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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

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
MONADNOCK COMMUNITY HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
452 OLD STREET ROAD

City or town, state or country, and ZIP + 4
PETERBOROUGH, NH 034581263

D Employer identification number
02-0222157

E Telephone number
(603) 924-7191

G Gross receipts $ 82,385,330

F Name and address of principal officer
PETER L GOSLINE
452 OLD STREET ROAD
PETERBOROUGH, NH 034581263

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www monadnockhospital org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1919 | **M** State of legal domicile NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CRITICAL ACCESS HOSPITAL SERVING THE MONADNOCK REGION OF THE STATE OF NEW HAMPSHIRE

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**	16
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**	741
6	Total number of volunteers (estimate if necessary)	**6**	124
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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,423,955	3,087,080
9	Program service revenue (Part VIII, line 2g)	67,283,965	71,101,565
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	503,478	840,036
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	817,020	864,293
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,028,418	75,892,974
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)	35,547,243	37,202,773
16a	Professional fundraising fees (Part IX, column (A), line 11e)	46,744	24,020
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 324,751		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	32,533,482	35,526,081
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	68,127,469	72,752,874
19	Revenue less expenses Subtract line 18 from line 12	1,900,949	3,140,100

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	80,946,400	88,337,402
21	Total liabilities (Part X, line 26)	39,555,418	44,617,733
22	Net assets or fund balances Subtract line 21 from line 20	41,390,982	43,719,669

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

****** | 2011-08-10
Signature of officer | Date

RICHARD SCHEINBLUM VP OF FINANCE/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: BAKER NEWMAN & NOYES, BOX 507, PORTLAND, ME 04112 | EIN ▶ | Phone no ▶ (207) 879-2100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MONADNOCK COMMUNITY HOSPITAL IS COMMITTED TO PROVIDING EXCELLENCE IN COMMUNITY HEALTHCARE IN PARTNERSHIP WITH OUR COMMUNITY, WE WILL PROVIDE AN ENVIRONMENT OF HEALING THAT INSPIRES PEOPLE TO ACHIEVE A HIGHER LEVEL OF HEALTH AND WELL-BEING

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 $ 65,664,134 including grants of $) (Revenue $ 71,953,792)

THE PRIMARY PURPOSE OF MONADNOCK COMMUNITY HOSPITAL (MCH) IS TO ENSURE ACCESS TO QUALITY HEALTH CARE FOR PATIENTS IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY FOLLOWING IS A SUMMARY OF THE SERVICES MCH PROVIDES IN AN EFFORT TO FULFILL ITS MISSION, TOGETHER WITH KEY PROGRAM STATISTICS FOR FISCAL YEAR 2010 INPATIENT SERVICES - INCLUDES INTENSIVE CARE, ADULT STAYS, PEDIATRIC STAYS, MATERNITY/BIRTHS, AND SKILLED NURSING DURING THE FISCAL YEAR THE HOSPITAL ADMITTED 1,400 PATIENTS AND RECORDED 4,518 PATIENT DAYS EMERGENCY SERVICES - MCH OFFERS HEALTH SERVICES 24 HOURS PER DAY, 7 DAYS PER WEEK THE ER IS RESPONSIBLE FOR THE IMMEDIATE TREATMENT OF ANY MEDICAL OR SURGICAL EMERGENCY, FOR INITIATING LIFE-SAVING PROCEDURES IN ALL TYPES OF EMERGENCY SITUATIONS, AND FOR PROVIDING EMERGENCY AND INITIAL EVALUATIONS AND TREATMENT FOR OTHER CONDITIONS, INCLUDING MINOR ILLNESSES AND INJURIES AND SUB-ACUTE MEDICAL PROBLEMS THERE WERE 12,973 VISITS TO THE ER IN THE FISCAL YEAR PHYSICIAN PRACTICES - FAMILY HEALTH SERVICES, PROGRAMS, AND EDUCATION ARE INTEGRAL COMPONENTS OF HEALTH CARE AT MCH INPATIENT AND OUTPATIENT PRIMARY CARE INCLUDES MEDICAL, SURGICAL, PSYCHOLOGICAL, AND SPECIALIST SERVICES PROVIDED BY PHYSICIANS AND MID-LEVEL PRACTITIONERS THESE ARE LOCATED AT THE HOSPITAL AND ITS FOUR SATELLITE PRACTICES LOCATED IN ANTRIM, JAFFREY, NEW IPSWICH, AND RINDGE DURING THE YEAR, 128,847 OFFICE VISITS WERE RECORDED SURGICAL SERVICES - INCLUDES SAME-DAY AND SHORT-TERM INPATIENT SURGERY MCH PROVIDES SURGERY IN THE AREAS OF ORTHOPAEDICS, GENERAL SURGERY, OB/GYN, OPHTHALMOLOGY, UROLOGY, ENT, AND PODIATRY IN ADDITION, THE HOSPITAL OFFERS SOME NON-SURGICAL PROCEDURES, INCLUDING COLONOSCOPIES, GASTROSCOPIES, AND PAIN MANAGEMENT INJECTIONS DURING THE FISCAL YEAR, 3,118 PROCEDURES WERE PERFORMED RADIOLOGY AND DIAGNOSTICS - MCH PROVIDES ADVANCED RADIOLOGICAL TECHNOLOGY AND EXTENSIVE IMAGING SERVICES, INCLUDING BONE DENSITY, MRI, CT, NUCLEAR MEDICINE, ULTRASOUND, MAMMOGRAPHY AND OTHER DIAGNOSTIC PROCEDURES, BOTH INPATIENT AND OUTPATIENT DURING THE FISCAL YEAR, 30,366 EXAMS WERE PERFORMED REHABILITATION SERVICES - ADDITIONALLY, MCH SERVES THE PEOPLE OF THE MONADNOCK REGION THROUGH ITS MEDICAL REHABILITATION SERVICES MCH OFFERS PROGRAMS FOR CARDIAC, PULMONARY, AND DIABETIC REHABILITATION THAT FEATURE EDUCATIONAL AND EXERCISE COMPONENTS MCH ALSO PROVIDES PHYSICAL AND OCCUPATIONAL THERAPY, AS WELL AS SPEECH REHABILITATION DURING THE FISCAL YEAR, 50,047 PROCEDURES WERE RECORDED FOR THESE SERVICES WELLNESS SERVICES - COMMUNITY MEMBERS WANTING TO IMPROVE AND MAINTAIN THEIR HEALTH HAVE ACCESS TO AN AWARD-WINNING, MEDICALLY BASED FITNESS FACILITY DURING THE FISCAL YEAR, 99,595 MEMBER VISITS WERE RECORDED MONADNOCK COMMUNITY HOSPITAL'S FINANCIAL GRANT PROGRAM PROVIDES ASSISTANCE WITH HOSPITAL AND/OR PHYSICIAN BILLS FOR QUALIFYING PATIENTS IN FISCAL YEAR 2010, THE ORGANIZATION RECORDED $3,277,777 IN CHARGES FOREGONE BASED ON ESTABLISHED RATES THE ESTIMATED COST INCURRED TO PROVIDE THESE SERVICES WAS $2,114,506 IN ADDITION, MCH PROVIDED OTHER SERVICES TO THE COMMUNITY AT NO COST OR REDUCED COST, SUCH AS SCREENINGS AND CLINICS THE COST OF PROVIDING THESE SERVICES WAS APPROXIMATELY $2,589,000 IN 2010

