education and prevention in the New Hampshire community c) In fiscal year 2018, the Hospital contributed \$30,000 in financial support to Arts In Reach This program provides teenage girls in the Greater Seacoast of New Hampshire a platform to develop both their creative freedom and power of voice in a positive, supportive setting 6) Community Education Programs offered by the Hospital that provided community education services at an expense of \$410,594 serving 2,347 persons in fiscal year 2018 7) Cancer Wellness and Diabetes Support Programs offered by the Hospital served 722 people by providing cancer and diabetes programs at an expense of \$1,219,742 in fiscal year 2018 8) Participation in research studies by the "The Center for Cancer Care" at Exeter Hospital through several national research groups sponsored by the National Cancer Institute This enables the Center to offer clinical trials to patients undergoing treatment at the Hospital that allows patients to voluntarily take part in leading edge research that does not necessitate travel outside of the Seacoast area During fiscal year 2018, the Hospital provided \$385,717 for clinical trials and research that served 1,028 patients</p>

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

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

Form and Line Reference	Explanation
Exeter Hospital, Inc	Part V, Section B, Line 16j The financial assistance policy (FAP), financial assistance application and plain language summary can be found on our website, and are advertised and paper copies are available to patients Semi-annually, we publish an ad in the local paper which outlines our financial assistance program Within our phone system, we have a recording which outlines the financial assistance program when patients, family members etc are on hold during a call to Exeter Hospital We present each patient with a copy of the Plain Language Summary at Registration Currently we have a financial counselor located in the checkout area in our Emergency Department and an Inpatient Financial Counselor to visit inpatients who are uninsured, to inform them of our program and or if they request more information about needing assistance to pay for services Signage in public locations notifies patients about our Financial Assistance Program We have also collaborated with our community partners to have this information publically available and accessible at their locations to reach members of our community who are most likely to need financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Exeter Hospital, Inc	Part V, Section B, Line 20e During fiscal year 2018, we notified Emergency Department patients during discharge about our financial assistance program Upon admission, we visit all self pay and any other patient who wishes to discuss their coverage and or balances due and inform them of our program The Plain Language Summary is presented during registration of all patients This information regarding the financial assistance program is on each patient billing statement as well as available on our website

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a	The Hospital's FYE 2016 CHNA is available at https://www.exeterhospital.com/getmedia/26f68ce4-0cd6-447f-a137-e839dd5dcc4c/2016-Community-Health-Needs.pdf aspx

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10a	The Hospital's FYE 2016 Implementation Strategy is available at https://www.exeterhospital.com/getmedia/da22bb1b-97ec-48b2-96a6-02b9f9219607/Exeter-Hospital-Community-Health-Needs-Assessment-Implementation-Plan.pdf aspx

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a-c	The Hospital's Financial Assistance Policy is available at https://www.exeterhospital.com/getmedia/d985009c-8557-4853-ac02-a485fa128a36/LD326_1.pdf.aspx The Hospital's Financial Assistance Application is available at https://www.exeterhospital.com/getmedia/a07dc5ec-1bf7-4904-bdaf-d9bc5d4da4d1/1639-Fin-Assist-App-04-2019.pdf.aspx The Hospital's Financial Assistance Plain Language Summary is available at https://www.exeterhospital.com/getmedia/b03abc0f-e380-423a-9eb2-0a75b54441c4/1641-Fin-Assist-Summary-04-2019_1.pdf.aspx

