



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization THE HITCHCOCK FOUNDATION		D Employer identification number
		Doing Business As		02-0222139
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		ONE MEDICAL CENTER DRIVE		(603) 650-5000
		City or town, state or country, and ZIP + 4		
		LEBANON, NH 03756		G Gross receipts \$ 13,465,707.
		F Name and address of principal officer ETHAN DMITROVSKY, M.D.		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
		ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		H(b) Are all affiliates included? ☐ Yes ☒ No
				If "No," attach a list. (see instructions)
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				H(c) Group exemption number ▶
J Website: ▶ N/A				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1946		M State of legal domicile NH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO AID & ADVANCE THE STUDY & INVESTIGATION OF HUMAN AILMENTS & INJURIES; THE CAUSES, PREVENTION, RELIEF, & CURE THEREOF, HYGIENE, HEALTH & PUBLIC WELFARE, & TO ASSIST IN RESEARCH IN THE BROADEST SENSE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,706,056.	2,896,407.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,443,510.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-777,160.	257,401.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,011.	1,487.
		7,929,907.	8,598,805.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,782,624.	65,101.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-14, 11f-24f)	167,727.	8,525,557.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,950,351.	8,590,658.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,020,444.	8,147.
		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	17,940,959.	19,526,330.
	21 Total liabilities (Part X, line 26)	1,093,041.	920,299.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,847,918.	18,606,031.

Part II Signature Block

Signature Here	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.			
	Signature of officer: <i>Ethan Dmitrovsky</i> Date: 5-12-11		Signature of preparer: <i>Angela Mione</i> Date: 05/11/11	
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U.S. LLP 111 MONUMENT CIRCLE, SUITE 2600 INDIANAPOLIS, IN 46204		Check if self-employed: ☐	Preparer's identifying number (see instructions): P00244342
	EIN: 34-6565596 Phone no: 317-681-7000			

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,636,545 including grants of \$) (Revenue \$)

RESEARCH ADVISED FUNDS:

THESE ARE NOT DONOR-ADVISED FUNDS. CONTRIBUTIONS ARE GIVEN TO THE FOUNDATION FOR SUPPORT OF RESEARCH AND/OR EDUCATION. AN ADVISED FUND IS A FUND THAT IS ESTABLISHED BY THE EXECUTIVE DIRECTOR OF THE FOUNDATION UNDER THE AUTHORITY OF THE BOARD OF TRUSTEES FOR RESEARCH AND EDUCATIONAL PURPOSES.

4b (Code) (Expenses \$ 5,577,512 including grants of \$) (Revenue \$ 5,443,510)

SPONSORED RESEARCH FOR SPECIFIC RESEARCH, FUNDED FROM SOURCES OUTSIDE THE HITCHCOCK FOUNDATION, USUALLY CORPORATE-SPONSORED RESEARCH.

4c (Code) (Expenses \$ 252,392 including grants of \$ 65,101) (Revenue \$)

RESEARCH GRANTS, FELLOWSHIPS AND OTHER ARE FOR PILOT STUDIES AND SMALL DISCRETE RESEARCH PROJECTS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 8,466,449.

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, 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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
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	17	X
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	X
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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	176
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
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 this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	24	
1b Enter the number of voting members that are independent	13	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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		
b Other officers or key employees of the organization		
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?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL SHOOB ONE MEDICAL CENTER DRIVE LEBANON, NH 03756