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ $ 65,664,134

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?	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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 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		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, 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 term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** [ ] No			
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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	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*	17	Yes	
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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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*	**21**		No
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*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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) 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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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*	**26**		No
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*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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*	**34**	Yes	
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*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	84		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	741		
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	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CA 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, 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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
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			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 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?	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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 a or b, 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		No
b	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?	16b		

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 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

NICOLE HUMPHREY
452 OLD STREET ROAD
PETERBOROUGH, NH 034581263
(603) 924-7191

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, and **current** key employees 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, 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 the organization did not compensate any current or former officer, director, trustee or key employee

(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			
See add'l data										

1b Total . . . . . ▶	2,262,082	0	231,346

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 ▶ 39

			Yes	No
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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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**		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

(A) Name and business address	(B) Description of services	(C) Compensation
MONADNOCK ORTHOPAEDIC ASSOCIATES 458 OLD STREET ROAD SUITE 200 PETERBOROUGH, NH 03458	PHYSICIAN FEES	2,449,124
MONADNOCK REGION EMERGENCY PHYSICIANS 540 LAFAYETTE ROAD HAMPTON, NH 03842	CONTRACT PHYSICIAN SERVICES	1,596,000
MONADNOCK ANESTHESIA ASSOCIATES C/O SURGICAL SUITE PETERBOROUGH, NH 03458	CONTRACT PHYSICIAN SERVICES	1,062,288
SODEXO INC & AFFILIATES 97 NORTH POLICY ROAD SALEM, NH 03079	DIETARY/FOOD SERVICE MGMT	690,292
AMERICAN HEALTH CENTER INC 498 ESSEX STREET BANGOR, ME 04401	MRI SERVICES	654,599
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 ▶ 17		

Part VIII Statement of Revenue

				(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	11,185			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	82,500			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,993,395			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,087,080			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE RE	900,099	69,662,406	69,662,406		
	b	OTHER OPERATING REVENU	900,099	1,439,159	1,439,159		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		71,101,565			
	3	Investment income (including dividends, interest and other similar amounts)		493,274			493,274
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	6,821,935	2,809			
	b	Less cost or other basis and sales expenses	6,477,982				
	c	Gain or (loss)	343,953	2,809			
	d	Net gain or (loss)			346,762		346,762
Other Revenue	8a	Gross income from fundraising events (not including $ 11,185 of contributions reported on line 1c) See Part IV, line 18	a 26,440				
	b	Less direct expenses	b 14,374				
	c	Net income or (loss) from fundraising events			12,066		12,066
	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	EMPLOYEE PHARMACY SALE	900,099	436,987	436,987		
	b	CAFETERIA/VENDING MACH	900,099	415,240	415,240		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		852,227			
	12	**Total revenue.** See Instructions		75,892,974	71,953,792	0	852,102

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).