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - Center for Orthopaedics and Movement 7 Alumni Drive Exeter, NH 03833	Rehabilitation Services, Cardiac Rehabilitation, Massage
1 2 - Centers for Sleep & Wound Healing 4 Alumni Drive Exeter, NH 03833	Sleep Lab, Wound Care, Drivability
2 3 - Epping Regional Health Center 212 Calef Highway Epping, NH 03042	Pediatric and Adult Rehabilitation Services, Radiology, Mammography
3 4 - Center for Reproductive Care 118 Portsmouth Avenue Stratham, NH 03885	Reproductive Services
4 5 - Diagnostic Imaging & Physical Therapy 24 Plaistow Road Plaistow, NH 03865	Physical Therapy, Radiology
5 6 - Ctr for Occupational & Employee Health 6 Hampton Road Exeter, NH 03833	Occupational Health
6 7 - Kingston Athleticare 53 Church Street Kingston, NH 03848	Physical Therapy
7 8 - Orthopaedic & Sports Physical Therapy 311 Winnacunnet Road Hampton, NH 03842	Physical Therapy and Athletic Performance Center
8 9 - Exeter Diagnostic Services at Hampton 879 Lafayette Road Hampton, NH 03842	Radiology, Mammography
9 10 - Rehab & Diagnostic Serv of Exeter Hosp 128 Route 27 Raymond, NH 03077	Physical and Occupational Therapy, Radiology, Mammography
10 11 - Rehab & Diagnostic Serv at Lamprey 207 South Main Street Newmarket, NH 03857	Physical and Occupational Therapy, Radiology, Mammography
11 12 - Diagnostic Imaging - Saltonstall 9 Buzzell Avenue Exeter, NH 03833	Radiology
12 13 - Physical Therapy at Portsmouth 95 Brewery Lane Portsmouth, NH 03801	Physical Therapy
13 14 - HealthReach Diabetes Nutrition & Educ 881 Lafayette Road Hampton, NH 03842	Diabetes and Nutrition
14 15 - Sports and Physical Therapy Practice 40 Industrial Drive 1 Exeter, NH 03833	Athletic Performance Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 16 - Epping Athletic Performance Center 88 Shirking Road Epping, NH 03042	Athletic Performance Center

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
Exeter Hospital Inc

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
22-2674014

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	All requests for grants/contributions/sponsorships over \$5,000 require the approval of at least the Vice President of Strategy, Community Relations and Advancement to ensure that they are consistent with our mission, values and strategic plan. Large grants like those given to Arts in Reach, Chase Home, Families First, Haven, Lamprey, Southern District YMCA and Womenade are also reviewed by the Chief Financial Officer and Chief Executive Officer prior to approval. Each of those requesting organizations either provides a written summary of how they have used our previous support as well as their specific plans for any new requested funding or they make a presentation in person usually to the Chief Financial Officer, the Chief Executive Officer and the Vice President of Strategy, Community Relations and Advancement. Each year a subcommittee of Exeter Health Resources, Inc.'s (parent company) Board of Trustees is charged with overseeing our Community Benefits program and our community needs assessment and reviews a detailed report on the previous year's grants/contributions/sponsorships and approves the current year's plan for community support. That subcommittee and the larger Exeter Health Resources, Inc.'s (parent company) Board of Trustees are regularly updated on our community support initiatives.

Additional Data

Software ID:
Software Version:
EIN: 22-2674014
Name: Exeter Hospital Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society Inc 250 Williams St NW 400 Atlanta, GA 30303	13-1788491	501(c)(3)	5,000				Sponsorship - Making Strides Against Breast Cancer
American Foundation for Suicide Prevention 120 Wall Street 29th FL New York, NY 10005	13-3393329	501(c)(3)	9,000				Sponsor of suicide prevention regional conference and walk in Portsmouth NH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arts in Reach - Encouraging Growth PO Box 236 Portsmouth, NH 03802	02-0507428	501(c)(3)	30,000				Support to provide services to disadvantaged teen-age girls
Austin17House PO Box 910 Raymond, NH 03077	36-4864665	501(c)(3)	20,000				Suicide prevention grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of NH 4 Greenleaf Woods Drive 201 Portsmouth, NH 03801	02-0348477	501(c)(3)	20,000				Grant to support programs and services that promote positive change in children identified as being at risk
Business and Industry Association of NH 122 North Main Street Concord, NH 03301	02-0172300	501(c)(6)	10,000				Sponsorship - BIA Annual Dinners

