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

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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 OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
EXETER HOSPITAL, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5 ALUMNI DRIVE

City or town, state or country, and ZIP + 4
EXETER, NH 03833

D Employer identification number
22-2674014

E Telephone number
(603) 580-6695

G Gross receipts $ 221,382,321.

F Name and address of principal officer: KEVIN CALLAHAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c)(3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.EXETERHOSPITAL.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1907 M State of legal domicile: NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF EXETER HOSPITAL IS TO IMPROVE THE HEALTH OF THE COMMUNITY. THIS MISSION IS

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	1681
	6 Total number of volunteers (estimate if necessary)	6	110
	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)	314,411.	169,922.
	9 Program service revenue (Part VIII, line 2g)	212,053,074.	217,655,856.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,451,540.	-1,252,617.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,076,840.	1,666,761.
	12 Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,992,785.	218,239,922.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,287,318.	1,352,334.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	86,766,195.	91,239,029.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,626.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	105,675,870.	106,358,653.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	193,729,383.	198,950,016.
	19 Revenue less expenses. Subtract line 18 from line 12	17,263,402.	19,289,906.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	267,974,740.	281,810,222.
	21 Total liabilities (Part X, line 26)	106,782,141.	105,165,067.
	22 Net assets or fund balances. Subtract line 21 from line 20	161,192,599.	176,645,155.

RECEIVED
JUN 18 2012
OGDEN, UT
IRS

Part II Signature Block

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

Sign Here

Signature of officer — Date 6/8/2012

KEVIN J. O'LEARY, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 6/6/12 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
WILLIAM STEELE & ASSOCIATES, P.C.
40 STARK STREET
MANCHESTER, NH 03101

EIN ▶

Phone no. ▶ (603)622-8881

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

SCANNED JUL 09 2012

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

16
18

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF EXETER HOSPITAL IS TO IMPROVE THE HEALTH OF THE COMMUNITY. THIS MISSION IS PRINCIPALLY ACCOMPLISHED THROUGH THE PROVISION OF HEALTH SERVICES AND INFORMATION TO THE COMMUNITY. EXETER HOSPITAL WORKS TO ACCOMPLISH THIS MISSION THROUGH THE PROVISION OF

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.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 173,842,148. including grants of $) (Revenue $ 219,325,005.)
THE MISSION OF EXETER HOSPITAL IS TO IMPROVE THE HEALTH OF THE COMMUNITY. THIS MISSION IS PRINCIPALLY ACCOMPLISHED THROUGH THE PROVISION OF HEALTH SERVICES AND INFORMATION TO THE COMMUNITY. EXETER HOSPITAL WORKS TO ACCOMPLISH THIS MISSION THROUGH THE PROVISION OF DIAGNOSTIC TESTING, THERAPEUTIC INPATIENT AND OUTPATIENT SERVICES, COMMUNITY EDUCATION AND OUTREACH, AND ACUTE EMERGENCY, INPATIENT AND SURGICAL SERVICES AS WELL AS OBSTETRICAL SERVICES. IN FISCAL YEAR 2010 EXETER HOSPITAL SERVED THE COMMUNITY BY PROVIDING CARE TO 5,833 ACUTE INPATIENTS, 138,817 OUTPATIENT VISITS, 36,669 EMERGENCY ROOM VISITS AND 683 BIRTHS. IN 2010 EXETER HOSPITAL SUPPORTED ITS MISSION BY SUPPORTING $17,170,026 IN COMMUNITY OUTREACH, BENEFITS AND FINANCIAL SUPPORT TO THE COMMUNITY EXCLUDING $13,812,296 IN UNCOVERED MEDICARE EXPENSES.