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	922,280	447,620	474,660	
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	29,262,162	26,304,846	2,815,193	142,123
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	735,524	655,816	74,606	5,102
9 Other employee benefits	4,278,310	3,737,527	540,247	536
10 Payroll taxes	2,004,497	1,771,357	221,518	11,622
11 Fees for services (non-employees)				
a Management				
b Legal	115,449		115,449	
c Accounting	46,700		46,700	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	24,020			24,020
f Investment management fees				
g Other	5,328,252	4,834,122	494,130	
12 Advertising and promotion	85,911	85,911		
13 Office expenses	1,572,651	914,904	629,835	27,912
14 Information technology	663,228	593,854	69,374	
15 Royalties				
16 Occupancy	2,979,063	2,739,207	239,856	
17 Travel	70,210	23,436	46,558	216
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,717	60,130	9,861	2,726
20 Interest	860,327	860,327		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,333,431	4,138,604	194,827	
23 Insurance	686,503	602,125	84,378	
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 MED & PHARM SUPPLIES	6,901,393	6,895,721	5,672	
b OTHER MED EXP/SERVICE C	3,547,511	3,208,441	242,278	96,792
c NH MEDICAID ENHANCEMENT	3,461,215	3,461,215		
d PROVISION FOR BAD DEBT	3,339,006	3,339,006		
e DUES/LICENSES	298,782	136,424	161,808	550
f All other expenses	1,163,732	853,541	297,039	13,152
25 **Total functional expenses.** Add lines 1 through 24f	72,752,874	65,664,134	6,763,989	324,751
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		5,743,368	1	9,735,266
	2	Savings and temporary cash investments		15,023,554	2	9,568,104
	3	Pledges and grants receivable, net		2,675,051	3	1,972,789
	4	Accounts receivable, net		5,677,125	4	4,831,701
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		45,161	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		290,567	7	175,953
	8	Inventories for sale or use		1,051,881	8	1,240,528
	9	Prepaid expenses and deferred charges		327,423	9	560,078
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 74,819,550			
	b	Less accumulated depreciation	10b 37,442,725	30,089,735	10c	37,376,825
	11	Investments—publicly traded securities		16,603,745	11	19,158,048
	12	Investments—other securities See Part IV, line 11		2,533,166	12	2,685,300
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		885,624	15	1,032,810
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		80,946,400	16	88,337,402
Liabilities	17	Accounts payable and accrued expenses		7,335,010	17	8,196,184
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		29,075,000	20	29,042,296
	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		853,557	23	1,040,870
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,291,851	25	6,338,383
	26	**Total liabilities.** Add lines 17 through 25		39,555,418	26	44,617,733
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		30,767,578	27	33,688,418
	28	Temporarily restricted net assets		3,871,884	28	3,126,586
	29	Permanently restricted net assets		6,751,520	29	6,904,665
		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		41,390,982	33	43,719,669
	34	Total liabilities and net assets/fund balances		80,946,400	34	88,337,402

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a		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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 ")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 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**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

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 the 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 IRC 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 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.** 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

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
MONADNOCK COMMUNITY HOSPITAL	02-0222157

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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		
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-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a) Yes	(a) No	(b) 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?	Yes		389
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		11,529
j	Total lines 1c through 1i			11,918
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	MONADNOCK COMMUNITY HOSPITAL IS A MEMBER OF THE NH HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS AVAILABLE FOR LOBBYING EXPENDITURES ON BEHALF OF MONADNOCK HOSPITAL IN FURTHERANCE OF ITS EXEMPT PURPOSE MONADNOCK HOSPITAL DOES NOT DIRECTLY PERFORM ANY LOBBYING ACTIVITIES NHHA, PORTION OF DUES AVAILABLE FOR LOBBYING $8,244 AHA, PORTION OF DUES AVAILABLE FOR LOBBYING $3,285 IN ADDITION, MCH HOSTS AN ANNUAL LEGISLATIVE BREAKFAST, WHICH IS A BIPARTISAN EVENT TO WHICH LEGISLATORS, LOCAL POLITICIANS AND OTHER PUBLIC OFFICIALS ARE INVITED TO DISCUSS HEALTH CARE ISSUES IN NEW HAMPSHIRE AND CURRENT AND PROPOSED LEGISLATION THE TOTAL COST OF THIS FORUM WAS $389

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

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 may 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 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 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 XIV 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 XIV

Part V Endowment Funds. Complete if the 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	10,623,404	10,282,555			
b Contributions	1,266,761	1,164,871			
c Investment earnings or losses	200,900	-100,136			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,059,814	723,886			
f Administrative expenses					
g End of year balance	10,031,251	10,623,404			

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

- a Board designated or quasi-endowment ▶ **31.170 %**
- b Permanent endowment ▶ **68.830 %**
- c Term endowment ▶ **0 %**

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

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

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		334,812		334,812
b Buildings		22,012,552	12,294,620	9,717,932
c Leasehold improvements		3,701,526	755,242	2,946,284
d Equipment		38,240,434	24,392,863	13,847,571
e Other		10,530,226		10,530,226
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				37,376,825

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) should 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) should 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) should 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	
INTEREST RATE SWAP AGREEMENTS	3,376,334
ESTIMATED THIRD-PARTY SETTLEMENTS	2,962,049
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	6,338,383

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	75,892,974
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,752,874
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,140,100
4	Net unrealized gains (losses) on investments	4	753,070
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,564,483
9	Total adjustments (net) Add lines 4 - 8	9	-811,413
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,328,687

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	74,756,810
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	753,070		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	753,070
3	Subtract line **2e** from line **1**			3	74,003,740
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	1,889,234		
c	Add lines **4a** and **4b**			4c	1,889,234
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	75,892,974

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

1	Total expenses and losses per audited financial statements			1	72,428,123
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	72,428,123
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	324,751		
c	Add lines **4a** and **4b**			4c	324,751
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	72,752,874