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chase Home for Children 698 Middle Road Portsmouth, NH 03801	02-2229190	501(c)(3)	33,040				Suicide prevention grant
Community Colleges of NH Foundation 26 College Drive Concord, NH 03301	02-0516490	501(c)(3)	10,000				Contribution to Great Bay Community College's Distinguished Leaders Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connor's Climb Foundation PO Box 283 Exeter, NH 03833	47-3553455	501(c)(3)	19,584				5k Sponsorship and Grant for suicide awareness and prevention
Cooperative Alliance for Seacoast Transportation 42 Sumner Drive Dover, NH 03820	02-0362579	501(c)(3)	5,000				Support for community transportation services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cross Roads House Inc 600 Lafayette Road Portsmouth, NH 03801	22-2549963	501(c)(3)	5,000				Half Marathon sponsorship and donation for individuals experiencing homelessness
Dartmouth-Hitchcock Health One Medical Drive Lebanon, NH 03756	26-4812335	501(c)(3)	5,000				Sponsorship - NH Suicide Prevention Conference

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Exeter Area Chamber of Commerce 120 Water Street Exeter, NH 03833	02-0243506	501(c)(6)	10,075				Support for engaging businesses and the community to promote local commerce and culture
Exeter Junior Baseball and Softball League Inc PO Box 471 Exeter, NH 03833	75-3241754	501(c)(3)	7,000				Develop good sportsmanship for the betterment of player's emotional and social well-being

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Families First of the Greater Seacoast 100 Campus Drive 12 Portsmouth, NH 03801	22-2757341	501(c)(3)	38,500				Annual funding contribution to provide a broad range of health and family services to all regardless of ability to pay
Friends of Bedrock Gardens 45 High Road Lee, NH 03861	46-2666421	501(c)(3)	5,000				Support to preserve regional greenspace, foster healthy environments, build community and contribute to local economies as a sustainable garden tourism anchor for New England

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of Stratham NH Baseball 64 High Street Stratham, NH 03885	47-3863983	501(c)(3)	5,000				Sponsorship of youth baseball league
Gather 210 West Road 3 Portsmouth, NH 03801	02-0226943	501(c)(3)	21,000				Support the organization's Meals 4 Kids (M4K) Program which serves vulnerable children in the region

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girls on the Run New Hampshire 137-1 Water Street Exeter, NH 03833	02-0524090	501(c)(3)	8,500				Support organization's mission to elevate and prepare girls for a lifetime of self respect and healthy living
Greater Portsmouth Chamber of Commerce PO Box 239 Portsmouth, NH 03802	02-0179953	501(c)(6)	8,500				Support the organization's mission to advance the economic, industrial, professional, cultural and civic welfare of the Greater Portsmouth area

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN Violence Prevention and Support Services 20 International Drive 300 Portsmouth, NH 03801	02-0337620	501(c)(3)	35,000				Support organization's mission to prevent sexual assault, domestic violence and stalking
Lamprey Health Care Inc 207 South Main Street Newmarket, NH 03857	23-7305106	501(c)(3)	380,500				Supports the provision of high quality medical care and health related services to the communities it serves regardless of the patients' ability to pay

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
My Breast Cancer Support PO Box 1576 Portsmouth, NH 03802	43-2072206	501(c)(3)	6,000				Sponsorship - "Celebrate Pink 5K"
New Heights - Adventures for Teens 100 Campus Drive Suite 23 Portsmouth, NH 03801	27-1918243	501(c)(3)	17,460				Suicide Prevention Grant 2018 and event sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Prescott Park Arts Festival Inc PO Box 4370 Portsmouth, NH 03802	02-0370018	501(c)(3)	5,000				Sponsorship of Christmas Carol in Exeter
Raymond Coalition for Youth 4 Epping Street Raymond, NH 03077	02-0713987	501(c)(3)	7,000				Grant for Project Safeguard (substance misuse prevention conference for youth) and event sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seacoast Eat Local Inc 2 Washington Street Suite 331 Dover, NH 03820	45-2547575	501(c)(3)	7,100				Sponsorship of the SAMM van and Seacoast Harvest directory to advocate for eating locally grown food
Seacoast Mental Health Center Inc 1145 Sagamore Avenue Portsmouth, NH 03801	02-0262862	501(c)(3)	7,500				Grant and Event sponsorship to support high quality, effective and accessible mental health services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Society of St Vincent de Paul Exeter Inc PO Box 176 Exeter, NH 03833	20-3945985	501(c)(3)	15,000				Grant to support mission of providing emergency assistance to those in need after other resources have been exhausted
Southern District YMCA- Camp Lincoln Inc 56 Linden Street Exeter, NH 03833	04-3383996	501(c)(3)	46,000				Suicide prevention grant and support of nutrition program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Transportation Assistance for Seacoast Citizens 200 High Street Hampton, NH 03842	26-2869209	501(c)(3)	5,000				Support of organization mission to help people maintain their health, independence and dignity by mobilizing volunteer drivers and to provide rides to eligible residents of the NH seacoast communities
United Way of the Greater Seacoast 112 Corporate Drive 3 Portsmouth, NH 03801	04-2382233	501(c)(3)	11,000				Annual sponsorship and Event sponsor of "Granite Youth Film Festival and "Purses for a Purpose"