4b (Code:) (Expenses $ including grants of $) (Revenue $)
EXETER HOSPITAL'S ACUTE CARE PROGRAM PROVIDES ACUTE INPATIENT AND OUTPATIENT OBSERVATION LEVEL CARE IN OUR 100 LICENSED INPATIENT BEDS. OUR INPATIENT SERVICES TREAT EMERGENCY, ACUTE, ELECTIVE SURGICAL AND PALLIATIVE CARE PATIENTS. APPROXIMATELY 70% OF OUR ADMISSIONS COME FROM THE EMERGENCY ROOM. WE OFFER INPATIENT ACUTE SERVICES FOR MEDICAL AND SURGICAL DIAGNOSES FOR ADULTS AS WELL AS PEDIATRIC AND OBSTETRICAL INPATIENT SERVICES. EXETER HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION FOR THE ACCREDITATION OF HEALTH CARE ORGANIZATIONS AS WELL AS MANY OTHER SERVICE LEVEL SPECIFIC NATIONAL ACCREDITATIONS. OUR PRACTICE MODEL IS GUIDED BY A SERIES OF COLLABORATIVE BEST PRACTICE COMMITTEES THAT ENGAGE NURSES AND PHYSICIANS IN THE DEVELOPMENT OF THE BEST POSSIBLE EVIDENCE BASED CARE PROTOCOLS. EXETER HOSPITAL SUPPORTS

4c (Code:) (Expenses $ including grants of $) (Revenue $)
EXETER HOSPITAL'S SURGICAL PROGRAM PROVIDES A FULL RANGE OF BOTH INPATIENT AND OUTPATIENT SURGICAL SERVICES FOR PATIENTS OF ALL AGES FROM ACROSS OUR SERVICE AREA. AVAILABLE SURGICAL SPECIALTIES INCLUDE; ORTHOPEDICS, VASCULAR, GENERAL, PLASTICS, PODIATRIC, ONCOLOGY, COLORECTAL, GYNECOLOGICAL AND ENT SURGERY. RECENTLY EXETER HOSPITAL RECEIVED RECOGNITION FOR ITS JOINT REPLACEMENT PROGRAM IN ORTHOPEDICS WITH THE BLUE DISTINCTION AWARD FOR THE QUALITY AND EFFECTIVENESS OF OUR PROGRAM. ANESTHESIOLOGY COVERAGE IS PROVIDED BY AN INDEPENDENT GROUP OF ANESTHESIOLOGISTS WHO HAVE WORKED WITH OUR SURGEONS AND NURSES FOR YEARS.

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

4e Total program service expenses ▶ $ 173,842,148.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

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

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	207		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1681		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
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?		6a		X
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?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	10		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

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

KEVIN J. O'LEARY - (603) 580-6695
5 ALUMNI DRIVE, EXETER, NH 03833

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN J. CALLAHAN CEO/TRUSTEE	2.00	X		X				0.	704,207.	356,720.
GLENN MCKENZIE CHAIRMAN	1.00	X		X				0.	0.	0.
STEVE HERMANS,ESQ VICE CHAIRMAN	1.00	X		X				0.	0.	0.
RICHARD L. LEVY, MD TRUSTEE	1.00	X						0.	0.	0.
REV. JOHN E. DENSON, JR TRUSTEE	1.00	X						0.	0.	0.
ROBERT A. EBERLE TRUSTEE	1.00	X						0.	0.	0.
LARRY S. PRESSMAN, MD TRUSTEE	1.00	X						0.	154,700.	20,343.
KATIE DELAHAYE PAINE TRUSTEE	1.00	X						0.	0.	0.
ROSS GITTELL TRUSTEE	1.00	X						0.	0.	0.
AMY CASE TRUSTEE	1.00	X						0.	0.	0.
JOSEPH ARMY TRUSTEE	1.00	X						0.	0.	0.
WILLIAM SCHLEYER TRUSTEE	1.00	X						0.	0.	0.
J. BONNIE NEWMAN TRUSTEE	1.00	X						0.	0.	0.
MAJ GEN JOSEPH SIMEONE TRUSTEE	1.00	X						0.	0.	0.
NANCY BRAESE, DO EX-OFFICIO	1.00	X						0.	166,142.	27,375.
KEVIN J. O'LEARY TREASURER	2.00			X				0.	401,588.	168,262.
CONSTANCE D. SPRAUER SECRETARY	2.00			X				0.	261,244.	34,298.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE MARIE BULARZIK VP-ACUTE CARE	40.00				X			286,003.	0.	16,039.
BRIAN CAMPBELL VP-AMBUL CARE	40.00				X			255,682.	0.	36,508.
JONATHAN A. JACKSON PHYSICIST	40.00					X		213,287.	0.	30,825.
JOAN RACZY PHARMACY OPERATIONS	40.00					X		188,522.	0.	37,567.
PETER J. DEGNAN, MD PHYSICIAN	40.00					X		204,479.	0.	33,066.
JANE PETERSON DIRECTOR	40.00					X		179,335.	0.	11,916.
DEANNA KING DIRECTOR	40.00					X		146,455.	0.	29,972.
1b Total ▶								1,473,763.	1,687,881.	802,891.