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, 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TEMPORARILY RESTRICTED ASSETS ARE AVAILABLE FOR HEALTH CARE SERVICES, INCLUDING THE PURCHASE OF EQUIPMENT AND PROVIDING HEALTH EDUCATION AND PROGRAMS THE INCOME AND DIVIDENDS ON PERMANENTLY RESTRICTED NET ASSETS ARE GENERALLY USED TO SUPPORT HEALTH CARE SERVICES AND FOR CAPITAL PURCHASES OF PROPERTY AND EQUIPMENT
Part XI, Line 8 - Other Adjustments		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS
Part XII, Line 4b - Other Adjustments		FUNDRAISING EXPENSES 324751 DECREASE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 1564483
Part XIII, Line 4b - Other Adjustments		FUNDRAISING EXPENSES 324751

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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" to 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. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

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 activities? ☑ **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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
GHIORSI & SORRENTI	SEE SCHEDULE O		No	0	24,287	0
Total . . . . . ▶					24,287	

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MCH GOLF CLASSIC (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	37,625			37,625
	2 Less Charitable contributions	11,185			11,185
	3 Gross income (line 1 minus line 2)	26,440			26,440
Direct Expenses	4 Cash prizes	700			700
	5 Non-cash prizes				
	6 Rent/facility costs	5,490			5,490
	7 Food and beverages	3,012			3,012
	8 Entertainment				
	9 Other direct expenses	5,172			5,172
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				14,374
	11 Net income summary Combine lines 3, column d, and line 10 ▶				12,066

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated 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?	**15a**		
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			
	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?	**17a**		
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 ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			1,872,207		1,872,207	2 700 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			6,395,889	4,742,975	1,652,914	2 380 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			8,268,096	4,742,975	3,525,121	5 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,079,892		1,079,892	1 560 %
f Health professions education (from Worksheet 5)			43,561		43,561	0 060 %
g Subsidized health services (from Worksheet 6)			1,320,142		1,320,142	1 900 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			151,235		151,235	0 220 %
j **Total** Other Benefits			2,594,830		2,594,830	3 740 %
k **Total.** Add lines 7d and 7j			10,862,926	4,742,975	6,119,951	8 820 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,907,180		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	205,953		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	19,641,659		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	19,524,841		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	116,818		
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				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(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					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MONADNOCK COMMUNITY HOSPITAL 452 OLD STREET ROAD PETERBOROUGH,NH 03458	X	X			X		X		
ANTRIM MEDICAL GROUP 12 ELM STREET ANTRIM,NH 03440									OUTPATIENT PHYSICIAN OFFICE
JAFFREY FAMILY MEDICINEPT SATELLITE 82 PETERBROUGH STREET JAFFREY,NH 03452									OUTPATIENT PHYSICIAN OFFICE
NEW IPSWICH FAMILY MEDICINEPT SATELLITE 821 TURNPIKE ROAD NEW IPSWICH,NH 03071									OUTPATIENT PHYSICIAN OFFICE
RINDGE FAMILY PRACTICE 31 SONJA DRIVE SUITE 2 RINDGE,NH 03461									OUTPATIENT PHYSICIAN OFFICE

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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 charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 The hospital's primary service area consists of 14 towns, including Antrim, Bennington, Dublin, Francestown, Greenfield, Greenville, Hancock, Jaffrey, Mason, New Ipswich, Peterborough, Rindge, Sharon, and Temple The hospital serves the general population of the primary service area referenced above

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 n/a

6 Provide any other information important to describing how the organization's hospitals 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)

See additional data

7 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 communites served

Part VI, Line 7 n/a

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

NH

Additional Data

Software ID:
Software Version:
EIN: 02-0222157
Name: MONADNOCK COMMUNITY HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 Charity Care and Means Tested Programs use the cost to charge ratio as their methodology This hospital calculates the ratio in a manner consistent with worksheet 2, Patient Care Charges to Patient Care Expenses, to arrive at the ratio of cost to charges Part I, Line 7, column (f) Bad Debt expense of $3,339,006 that was included on Form 990, Part IX, line 25, column (A) was subtracted for purposes of calculating the percentage in this column

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g Included in the subsidized health services activities reported for FY 2010 are unreimbursed costs of $640,921 attributed to an Outpatient Behavioral Health Practice

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The amount reported on Part III line 2 was derived by applying the cost to charge ratio against the amount of bad debt expense reported on Form 990, Part IX, line 25, column (A) ($3,339,006) Accounts written off to bad debt include gross charges being written off less any payments received against those charges Any cash collected on accounts previously written off is included as an offset to bad debt expense as recoveries of bad debt The hospital calculates the ratio in a manner consistent with worksheet 2, Patient Care Charges to Patient Care Expenses, to arrive at the ratio of costs to charges We estimated the amount of charity care in bad debt expense based on the number of applications for charity care denied due to lack of complete documentation against the average charity care write off at cost per qualified patient We believe the amount is minimal based on our extensive efforts to educate patients and staff about our various payment plans and financial grant programs to ensure that patients who qualify for any of our programs utilize them Depending on the specific circumstances a patient may be eligible for charity care, discounted care, payment programs, or a combination of the above Due to these efforts, we feel that amounts written off to bad debt that could qualify as charity care is minimal Footnote 1 to the audited financial statements of the hospital contains the following to address bad debt Accounts Receivable - Accounts receivable are stated at the amount management expects to collect from outstanding balances Management provides for probable uncollectible amounts through a charge to operations and a credit to the allowance for doubtful accounts based on its assessment of individual accounts and historical adjustments Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the allowance for doubtful accounts and a credit to accounts receivable

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Medicare allowable costs for the Medicare cost report are reported in accordance with CMS guidelines using the cost to charge ratio methodology