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Womenade of Greater Squamscott PO Box 653 Stratham, NH 03885	20-2173469	501(c)(3)	30,000				Grant to provide short term financial assistance to those in need

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Exeter Hospital Inc

Employer identification number

22-2674014

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c 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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b No

2 Yes

4a No

4b Yes

4c No

5a No

5b No

6a No

6b No

7 Yes

8 No

9

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	Tax indemnification and gross up payments were provided to Brian Campbell and Donna McKinney (for acquisition of supplemental long term disability insurance). The benefit was treated as taxable income.
Part I, Line 1b	There was no existing policy concerning tax indemnification and gross up payments. However, in the instance of such action related to the acquisition of long term disability insurance described above, the tax indemnification and gross up payments were approved by the Exeter Health Resources Board of Trustees Executive Committee which is comprised of disinterested persons.
Part I, Line 3	The CEO of Exeter Hospital, Inc. is compensated by a related organization, Exeter Health Resources, Inc. Exeter Health Resources, Inc. uses a compensation committee, an independent compensation consultant, a compensation survey and approval by the Board or compensation committee.
Part I, Line 4b	The organization's parent (Exeter Health Resources, Inc.) maintains a split dollar supplemental retirement plan for two executives (listed below with amounts) selected by the Exeter Health Resources Inc. Board of Trustees. The plan is closed to future participants. The Plan provides for annual payments of premiums for life insurance policies insuring the listed individuals. Those life insurance premiums are collaterally assigned to the corporation and any excess accumulated value in the policies (net of accumulated premium payments which are returned to the organization upon the executive attaining the age of 70 or at the death of the participant) is available to be paid to the participant once vested at age 62 and upon retirement from the organization. Note that the split-dollar arrangement is part of an employee benefit program and economically not a direct extension of credit. Furthermore, the reportable compensation of the respective employees includes the annual value of the life insurance provided. Life insurance premium payments during tax year: Kevin J. Callahan \$ 511,929; Kevin J. O'Leary \$ 207,146. Excess Accumulated Value: Kevin J. Callahan \$ 2,854,995; Kevin J. O'Leary \$ 1,172,545. Certain of the listed employees participate in a nonqualified deferred compensation plan as described in Internal Revenue Code Section 457 (f) sponsored by Exeter Health Resources Inc. In the calendar year ended December 31, 2017, the contribution to the plan for the non-vested benefit of Kevin O'Leary was \$68,000. The contribution is intended to provide a forfeitable supplemental retirement benefit. Participants in the 457 (f) plan do not vest until age 62 when it is payable to the participant.
Part I, Line 7	The organization's parent (Exeter Health Resources, Inc.) provides an annual incentive compensation plan for executives selected by the Exeter Health Resources Board of Trustees. These executives include Kevin J. Callahan, Kevin J. O'Leary, Constance D. Sprauer, Brian Campbell and Donna McKinney. The Board and/or its Executive Committee approves measurable achievement criteria for quality, patient satisfaction, process improvement, financial performance, services innovation and other compelling areas of strategic and operational interest. Additionally, the Board and/or its Executive Committee establishes minimum, targeted and maximum levels for incentive awards and approves all awards for participating executives. Jane Peterson, Susan Callahan, Deanna King and Jeffrey Meisner participate in an annual incentive program which is administered by Exeter Hospital, Inc.'s Human Resources Department. The management of Exeter Hospital, Inc. approves measureable achievement criteria for Quality/Innovation, Patient Satisfaction, Process Improvement and Financial Performance on an annual basis that aligns with overall strategic interests of the company. The incentive award levels are established at minimum, target and maximum levels and those incentive awards are approved by operating management and Human Resources.