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 ▶ 49

		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		X
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	X	
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
EXETER HEALTH RESOURCES 5 ALUMNI DRIVE, EXETER, NH 03833	ADMINISTRATIVE MANAGEMENT SERVICES	5,311,164.
CORE PHYSICIAN SERVICES, LLC 5 ALUMNI DRIVE, EXETER, NH 03833	PHYSICIAN SERVICES	2,500,541.
GE HEALTH CARE INC. P.O. BOX 640200, PITTSBURGH, PA 15426	EQUIPMENT MAINTENANCE	1,533,361.
NH ONCOLOGY HEMATOLOGY PA, 200 TECHNOLOGY DRIVE CENTRAL PARK II, HOOKSETT, NH 03106	PHYSICIAN SERVICES	1,322,950.
SEACOAST ANESTHESIA, PA PO BOX 9645, MANCHESTER, NH 03108	PHYSICIAN SERVICES	1,182,753.

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 ▶ 46

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	169,922.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		169,922.			
Program Service Revenue		Business Code				
	2a NET PATIENT SVCS	621300	206,718,239.	206,718,239.		
	b DISPROPORTIONATE SHARE	621300	10,485,391.	10,485,391.		
	c OTHER PROGRAM REVENUE	621300	452,226.	452,226.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		217,655,856.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1844107.			1,844,107.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	43,287.				
	b Less: rental expenses	37,910.				
	c Rental income or (loss)	5,377.				
	d Net rental income or (loss)		5,377.			5,377.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		7,765.			
	b Less: cost or other basis and sales expenses	3,104,489.				
	c Gain or (loss)	-3,104,489.	7,765.			
	d Net gain or (loss)		-3,096,724.	7,765.		-3,104,489.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	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 CAFETERIA INCOME	621300	1375075.	1375075.		
	b EXEMPT FUNCTION INCOME	621300	167,965.	167,965.		
	c GIFT SHOP INCOME	621300	118,344.	118,344.		
	d All other revenue					
	e Total. Add lines 11a-11d		1661384.			
	12 Total revenue. See instructions.		218,239,922.	219,325,005.	0.	-1,255,005.