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PETER ANDERSON, M.D. BOARD SECRETARY/PHYS	.30	X		X				0.	201,037.	25,375.
SUZANNE BEYEA, R.N., PH.D. TRUSTEE/DHC DIR RSCH & AGING	.30	X						0.	109,121.	30,431.
JOCELYN CHERTOFF, M.D., M.S. BOARD CHAIR/PHY	.30	X		X				0.	478,426.	60,045.
ETHAN DMITROVSKY, M.D. BOARD VICE CHAIR	.30	X		X				0.	0.	0.
PETER GARDNER, ESQ. TRUSTEE	.30	X						0.	0.	0.
E. ANN GORMLEY, M.D. TRUSTEE/PHY	.30	X						0.	445,694.	25,598.
ARNOLD M. KATZ, M.D. TRUSTEE (END 5/27/10)	.30	X						0.	0.	0.
PENNY KLOTZ, M.B.A. TREASURER	.30	X		X				0.	0.	0.
BRIAN LACY, M.D. TRUSTEE/PHY	.30	X						0.	372,946.	31,014.
MICHELE LAURIA, M.D. TRUSTEE/PHY	.30	X						0.	272,407.	54,284.
PETER MARTIN, M.D. TRUSTEE	.30	X						0.	0.	0.
ROBERT MAUE, PH.D. TRUSTEE	.30	X						0.	0.	0.
RICHARD POWELL, M.D. TRUSTEE/PHY	.30	X						0.	369,525.	59,776.
RICHARD REINDOLLAR, M.D. TRUSTEE/DHC DEPT CHAIR OBGYN	.30	X						0.	484,524.	27,160.
R. BROOKS ROBEY, M.D. TRUSTEE	.30	X						0.	0.	0.
ROGER D. SLOBODA, PH.D. TRUSTEE	.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BARRY SMITH, M.D. TRUSTEE/PHY	.30	X						0.	120,000.	21,905.
EDWARD STANSFIELD, MA TRUSTEE	.30	X						0.	0.	0.
LINDA TITUS - ERNSTOFF, PH.D. TRUSTEE	.30	X						0.	0.	0.
MICHAEL WARD, M.S. TRUSTEE/DHC VP OPERATIONS	.30	X						0.	249,660.	26,919.
JOHN BRYANT EX-OFFICIO	.30	X						0.	0.	0.
JOHN BUTTERLY, M.D. EX-OFFICIO/DHC EXEC VP MED AFF	.30	X						0.	475,413.	63,811.
DIANE CAMPBELL, R.N. EX-OFFICIO	.30	X						0.	0.	0.
CHARLES MANNIX, ESQ. EX-OFFICIO	.30	X						0.	0.	0.
WILLIAM RIGBY, M.D. EX-OFFICIO	.30	X						0.	0.	0.
MICHAEL SHOOB EXECUTIVE DIRECTOR	40.00			X				0.	121,648.	17,386.
1b Total								0.	3,700,401.	443,704.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 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? If "Yes," complete Schedule J for such individual **4**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4	X	
5		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1		

Part VIII Statement of Revenue

02-0222139

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,896,407			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,896,407			
Program Service Revenue				Business Code			
	2a	SPONSORED RESEARCH		541700	5,443,510	5,443,510	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			5,443,510		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			518,909		518,909
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0		
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		4,600,044	5,350		
	b	Less cost or other basis and sales expenses		4,861,944	4,958		
	c	Gain or (loss)		-261,900	392		
	d	Net gain or (loss)			-261,508		-261,508
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
	b	Less direct expenses		b			
	c	Net income or (loss) from fundraising events			0		
	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			0		
	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			0			
Miscellaneous Revenue				Business Code			
11a	INTEREST ON REVOLVING LOANS		523000	1,487		1,487	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,487			
12	Total Revenue. See instructions			8,598,805	5,443,510	0	258,888

Form **990** (2009)