Additional Data

Software ID:
Software Version:
EIN: 22-2674014
Name: Exeter Hospital Inc

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				
1Richard Hollister MD Ex-Officio Member	(i)	0	0	0	0	0	0	0
	(ii)	333,872	90,399	64,241	8,100	21,268	517,880	0
1Kevin J Callahan CEO/Trustee	(i)	0	0	0	0	0	0	0
	(ii)	631,179	225,000	65,565	8,100	19,636	949,480	0
2Kevin J O'Leary CFO/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	393,899	130,552	29,372	76,100	16,898	646,821	0
3Constance D Sprauer Sr VP Legal Affairs/Secretary	(i)	0	0	0	0	0	0	0
	(ii)	287,890	42,500	13,192	16,200	17,599	377,381	0
4Brian Campbell VP Ambulatory Care	(i)	217,921	83,296	7,590	16,200	23,928	348,935	0
	(ii)	0	0	0	0	0	0	0
5Donna McKinney VP Acute Care	(i)	237,009	71,910	10,829	16,200	24,032	359,980	0
	(ii)	0	0	0	0	0	0	0
6Jonathan Jackson Physicist	(i)	252,234	0	681	15,406	15,980	284,301	0
	(ii)	0	0	0	0	0	0	0
7Jane Peterson Director	(i)	186,299	15,765	2,016	12,328	914	217,322	0
	(ii)	0	0	0	0	0	0	0
8Susan Callahan Director	(i)	167,492	11,919	20,573	12,075	8,793	220,852	0
	(ii)	0	0	0	0	0	0	0
9Deanna King Director	(i)	176,458	12,707	2,133	11,908	24,437	227,643	0
	(ii)	0	0	0	0	0	0	0
10Jeff Meisner Director	(i)	165,460	8,795	7,239	11,564	20,954	214,012	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Exeter Hospital Inc

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
22-2674014

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NH Health and Education Facilities Authority	02-0279866	NONEAVAIL	02-09-2012	32,565,000	Refinancing and refunding prior bond issuance		X		X		X
B NH Health and Education Facilities Authority	02-0279866	NONEAVAIL	03-02-2015	24,020,000	Refinancing and refunding prior bond issuance		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue				32,565,000		24,020,000					
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				215,404		162,154					
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds											
11	Other spent proceeds				32,349,596		23,857,846					
12	Other unspent proceeds											
13	Year of substantial completion				2012		2015					
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X		X				
15	Were the bonds issued as part of an advance refunding issue?					X		X				
16	Has the final allocation of proceeds been made?				X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X					

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .	X		X					
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Exeter Hospital Inc