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b As of 9/30/2010 Monadnock Community Hospital has a written Credit and Collection policy Described within that policy are the collection practices and bad debt processes that are followed for patients who are known to qualify for charity care or financial assistance The organization maintains a Financial Grant Program (FGP) database which is maintained by the Social Services department of MCH The Patient Financial Services (PFS) staff reference this database for approval status and eligibility amounts, identifying any account(s) where the discount will apply Internal FGP insurance plans are applied to those accounts and related discount amounts are adjusted in the billing system Remaining balances are expected to be paid in full by the patient Payment plans may be requested by the patient and are established by the Financial Grant Coordinator based on the patient's available income and assets Accounts are annotated to reflect payment arrangements During bad debt processing, designated staff evaluate accounts listed as collection review for potential bad debt write off This process includes an examination of account history for indication of FGP application

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V n/a

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 The State of NH, under RSA 7 32-f, requires every healthcare charitable trust, either alone or in conjunction with other healthcare charitable trusts in its community, to conduct a Community Needs Assessment to assist in determining the activities to be included in its community benefits plan The needs assessment process includes consultation with members of the public, community organizations, service providers, and local government officials in the entity's service area to identify and prioritize the community needs that the health care entity can address directly or in collaboration with others The Community Needs Assessment is updated at least every 5 years, most recently in 2008 In 2007, the Regional Community Benefits Steering Committee was formed to prepare a single 2008 Community Benefits Needs Assessment for the Monadnock Region The work group consisted of representatives from multiple organizations, including Monadnock Community Hospital Based on the needs assessment and community engagement process, the priority needs and health concerns of the community MCH serves include access to care - driven by financial barriers and/or availability of primary care, availability of behavioral health care, general socioeconomic issues, and transportation services Monadnock Community Hospital used this information to help focus its community benefit efforts to meet the priority needs identified in the community benefit plan In addition, other needs or services not specifically identified in the community needs assessment, but addressed under the organization's community benefit plan include availability of dental or oral health care (via the organization's Monadnock Healthy Teeth to Toes program which focuses on dental hygiene and care, nutrition, and daily physical activity for children ages kindergarten to third grade) and availability of prescription medication (via the organization's Medication Bridge program designed to help eligible patients apply for assistance programs that provide free or discounted prescription medications)

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 MCH is committed to providing quality healthcare to anyone in need of services, regardless of ability to pay We understand patients may not have the finances to pay for their healthcare services and medications, and do not want this to prevent anyone from receiving necessary treatment As part of the hospital's mission to the communities we serve, we have developed programs to help meet the needs of our patients who meet income eligibility Through our Financial Grant and Medication Bridge Programs, we have been providing financial assistance to those qualifying for many years We reach out to our patients in many different ways to ensure they are aware that help is available and to guide them through the process Brochures and signage are posted in high traffic areas and all employees of MCH are informed about the FGP during orientation When a patient goes through the registration process at the hospital the staff are trained to inform uninsured or underinsured patients about the Monadnock Community Hospital Financial Grant and the New Hampshire Health Access programs and that there is assistance available within the hospital to help with the application process In addition, any time a patient calls customer service, the representative is trained to help identify and offer support to patients who may require financial assistance Patients may qualify for free care, discounted care, payment plans or a combination of the above Assistance is also provided in applying to federal and state programs for those who qualify

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Monadnock Community Hospital is a critical access hospital located in the Monadnock Region of NH Our mission is to provide excellence in community health care The hospital is served by a board of trustees consisting of local citizens active in their community and its organizations The majority of the board is not employed by the hospital and consists of local community and business representatives as well as medical staff The hospital is committed to giving back to the community to the greatest extent possible Monadnock Community Hospital supports thousands of individuals and families with free or reduced-fee services and programs Our Financial Grant program administered by the Social Services department helps families and individuals in need with access to health care and other available community services such as catastrophic care, fuel assistance, meals on wheels, food banks and visiting nurses Other examples of the hospital's effort to reach our patients beyond traditional hospital services include access to free or reduced cost medications through our Medication Bridge program, educating children on the importance of good oral hygiene, eating health, and daily physical activity through our Monadnock Healthy Teeth to Toes program, training for community agencies such as local volunteer fire and rescue personnel, prevention and wellness education including nutrition, smoking cessation and dealing with stress, providing regular community seminars regarding timely health topics, and screenings for important health issues such as breast cancer These are just a few of the many areas where we are reaching out to others to assure they are cared for well