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	1,352,334.	1,352,334.		
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	541,685.	471,266.	70,419.	
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	67,259,968.	58,516,172.	8,743,796.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,288,918.	3,731,359.	557,559.	
9 Other employee benefits	14,250,921.	12,398,302.	1,852,619.	
10 Payroll taxes	4,897,537.	4,260,857.	636,680.	
11 Fees for services (non-employees).				
a Management				
b Legal	228,901.		228,901.	
c Accounting	60,000.		60,000.	
d Lobbying	100,407.		100,407.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	251,080.	218,440.	32,640.	
13 Office expenses	1,295,908.	1,127,440.	168,468.	
14 Information technology	448,733.	390,398.	58,335.	
15 Royalties				
16 Occupancy	4,959,729.	4,314,964.	644,765.	
17 Travel	370,626.	322,445.	48,181.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,309,589.	2,009,342.	300,247.	
21 Payments to affiliates	4,019,937.	3,497,345.	522,592.	
22 Depreciation, depletion, and amortization	12,361,664.	10,754,648.	1,607,016.	
23 Insurance	101,555.	88,353.	13,202.	
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 SUPPLIES	17,128,817.	14,902,071.	2,226,746.	
b BAD DEBT EXPENSE	14,056,122.	14,056,122.		
c MEDICAID ENHANCEMENT TA	10,485,391.	10,485,391.		
d DRUGS	9,230,234.	9,230,234.		
e SERVICE CONTRACTS	6,350,319.	5,524,778.	825,541.	
f All other expenses	22,599,641.	16,189,887.	6,404,128.	5,626.
25 Total functional expenses. Add lines 1 through 24f	198950016.	173842148.	25,102,242.	5,626.
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		28,032,916.	1	39,926,892.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		21,231,950.	4	18,962,118.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,548,668.	8	2,567,476.
	9	Prepaid expenses and deferred charges		1,415,564.	9	1,199,801.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 140,925,760.			
	b	Less: accumulated depreciation	10b 59,052,582.	87,155,806.	10c	81,873,178.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		125,802,301.	12	133,505,345.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,787,535.	15	3,775,412.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		267,974,740.	16	281,810,222.
Liabilities	17	Accounts payable and accrued expenses		16,838,720.	17	14,457,684.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		64,821,630.	20	62,936,316.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		25,121,791.	25	27,771,067.
	26	**Total liabilities.** Add lines 17 through 25		106,782,141.	26	105,165,067.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		144,162,401.	27	159,581,890.
	28	Temporarily restricted net assets		260,877.	28	293,944.
	29	Permanently restricted net assets		16,769,321.	29	16,769,321.
		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		161,192,599.	33	176,645,155.
	34	Total liabilities and net assets/fund balances		267,974,740.	34	281,810,222.

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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.**

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2009

Open to Public Inspection

Name of the organization	Employer identification number
EXETER HOSPITAL, INC.	22-2674014

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

		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 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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.

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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), then

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

Name of organization	Employer identification number
EXETER HOSPITAL, INC.	22-2674014

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
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 function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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 nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		77,039.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		23,368.
j	Total. Add lines 1c through 1i			100,407.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

A PORTION OF MEMBERSHIP DUES AND MANAGEMENT FEES ARE CONSIDERED LOBBYING EXPENSES.

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: EXETER HOSPITAL, INC.

Employer identification number: 22-2674014

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
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 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	17,030,198.	16,940,024.			
b Contributions	37,433.	213,038.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	4,366.	122,864.			
f Administrative expenses					
g End of year balance	17,063,265.	17,030,198.			

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

a Board designated or quasi-endowment ▶ 1.72 %
b Permanent endowment ▶ 92.28 %
c Term endowment ▶ _____ %

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

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

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		102,400.		102,400.
b Buildings		74,893,784.	23,729,631.	51,164,153.
c Leasehold improvements		523,937.	357,909.	166,028.
d Equipment		62,424,007.	33,770,645.	28,653,362.
e Other		2,981,632.	1,194,397.	1,787,235.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				81,873,178.

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		
CASH & SHORT-TERM INVESTMENTS	33,077,715.	END-OF-YEAR MARKET VALUE
FIXED INCOME SECURITIES	30,247,063.	END-OF-YEAR MARKET VALUE
MARKETABLE EQUITY SECURITIES	28,759,825.	END-OF-YEAR MARKET VALUE
LIMITED PARTNERSHIPS	41,420,742.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	133,505,345.	

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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

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

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO THIRD PARTY PAYORS	2,077,895.
ACCRUED INTEREST	1,297,226.
ACCRUED PENSION LIABILITY	15,316,225.
SWAP VALUATION LIABILITY	9,072,079.
DEFERRED COMPENSATION	7,642.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	27,771,067.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	218,239,922.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	198,950,016.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	19,289,906.
4	Net unrealized gains (losses) on investments	4	10,033,176.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-13,870,526.
9	Total adjustments (net). Add lines 4 through 8	9	-3,837,350.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	15,452,556.