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

22-2674014

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Exeter Health Resources, Inc , a charitable organization acting through its Board of Trustees, is the sole member of the organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Board of Trustees shall consist of a number not to exceed fifteen (15) persons. Of this number, up to thirteen (13) persons shall have been elected by the Member from among the elected members of the Board of Trustees of the Member.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The sole member, Exeter Health Resources, Inc has the right to approve decisions of the governing body. Additionally, the Member shall have the power to change the corporate name, merge with or acquire any corporation organized under Chapter 292 of the Revised Statutes Annotated of New Hampshire, amend the articles of agreement, dissolve the Corporation, annually appoint an independent certified public accountant to perform an audit of the accounts of the Corporation, and such other powers and rights as may be reserved to it by law or the articles of agreement.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared by an outside tax accountant with information provided by the organization. The Form 990 is reviewed by the organization's Treasurer and then presented to the Board of Trustees before it is filed with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The Board of Trustees has adopted a Conflict of Interest Policy that requires the disclosure of conflicts of interest either when the interest becomes a matter of possible action by the Board or during an annual disclosure process. Trustees, officers, and key employees, as well as all members of senior management, are part of the annual disclosure process, which is initiated by the issuance of a memorandum and accompanying questionnaire by the President and Chief Executive Officer (CEO). All disclosures are reviewed. Any trustee with a conflict of interest is required to abstain from voting and is not included in a quorum determination on the matter and any officer, key employee, or member of senior management with a conflict does not take part in making and is not present for any decision regarding the matter. The policy is monitored and enforced by both the President and CEO and the full Board. There are two additional conflicts of interest policies. One is applicable to all employees and contracted staff and the other is applicable to members of the Medical Staff and allied health professionals. The former policy is monitored and enforced by the Vice President of Human Resources and the Vice President of Corporate Integrity and Compliance and the latter is monitored and enforced by the President of the Medical Staff, President and CEO, General Counsel, and Compliance Officer. On an annual basis, staff within Human Resources survey all employees and contracted staff serving in a managerial role, as well as members of any committees that make recommendations or decisions regarding the purchase of goods or services by any of the corporations as a means to ensure that any conflict of interest is disclosed and appropriately managed. Employees otherwise are required to supplement or make any further written disclosure at the time a conflict arises.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The organization's parent (Exeter Health Resources, Inc) has a formal process for determining total compensation for the CEO and other listed officers that is intended to provide reasonable compensation for achieving the organization's mission, to recognize individual and team performance and to comply with the organization's obligations as a tax-exempt charitable organization. The Executive Committee of the Exeter Health Resources, Inc 's Board of Trustees conducts an annual review of the compensation of the CEO, other listed officers and key employees. In doing so, the Committee retains a qualified independent compensation consultant to conduct competitive market analysis of the market ranges of base, incentive, and total cash compensation, and to provide advice concerning the reasonableness of the compensation of the CEO, other listed officers and key employees. The Committee utilizes that analysis and other appropriate information in connection with its annual review and makes recommendations to the full board of Exeter Health Resources, Inc for adjustment of the CEO's compensation and the compensation for other listed officers. Information which the committee may consider can include but is not limited to the performance of an individual and/or that individual's contributions to a team, the performance of the organization in whole and in part, the elements of total compensation and salary history, the organization's compensation targets and comparability data, including the data prepared by the independent consultant and reviewed with the Committee. The Committee incorporates a performance appraisal process in the CEO's, other listed officers and key employees' compensation review. The CEO, other listed officers and key employees are not present when the committee discusses their respective compensation. In addition, the committee determines if the threshold requirements for incentive awards are met, consisting of the organization's performance results for quality, operating system excellence and financial performance. The results of the Committee's deliberations are presented to the Exeter Health Resources, Inc Board and include recommendations concerning salary range adjustments and incentive awards and the basis for the Committee's decisions/recommendations. The deliberations of the Exeter Health Resources, Inc Board are conducted in executive session with the independent members of the Board but do include the CEO only for that period of time in which the Exeter Health Resources, Inc Board has questions concerning the performance of any listed officer or key employee other than the CEO. The Exeter Health Resources, Inc Board reviews the CEO's performance and determines if the adjustments and awards recommended by the committee for the CEO are in the organization's best interest and for the benefit of the organization and its parent organization. For the other listed officer positions, adjustments and incentive awards are approved.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	pon recommendation of the CEO by the Executive Committee within the Exeter Health Resource s, Inc Board approved parameters and ratified by the Exeter Health Resources, Inc Board of Trustees Adjustments and awards for other listed key employees are approved upon recom mendation of the CEO by the Executive Committee within the Exeter Health Resources, Inc B oard approved parameters and reviewed by the Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	These documents are available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI-B, Line 16b	Although written policies were not in place as of the end of the year covered by this tax return requiring the organization to evaluate its participation in joint venture arrangements under applicable federal law to ensure that the organization's exempt status is protected, the organization performed due diligence with respect to its joint venture arrangements to safeguard the organization's exempt status