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN HALEY MD	(i)	174,213	0	2,112	6,098	8,183	190,606	0
	(ii)	0	0	0	0	0	0	0
LUCAS SHIPPEE DO	(i)	232,711	0	22,417	6,153	20,664	281,945	0
	(ii)	0	0	0	0	0	0	0
PETER L GOSLINE	(i)	231,008	30,000	17,965	8,106	23,033	310,112	0
	(ii)	0	0	0	0	0	0	0
RICHARD SCHEINBLUM	(i)	161,905	0	247	4,999	2,850	170,001	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WOODS MD	(i)	273,463	25,000	5,395	0	21,079	324,937	0
	(ii)	0	0	0	0	0	0	0
NEERAJ VASISHTHA MD	(i)	256,410	0	3,786	3,029	20,033	283,258	0
	(ii)	0	0	0	0	0	0	0
EDWIN MENOR MD	(i)	226,546	0	15,664	3,258	14,989	260,457	0
	(ii)	0	0	0	0	0	0	0
RICHARD FRECHETTE MD	(i)	200,253	0	5,924	7,088	23,666	236,931	0
	(ii)	0	0	0	0	0	0	0
GREGORY KRIEBEL MD	(i)	200,228	0	5,848	7,236	21,966	235,278	0
	(ii)	0	0	0	0	0	0	0
JAMES HURLEY MD	(i)	164,827	0	6,160	6,019	22,897	199,903	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	Part I, Line 4b	MCH SPONSORS A SPLIT-DOLLAR LIFE INSURANCE EMPLOYEE BENEFIT PROGRAM FOR CERTAIN OFFICERS AND KEY EMPLOYEES SPLIT-DOLLAR LIFE INSURANCE IS AN ARRANGEMENT IN WHICH THE EMPLOYEE IS THE OWNER OF THE LIFE INSURANCE POLICY AND THE PREMIUMS ARE PAID BY BOTH THE EMPLOYER AND EMPLOYEE PURSUANT TO MCH'S SPLIT-DOLLAR AGREEMENT, AND THE COLLATERAL ASSIGNMENT THEREIN THE EMPLOYER'S SHARE OF THE POLICY PREMIUMS PAID IS RECOVERED EITHER UPON TERMINATION OF THE POLICY OR AT THE DEATH OF THE PARTICIPANT 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 COVERAGE THE PRESENT VALUE OF THE POLICIES IS REPORTED ON MCH'S BALANCE SHEET IN PART X, LINE 15 AS AN OTHER ASSET THE REPORTED PRESENT VALUE OF THIS ASSET AS OF 9/30/10 WAS $454,624 DURING THE FISCAL YEAR ENDED 9/30/10, $74,250 WAS PAID IN TOTAL PREMIUMS BY THE ORGANIZATION
	Part I, Line 7	MCH COMPENSATES PHYSICIANS UTILIZING PRODUCTIVITY TARGETS BASED ON RVU (RELATIVE VALUE UNITS) IN ADDITION, THE COMPENSATION COMMITTEE RECOMMENDS TO THE FULL BOARD ANNUALLY THE VARIABLE PAY AWARD THAT MAY BE ISSUED TO THE HOSPITAL'S CEO THE PAYMENT OF THE AWARD IS DISCRETIONARY AND IS SUBJECT TO MEETING THE PRE-DETERMINED GOALS OF THE ORGANIZATION

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

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	
							Yes	No	Yes	No
A	NHBFA REVENUE BONDS SERIES 2009	02-1304598	999999DA0	08-01-2009	9,750,000	FUNDING CAPITAL PROJECTS		X		X
B	NHBFA REVENUE BONDS SERIES 2007	02-1304598	64468KBH8	10-15-2007	20,230,000	ADVANCE REFUNDING OF THE SERIES 1997 & 2004 REVENUE BONDS & REFINANCING NOTE		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	9,750,000	20,230,000			
2	Gross proceeds in reserve funds	4,150,679				
3	Proceeds in refunding or defeasance escrows	15,100,045	15,100,045			
4	Other unspent proceeds	4,150,691				
5	Issuance costs from proceeds	101,086	201,040			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	5,498,235	4,928,915			
8	Year of substantial completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?		X	X							
11	Has the final allocation of proceeds been made?		X	X							
12	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		E	
		Yes	No	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 with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
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	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X	X							
b	Name of provider	TRANSAMERICA		TRANSAMERICA							
c	Term of GIC	1 166700000000		1 166700000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
CRAIG LAUER MD	BOARD MEMBER RECEIVES PAYMENTS INDIRECTLY FOR PROFESSIONAL SERVICES	49,600	DR LAUER OWNS LAUER MEDICAL ASSOCIATES, WHICH RECEIVED PAYMENTS TOTALLING $49,600 FOR PROFESSIONAL SERVICES IN THE FISCAL YEAR ENDED 9/30/10 THE PAYMENTS WERE FOR ARM'S-LENGTH TRANSACTIONS AT FAIR MARKET RATES		No
CRAIG LAUER MD	OWNERSHIP INTEREST IN VENDOR PROVIDING SERVICES TO MCH	1,596,000	DR LAUER IS AN OWNER OF MONADNOCK REGION EMERGENCY PHYSICIANS IN THE FISCAL YEAR ENDED 9/30/10, MCH PAID MONADNOCK REGION EMERGENCY PHYSICIANS A TOTAL OF $1,596,000 TO PROVIDE SERVICES IN THE HOSPITAL'S EMERGENCY DEPARTMENT THIS AMOUNT IS GROSS AND DOES NOT TAKE IN TO CONSIDERATION ANY EXPENSES INCURRED BY MONADNOCK REGION EMERGENCY PHYSICIANS IN PROVIDING THESE SERVICES		No
LARA SCHEINBLUM MD	SPOUSE TO CFO	109,124	DR SCHEINBLUM IS THE SPOUSE OF RICHARD SCHEINBLUM, WHO IS MCH'S CFO AND LISTED IN PART VII DR SCHEINBLUM IS COMPENSATED AS AN EMPLOYEE OF MCH THE W-2 COMPENSATION PAID IS IN ACCORDANCE WITH MCH'S STANDARD EMPLOYMENT PRACTICES AND POLICIES		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A DRAFT OF THE FORM 990 IS INITIALLY REVIEWED IN DETAIL BY KEY FINANCE EMPLOYEES THEREAFTER, THE FINAL DRAFT IS PRESENTED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS EACH MEMBER OF THE BOARD IS PROVIDED WITH A DRAFT OF THE FORM 990 IN ADVANCE OF THE BOARD MEETING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		On an annual basis, the organization provides all administrators/directors/managers, Board members and medical staff members with the Conflict of Interest policy Said members are required to complete a new Conflict of Interest disclosure on an annual basis Any conflicts of interest noted are reviewed by the Chair of the Board, in conjunction with the Corporate Compliance Officer If the conflict of interest appears to meet the policy definitions requiring full Board review, the President of the Board takes this to the full Board meeting, and it is discussed, and appropriate action is taken (in compliance with state and federal requirements) The conflict of interest stateMENT requires signatories to inform the Hospital of any conflict of interest that occurs at any time throughout the year If a conflict of interest arises during the year, it is reviewed by the Compliance Officer, and if necessary, is taken to the Board President/Board The Compliance Officer confers with legal counsel with regard to conflicts of interest, if there is any question regarding the potential conflict