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	65,101.	65,101.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	21,675.		21,675.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	52,000.		52,000.	
g Other	5,488,092.	5,452,292.	35,800.	
12 Advertising and promotion	22,647.	22,647.		
13 Office expenses	46,999.	42,399.	4,600.	
14 Information technology	33,349.	32,608.	741.	
15 Royalties	0.			
16 Occupancy	9,460.	9,460.		
17 Travel	381,017.	381,017.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	394,585.	391,573.	3,012.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TESTS & EXAMINATIONS	635,274.	635,274.		
b RESEARCH EXP & SUBJECT FEES	563,272.	563,272.		
c EDUCATIONAL MATERIAL	278,667.	278,667.		
d LAB FEES, EQUIPMENT, & SUPPL	506,027.	506,027.		
e ALL OTHER EXPENSES	92,493.	86,112.	6,381.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	8,590,658.	8,466,449.	124,209.	
26 Joint Costs Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	266,052.	1	90,756.
	2 Savings and temporary cash investments	54,671.	2	77,164.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	678,368.	4	399,012.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	35,082.	7	27,066.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,595.		
	b Less accumulated depreciation	10b 4,387.		
		7,615.	10c	3,208.
	11 Investments - publicly traded securities	16,899,171.	11	18,929,124.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,940,959.	16	19,526,330.	
Liabilities	17 Accounts payable and accrued expenses	458,566.	17	329,926.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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 Complete Part X of Schedule D	634,475.	25	590,373.
	26 Total liabilities. Add lines 17 through 25	1,093,041.	26	920,299.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	589,686.	27	2,340,782.
	28 Temporarily restricted net assets	14,139,828.	28	14,146,845.
	29 Permanently restricted net assets	2,118,404.	29	2,118,404.
	Organizations that do not follow SFAS 117, check here ☐ 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	16,847,918.	33	18,606,031.
	34 Total liabilities and net assets/fund balances	17,940,959.	34	19,526,330.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis		
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?		X
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		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE HITCHCOCK FOUNDATION

Employer identification number

02-0222139

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 11, 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)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)	☐	☐
11g(ii)	☐	☐
11g(iii)	☐	☐

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s)

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,768,399	9,081,349	8,956,116	8,706,056	2,896,407	36,408,327
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	6,768,399	9,081,349	8,956,116	8,706,056	2,896,407	36,408,327
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						36,408,327

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,768,399	9,081,349	8,956,116	8,706,056	2,896,407	36,408,327
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	304,720	478,189	716,824	507,972	520,396	2,528,101
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 IV)						
11 Total support. Add lines 7 through 10						38,936,428
12 Gross receipts from related activities, etc. (see instructions)					12	5,443,510
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.51 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.53 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

THE HITCHCOCK FOUNDATION

Employer identification number
02-0222139

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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" to 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 XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to 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	4,864,103	6,325,750			
b Contributions					
c Net investment earnings, gains, and losses	546,304	-1,140,845			
d Grants or scholarships					
e Other expenditures for facilities and programs	154,110	320,802			
f Administrative expenses					
g End of year balance	5,256,297	4,864,103			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 57.6280 %
 b Permanent endowment ▶ 43.3720 %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations **3a(i)** ☐ Yes ☒ No
 (ii) related organizations **3a(ii)** ☐ Yes ☒ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,595.	4,387.	3,208.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,208.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other _____		

Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, col. (B) line 13) 		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	AGENCY ACCOUNTS	590,373.
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	590,373.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,598,805.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,590,658.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,147.
4	Net unrealized gains (losses) on investments	4	1,749,966.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,749,966.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,758,113.

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

1	Total revenue, gains, and other support per audited financial statements	1	8,940,829.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	342,416.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	342,416.
3	Subtract line 2e from line 1	3	8,598,413.
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 XIV)	4b	392.
c	Add lines 4a and 4b	4c	392.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,598,805.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,932,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	342,416.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	342,416.
3	Subtract line 2e from line 1	3	8,590,266.
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 XIV)	4b	392.
c	Add lines 4a and 4b	4c	392.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,590,658.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART V, LINE 4

THE HITCHCOCK FOUNDATION'S ENDOWMENT FUNDS INCLUDE RESOURCES FOR THE
FOLLOWING USES:

TIFFANY BLAKE ENDOWMENT

SUPPORTS A RESEARCH TRAINING FELLOWSHIP FOR A YOUNG INVESTIGATOR AT
DARTMOUTH-HITCHCOCK MEDICAL CENTER WHO IS COMMITTED TO CLINICALLY
ORIENTED RESEARCH.

HENRY HEYL ENDOWMENT

SUPPORTS MEDICAL RESEARCH GRANTS.

HELMUT SCHUMANN LECTURE ENDOWMENT

SUPPORTS AN ANNUAL PUBLIC LECTURE IN "STUDIES IN HEALTHFUL LIVING."