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1	Kevin J Callahan, Kevin J O'Leary and Constance D Sprauer, who serve as officers of Exeter Hospital, Inc , are compensated by a related organization, Exeter Health Resources, Inc Their compensation is based on their roles as CEO, CFO and Sr VP Legal Affairs, respectively, of the consolidated Exeter Health Resources, Inc system

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Payment to Affiliate Program service expenses 5,248,173 Management and general expenses 630,946 Fundraising expenses 0 Total expenses 5,879,119 Physician Fees Program service expenses 7,795,733 Management and general expenses 937,218 Fundraising expenses 0 Total expenses 8,732,951 Contracted Services Program service expenses 3,331,350 Management and general expenses 400,501 Fundraising expenses 0 Total expenses 3,731,851 Outside Fees Program service expenses 3,107,831 Management and general expenses 373,630 Fundraising expenses 0 Total expenses 3,481,461 Contract/Temporary Labor Program service expenses 1,816,019 Management and general expenses 218,325 Fundraising expenses 0 Total expenses 2,034,344 Consulting Program service expenses 801,303 Management and general expenses 96,334 Fundraising expenses 0 Total expenses 897,637

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Net Transfers to Affiliates -27,565,598 Pension Liability Adjustment -578,119 Impact of Interest Rate Swaps 1,073,897

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The organization is part of the consolidated operations of Exeter Health Resources, Inc. The Exeter Health Resources, Inc. Executive Committee is responsible for the oversight of the audit and the selection of an independent accountant. The audit process has not changed since the prior year.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Exeter Hospital Inc

Employer identification number
22-2674014

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Exeter Health Resources Inc 5 Alumni Drive Exeter, NH 03833 02-0222126	Management and Supporting Organization, Holding Company	NH	501(c)(3)	Line 12a, I			No
(2)Core Physicians LLC 5 Alumni Drive Exeter, NH 03833 87-0807914	Physician Practices	NH	501(c)(3)	Line 10	Exeter Health Resources Inc		No
(3)Rockingham Visiting Nurse Association 5 Alumni Drive Exeter, NH 03833 02-0274905	Home Care, Hospice	NH	501(c)(3)	Line 10	Exeter Health Resources Inc		No
(4)Matrix Health Inc 5 Alumni Drive Exeter, NH 03833 02-0473737	Manage Resources	NH	501(c)(3)	Line 12b, II	Exeter Health Resources Inc		No
(5)Exeter Med Real Inc 5 Alumni Drive Exeter, NH 03833 02-0418718	Real Estate Holding Company	NH	501(c)(25)		Exeter Health Resources Inc		No
(6)Exeter Health Resources Self-Insurance Trust 5 Alumni Drive Exeter, NH 03833 20-0753662	Self Insurance Trust	NH	501(c)(3)	Line 12a, I	Exeter Health Resources Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Core Health Services of MA 5 Alumni Drive Exeter, NH 03833 20-1598042	Inactive Physician Practice	MA	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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) Exeter Med Real Inc	K	2,199,745	Cash
(2) Exeter Med Real Inc	O	421,547	Cash

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 22-2674014
Name: Exeter Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
5 Alumni Drive Exeter, NH 03833 02-0222126	Management and Supporting Organization, Holding Company	NH	501(c)(3)	Line 12a, I			No
5 Alumni Drive Exeter, NH 03833 87-0807914	Physician Practices	NH	501(c)(3)	Line 10	Exeter Health Resources Inc		No
5 Alumni Drive Exeter, NH 03833 02-0274905	Home Care, Hospice	NH	501(c)(3)	Line 10	Exeter Health Resources Inc		No
5 Alumni Drive Exeter, NH 03833 02-0473737	Manage Resources	NH	501(c)(3)	Line 12b, II	Exeter Health Resources Inc		No
5 Alumni Drive Exeter, NH 03833 02-0418718	Real Estate Holding Company	NH	501(c)(25)		Exeter Health Resources Inc		No
5 Alumni Drive Exeter, NH 03833 20-0753662	Self Insurance Trust	NH	501(c)(3)	Line 12a, I	Exeter Health Resources Inc		No