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION HAS A WRITTEN EXECUTIVE COMPENSATION POLICY AND PROCEDURE UNDER THIS POLICY, THE COMPENSATION COMMITTEE, DELEGATED REPRESENTATIVES OF THE BOARD OF TRUSTEES, HAS THE POWER AND RESPONIBILITY TO DETERMINE THE HOSPITAL'S APPROACH TO EXECUTIVE COMPENSATION AND REVIEW THE PERFORMANCE OF THE CEO THE COMPENSATION COMMITTEE HAS THE RESPONSIBILITY TO SET, MONITOR AND REVIEW THE BASE SALARY OF THE CEO THE COMMITTEE MAINTAINS MINUTES OF SESSIONS AND FINAL RECOMMENDATIONS AND DETERMINATIONS IN ACCORDANCE WITH THE BOARD OF TRUSTEE GUIDELINES ANNUALLY, MARKET DATA IS REVIEWED BY THE COMMITTEE TO DETERMINE THE APPROPRIATE SALARY FOR THE HOSPITAL'S CEO BASED UPON IDENTIFIED STANDARDS AT THE END OF THE TIME PERIOD, THE COMMITTEE REVIEWS TO WHAT EXTENT STATED GOALS WERE MET AND RECOMMENDS AN AMOUNT FOR THE VARIABLE PAY AWARD TO BE APPROVED BY THE FULL BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		MONADNOCK COMMUNITY HOSPITAL FILES AUDITED FINANCIAL STATEMENTS ANNUALLY WITH THE NEW HAMPSHIRE ATTORNEY GENERAL'S CHARITABLE TRUST UNIT AND INFORMS THE DIRECTOR OF CHARITABLE TRUSTS OF PECUNIARY BENEFIT TRANSACTIONS THAT HAVE OCCURRED BETWEEN MCH AND A BOARD MEMBER OR OFFICER NOTICES OF SUCH TRANSACTIONS OF $5,000 OR MORE ARE ALSO PUBLISHED IN THE LOCAL NEWSPAPER IN ACCORDANCE WITH NH RSA 7 19-A, II(D) CURRENT COPIES OF THE BYLAWS, CONFLICT OF INTEREST POLICY AND FORM 990 ARE ON FILE WITH THE CHARITABLE TRUST UNIT

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN D	REPORTABLE COMPENSATION FOR SERVICES AS PHYSICIAN	THE 2009 COMPENSATION REPORTED FOR DR JOHN HALEY and DR LUCAS SHIPPEE WAS PAID BY MONADNOCK COMMUNITY HOSPITAL FOR THEIR SERVICES AS FULL-TIME PHYSICIANS DR HALEY AND DR SHIPPEE WERE NOT COMPENSATED FOR THEIR SERVICES AS EX-OFFICIO VOTING MEMBERS OF MCH'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	AUDIT REVIEW PROCESS	THE AUDIT COMMITTEE OVERSEES THE AUDIT PROCESS FOR MONADNOCK HOSPITAL THE AUDIT PROCESS FOR THE FINANCIAL STATEMENTS DID NOT CHANGE FROM THE PRIOR YEAR INDEPENDENT ACCOUNTANTS PERFORMED THE AUDIT FOR THE FISCAL YEARS ENDED 9/30/09 AND 9/30/10

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	PROFESSIONAL FEES PAID FOR CAPITAL CAMPAIGN COUNSEL AND SERVICES

Identifier	Return Reference	Explanation
		SCHEDULE L, PART II LOANS TO AND/OR FROM INTERESTED PERSONS AS OF 9/30/10, THERE WERE NO LOANS OUTSTANDING BETWEEN THE HOSPITAL AND INTERESTED PERSONS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		CAPITAL REGION HEALTH CARE CORPORATION BECAME THE SOLE COPORATE MEMBER OF THE HOSPITAL EFFECTIVE OCTOBER 1, 1997 This affiliation with CRHC was terminated during 2010 The members of the Hospital effective February 1, 2010 are the elected and ex-officio members of the Board of Trustees

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MONADNOCK COMMUNITY HOSPITAL

Employer identification number
02-0222157

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

(a) Name, address, and EIN 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
See Additional Data Table					

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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
CAPITAL REGION HEALTH SERVICES CORPORATION 250 PLEASANT STREET CONCORD, NH03301 02-0428631	MEDICAL SERVICES	NH	N/A	C			
CAPITAL REGION PRIMARY CARE CORPORATION 250 PLEASANT STREET CONCORD, NH03301 02-0495275	INACTIVE	NH	N/A	C			