HELMUT SCHUMANN FELLOWSHIP ENDOWMENT

SUPPORTS A FELLOWSHIP FOR A DARTMOUTH-HITCHCOCK MEDICAL CENTER FACULTY TO
DEVELOP PROGRAMS IN PRIMARY PREVENTION AND HEALTH PROMOTION.

RESIDENTS' REVOLVING LOAN FUND

EMERGENCY LOAN FUND FOR RESIDENTS AND FELLOWS IN TRAINING AT
DARTMOUTH-HITCHCOCK MEDICAL CENTER

NEUROSURGICAL RESEARCH FUND (BARRY)

SUPPORTS NEUROSURGICAL RESEARCH

HAROLD M. PIERCE MEMORIAL FUND - CANCER RESEARCH

Part XIV Supplemental Information (continued)

SUPPORTS CANCER RESEARCH

SCHEDULE D PART X, LINE 2

NO ASC 740 (FIN 48) FOOTNOTE WAS INCLUDED IN THE AUDITED FINANCIAL
STATEMENTS AS THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AT OR SINCE
ADOPTION.

PART XII LINE 4B

RECLASS-GAIN ON DISPOSAL OF FIXED ASSETS

PART XIII LINE 4B

RECLASS-GAIN ON DISPOSAL OF FIXED ASSETS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL RESEARCH GRANTS	3	65,101			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART 1 LINE 2

GRANTS ARE GIVEN THREE TIMES A YEAR, UP TO \$30,000 PER GRANT APPLICATION.

ALL GRANT AND FELLOWSHIP-RELATED EXPENSES ARE REVIEWED AND APPROVED BY

THE FOUNDATION BEFORE PAID. REQUESTS FOR EXPENDITURES NOT IN PRE-APPROVED

GRANT BUDGETS ARE REJECTED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete** if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

THE HITCHCOCK FOUNDATION

Employer identification number

02-0222139

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

1b

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

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

DEFINED CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN

PART 1, LINE 4B

JOCELYN CHERTOFF RECEIVED \$32,346 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

E. ANN GORMLEY RECEIVED \$18,888 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

BRIAN LACY RECEIVED \$17,718 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

MICHELE LAURIA RECEIVED \$8,017 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

RICHARD POWELL RECEIVED \$14,887 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

RICHARD REINDOLLAR RECEIVED \$30,256 FROM THE DARTMOUTH-HITCHCOCK DEFINED

Part III Supplemental Information

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

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR

TERMS).

MICHAEL WARD RECEIVED \$2,155 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

JOHN BUTTERLY RECEIVED \$36,678 FROM THE DARTMOUTH-HITCHCOCK DEFINED

CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN (SEE BELOW FOR TERMS).

DEFINED CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN

PART 1, LINE 4B

DARTMOUTH-HITCHCOCK DEFINED CONTRIBUTION SUPPLEMENTAL RETIREMENT PLAN:

TERMS AND CONDITIONS: AN ELIGIBLE EMPLOYEE IS A PARTICIPANT IN THE

DARTMOUTH-HITCHCOCK RETIREMENT PLAN AND/OR ANY PRIOR PENSION ARRANGEMENTS

SPONSORED BY DARTMOUTH-HITCHCOCK (WHICH CONSISTS OF MARY HITCHCOCK

MEMORIAL HOSPITAL AND DARTMOUTH-HITCHCOCK CLINIC), INCLUDING TWO

QUALIFIED DEFINED BENEFIT PLANS, WHO WOULD BE ENTITLED TO ADDITIONAL

Part III Supplemental Information

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

CONTRIBUTIONS OR BENEFIT ACCRUALS UNDER THE TERMS OF THE PLANS FOR THE

PLAN YEAR, BUT ARE LIMITED BY IRC SECTIONS 401(A)(17) AND/OR IRC SECTION

415.

FOR ELIGIBLE EMPLOYEES, THE EMPLOYER WILL PAY THE ELIGIBLE EMPLOYEE AN

AMOUNT DETERMINED BY THE EMPLOYER EACH YEAR TO OFFSET THE AMOUNT OF THE

REDUCTION IN THE BENEFIT ACCRUAL OR CONTRIBUTION AS A RESULT OF

LIMITATIONS IMPOSED BY IRC SECTIONS 401(A)(17) AND/OR IRC SECTION 415.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

THE HITCHCOCK FOUNDATION

Employer identification number

02-0222139

ATTACHMENT 1

PART VI GOVERNANCE, MANAGEMENT AND DISCLOSURE - SECTION A, LINE 6:

THE HITCHCOCK FOUNDATION HAS THE FOLLOWING MEMBERSHIP:

DARTMOUTH-HITCHCOCK CLINIC. THE SOLE VOTING MEMBER RETAINS LIMITED POWERS
IN ACCORDANCE WITH THE BYLAWS, ELECTS TRUSTEES OF THE BOARD, AND APPROVES
CHANGES IN BYLAWS. THE OPERATIONAL MANAGEMENT OF THE HITCHCOCK FOUNDATION
IS DELEGATED TO THE BOARD OF TRUSTEES, IN ACCORDANCE WITH BYLAWS.

PART VI GOVERNANCE, MANAGEMENT AND DISCLOSURE - SECTION A, LINE 7A & 7B:

DARTMOUTH-HITCHCOCK CLINIC (DHC). THE SOLE VOTING MEMBER RETAINS LIMITED
POWERS IN ACCORDANCE WITH THE BYLAWS AND IT ELECTS TRUSTEES OF THE BOARD
AND APPROVES CHANGES IN BYLAWS.

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, LINE 11A

THE FORM 990 IS REVIEWED BY THE HITCHCOCK FOUNDATION'S (THF) EXECUTIVE
DIRECTOR, DARTMOUTH-HITCHCOCK CLINIC'S DIRECTOR OF CORPORATE FINANCE. THE
TREASURER OF THE BOARD OF TRUSTEES WILL REVIEW PRIOR TO FILING THE
RETURN.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

THE HITCHCOCK FOUNDATION HAS ADOPTED AND IS INCLUDED IN THE
DARTMOUTH-HITCHCOCK CONFLICT OF INTEREST POLICY.

Name of the organization

Employer identification number

THE HITCHCOCK FOUNDATION

02-0222139

ATTACHMENT 1 (CONT'D)

THE DARTMOUTH-HITCHCOCK MEDICAL CENTER BOARD OF TRUSTEES APPROVED A
POLICY CONCERNING A VOLUNTARY SELF-DISCLOSURE OF ANY POTENTIAL CONFLICT
OF INTEREST. THE DARTMOUTH-HITCHCOCK COMPLIANCE AND AUDIT SERVICES
DEPARTMENT CONDUCTS AN ANNUAL SURVEY AND PERFORMS OTHER PROCEDURES AS
CONSIDERED NECESSARY TO REPORT ON COMPLIANCE WITH THE DARTMOUTH-HITCHCOCK
MEDICAL CENTER CONFLICT OF INTEREST POLICY. PER THE POLICY, ANY CONFLICTS
OR OTHERWISE PERCEIVED CONFLICTS ARE REQUIRED TO BE ADDRESSED BY THE
BOARD OF TRUSTEES ON AN ONGOING BASIS.

WHISTLEBLOWER POLICY

PART VI, SECTION B, LINE 13

THE ORGANIZATION FOLLOWS THE POLICY OF A RELATED ENTITY,
DARTMOUTH-HITCHCOCK CLINIC.