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 02-0222157
Name: MONADNOCK COMMUNITY HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
MONADNOCK HEALTH SERVICES - INACTIVE 452 OLD STREET ROAD PETERBOROUGH, NH03458 02-0420789	INACTIVE	NH	501(C)(3)	11 TYPE I	N/A
CAPITAL REGION HEALTH CARE CORPORATION 250 PLEASANT STREET CONCORD, NH03301 02-0222123	PROMOTE COMPREHENSIVE HEALTH SERVICE SYSTEM	NH	501(C)(3)	11 TYPE I	N/A
CAPITAL REGION HEALTH PHYSICIANS GROUP CORP 250 PLEASANT STREET CONCORD, NH03301 02-0481705	PROVIDE MEDICAL CARE TO COMMUNITY	NH	501(C)(3)	9	N/A
CAPITAL REGION HEALTH VENTURES CORP 250 PLEASANT STREET CONCORD, NH03301 02-0438264	PROVIDE MEDICAL CARE TO COMMUNITY	NH	501(C)(3)	11 TYPE I	N/A
CAPITAL REGION HEALTH CARE DEVELOPMENT CORPORATION 250 PLEASANT STREET CONCORD, NH03301 02-0429749	SUPPORT CONCORD HOSPITAL & OTHER AFFILIATES	NH	501(C)(2)		N/A
CONCORD REGIONAL VISITING NURSE ASSOCIATION INC PO BOX 1797 CONCORD, NH033021797 02-0222122	HOME HEALTH CARE & HOSPICE SERVICES	NH	501(C)(3)	11 TYPE I	N/A
CONCORD HOSPITAL INC 250 PLEASANT STREET CONCORD, NH03301 22-2594672	ACUTE CARE HOSPITAL	NH	501(C)(3)	3	N/A
RIVERBEND COMMUNITY MENTAL HEALTH INC 3-5 NORTH STARE STREET CONCORD, NH033022032 02-0264383	MULTI-SERVICE TEAM	NH	501(C)(3)	7	N/A
CHDHC INC 250 PLEASANT STREET CONCORD, NH03301 02-0519680	PROVIDE HEALTH SERVICES TO CONCORD COMMUNITY	NH	501(C)(3)	3	N/A

Additional Data

Software ID:
Software Version:
EIN: 02-0222157
Name: MONADNOCK COMMUNITY HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(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			
CYNDY BURGESS CHAIR	13 50	X		X				0	0	0
MARYANN B HARPER VICE CHAIR	3 00	X		X				0	0	0
STEVEN H REYNOLDS TREASURER	8 00	X		X				0	0	0
ROBERT TAFT ESQ CLERK	3 00	X		X				0	0	0
ROBERT J CONDON JR TRUSTEE	3 00	X		X				0	0	0
JOHN J CRONIN III ESQ TRUSTEE (PART YEAR)	3 00	X						0	0	0
ROBERT L EDWARDS TRUSTEE	3 00	X						0	0	0
ROBIN C EICHERT TRUSTEE	3 00	X						0	0	0
CHERI FRY TRUSTEE	3 00	X						0	0	0
DAVID A HEDSTROM DDS TRUSTEE	3 00	X						0	0	0
NORMAN MAKECHNIE TRUSTEE (PART YEAR)	3 00	X						0	0	0
CAROLE MONROE TRUSTEE	3 00	X						0	0	0
BENJAMIN J WHEELER TRUSTEE (PART YEAR)	3 00	X						0	0	0
JOHN HALEY MD EX-OFFICIO W/VOTING RIGHTS	3 00	X						176,325	0	14,281
NATALIE KENNISON EX-OFFICIO W/VOTING RIGHTS (PART YR	3 00	X						0	0	0
CRAIG LAUER MD EX-OFFICIO W/VOTING RIGHTS (PART YR	3 00	X						0	0	0
AMY PHEIL EX-OFFICIO W/VOTING RIGHTS (PART YR	3 00	X						0	0	0
CHARLES J SEIGEL MD EX-OFFICIO W/VOTING RIGHTS	3 00	X						0	0	0
LUCAS SHIPPEE DO EX-OFFICIO W/VOTING RIGHTS (PART YR	50 00	X						255,128	0	26,817
PETER L GOSLINE CHIEF EXECUTIVE OFFICER	55 00	X		X				278,973	0	31,139
RICHARD SCHEINBLUM VP FINANCE/CFO	50 00			X				162,152	0	7,849
MICHAEL WOODS MD PHYSICIAN	50 00					X		303,858	0	21,079
NEERAJ VASISHTHA MD PHYSICIAN	50 00					X		260,196	0	23,062
EDWIN MENOR MD PHYSICIAN	50 00					X		242,210	0	18,247
RICHARD FRECHETTE MD PHYSICIAN	50 00					X		206,177	0	30,754

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

(A) Name and Title	(B) Average hours per week	(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			
GREGORY KRIEBEL MD PHYSICIAN	50 00					X		206,076	0	29,202
JAMES HURLEY MD FORMER BOARD MEMBER	50 00						X	170,987	0	28,916

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MED & PHARM SUPPLIES	6,901,393	6,895,721	5,672	
OTHER MED EXP/SERVICE C	3,547,511	3,208,441	242,278	96,792
NH MEDICAID ENHANCEMENT	3,461,215	3,461,215		
PROVISION FOR BAD DEBT	3,339,006	3,339,006		
DUES/LICENSES	298,782	136,424	161,808	550