DOCUMENT RETENTION AND DESTRUCTION POLICY

PART VI, SECTION B, LINE 14

THE ORGANIZATION FOLLOWS THE POLICY OF A RELATED ENTITY,
DARTMOUTH-HITCHCOCK CLINIC.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR UNDERTAKEN

FORM 990, PART VI, QUESTION 15B

THE DIRECTOR AND STAFF OF THE HITCHCOCK FOUNDATION ARE DONATED BY
DARTMOUTH-HITCHCOCK CLINIC AND MARY HITCHCOCK MEMORIAL HOSPITAL.
COMPENSATION FOR OFFICERS ARE EVALUATED BY AN INDEPENDENT THIRD PARTY
FIRM FOR REASONABLENESS AND NATIONAL DATA BENCHMARKING THROUGH THESE
RELATED ORGANIZATIONS. THE COMPENSATION COMMITTEE ALONG WITH INDEPENDENT
TRUSTEES APPROVE THE FINAL COMPENSATION IN CONSIDERATION WITH THE

Name of the organization

THE HITCHCOCK FOUNDATION

Employer identification number

02-0222139

ATTACHMENT 1 (CONT'D)

INDEPENDENT THIRD PARTY FIRM'S RECOMMENDATIONS AND SUGGESTIONS. THIS
PROCESS WAS LAST UNDERTAKEN IN 2010 FOR EACH PERSON IDENTIFIED AS AN
OFFICER.

PART VI GOVERNANCE, MANAGEMENT AND DISCLOSURE - SECTION B, LINE 19
THF'S GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE NEW HAMPSHIRE
DEPARTMENT OF STATE. CERTAIN FINANCIAL INFORMATION IS DISCLOSED THROUGH
THE COMMUNITY BENEFITS ANNUAL REPORT. THE AUDITED FINANCIAL STATEMENTS
AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST IN EITHER
ELECTRONIC OR HARDCOPY FORM.

PART VII COMPENSATION, SECTION A, LINE 1
THE COMPENSATION PAID BY RELATED ORGANIZATIONS WAS FOR SERVICES PROVIDED
TO THESE RELATED ORGANIZATIONS AND NOT THE FILING ORGANIZATION, WITH
EXCEPTION OF THE EXECUTIVE DIRECTOR, OF WHICH 100% OF THEIR TIME IS SPENT
WITH THE FOUNDATION. ALTHOUGH THE INDIVIDUALS SPENT THE TIME LISTED AS
PART OF THEIR BOARD OF TRUSTEE DUTIES, THEY WERE NOT COMPENSATED WITH
RESPECT TO THESE HOURS. THE TIME/HOURS AT THE RELATED ORGANIZATION VARIES
BY INDIVIDUAL AND ORGANIZATION, AND WOULD BE THE HOURS NECESSARY TO TOTAL
TO THEIR RESPECTIVE FULL HOURS PER WEEK.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSE OF THE HITCHCOCK FOUNDATION SHALL BE TO AID AND ADVANCE
THE STUDY AND INVESTIGATION OF HUMAN AILMENTS AND INJURIES, AND THE
CAUSES, PREVENTION, RELIEF, AND CURE THEREOF, AND THE STUDY AND

Name of the organization

Employer identification number

THE HITCHCOCK FOUNDATION

02-0222139

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INVESTIGATION OF PROBLEMS OF HYGIENE, HEALTH AND PUBLIC WELFARE, AND
THE PROMOTION OF MEDICAL, SURGICAL AND SCIENTIFIC LEARNING, SKILL,
EDUCATION AND INVESTIGATION, AND TO ENGAGE IN AND CONDUCT AND TO AID
AND ASSIST IN MEDICAL, SURGICAL AND SCIENTIFIC RESEARCH IN THE
BROADEST SENSE.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD HANOVER, NH 03755	CONTRACTED SERVICES	2,378,429.
	TOTAL COMPENSATION	<u>2,378,429.</u>

Related Organizations and Unrelated Partnerships

▲ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ▲ Attach to Form 990. ▲ See separate instructions.

Employer Identification number
02-0222139

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

[illegible]

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
DARTMOUTH-HITCHCOCK HEALTH ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 26-4812335	HEALTHCARE	NH	501 (C) (3)	7	N/A
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 22-2519596	PHYS SVC	NH	501 (C) (3)	9	N/A
HAMDEN ASSURANCE RISK RETENTION GROUP 30 MAIN STREET SUITE 330 BURLINGTON, VT 05401 20-8530788	SLF INSURANCE	VT	501 (C) 3	11	N/A
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 02-0222140	HOSPITAL	NH	501 (C) (C)	3	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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 other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