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	218201484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	218201484.
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	38,438.		
c	Add lines 4a and 4b			4c	38,438.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	218239922.

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

1	Total expenses and losses per audited financial statements			1	198911573.
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	198911573.
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	38,443.		
c	Add lines 4a and 4b			4c	38,443.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	198950016.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE GOAL OF THE ENDOWMENT FUNDS IS TO SUPPORT FUTURE CAPITAL EXPENDITURES AND OTHER MAJOR PROGRAM NEEDS, AND TO GENERALLY INCREASE THE FINANCIAL STRENGTH OF THE CORPORATION. THE QUASI-ENDOWMENTS ARE FUNDS WHICH HAVE BEEN DONATED TO THE ORGANIZATION FOR A PURPOSE SPECIFIED BY THE DONOR. THESE FUNDS ARE HELD UNTIL USED FOR THE PURPOSE INTENDED BY THE DONOR.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

TRANSFERS BETWEEN RELATED ENTITIES: -14924935.

ADJ TO MIN PENSION LIABILITY: 1058775.

OTHER: -4366.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSE RECLASS TO REVENUE: 38438.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSE RECLASS TO REVENUE: 38443.

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 EXETER HOSPITAL, INC.

Employer identification number 22-2674014

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	X	
b	If "Yes," is it a written policy?	1b	X	
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 275 %	3a	X	
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	X	
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	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	

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)		2,071	3,878,471.		3,878,471.	2.10%
b Unreimbursed Medicaid (from Worksheet 3, column a)		3,503	6,211,205.		6,211,205.	3.36%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		5,574	10,089,676.		10,089,676.	5.46%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		35,814	1,568,517.	51,487.	1,517,030.	.82%
f Health professions education (from Worksheet 5)		547	1,021,823.	9,650.	1,012,173.	.55%
g Subsidized health services (from Worksheet 6)		3,043	3,432,499.	560,257.	2,872,242.	1.55%
h Research (from Worksheet 7)		119	182,771.	59,768.	123,003.	.07%
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,440,317.	0.	1,440,317.	.78%
j **Total.** Other Benefits		39,523	7,645,927.	681,162.	6,964,765.	3.77%
k **Total.** Add lines 7d and 7j		45,097	17,735,603.	681,162.	17,054,441.	9.23%

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			100.		100.	.00%
2	Economic development			10,735.		10,735.	.01%
3	Community support			29,747.		29,747.	.02%
4	Environmental improvements						
5	Leadership development and training for community members			4,400.		4,400.	.00%
6	Coalition building						
7	Community health improvement advocacy			1,000.		1,000.	.00%
8	Workforce development			5,869.		5,869.	.00%
9	Other						
10	Total			51,851.		51,851.	.03%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			X
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,896,543.		
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	2,679,799.		
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	57,916,636.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	71,728,932.		
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-13812296.		
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		X	
b	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		X	

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)
EXETER HOSPITAL 5 ALUMNI DRIVE EXETER, NH 03833	X	X					X		

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.

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

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.

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

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.

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.).

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 communities served.

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

PART I, LINE 7: A RATIO OF PATIENT COST TO CHARGE WAS CALCULATED UTILIZING WORKSHEET 2. THE RATIO OF COST TO CHARGE WAS UTILIZED IN CALCULATING LINE 7A. TOTAL NET COMMUNITY BENEFIT EXPENSE FOR CHARITY CARE.

PART III, LINE 4: THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS PROVIDED BASED ON AN ANALYSIS BY MANAGEMENT OF THE COLLECTIBILITY OF OUTSTANDING BALANCES. MANAGEMENT CONSIDERS THE AGE OF OUTSTANDING BALANCES AND PAST COLLECTION EFFORTS IN DETERMINING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. ACCOUNTS DEEMED UNCOLLECTIBLE ARE CHARGED OFF AGAINST THE ESTABLISHED ALLOWANCE.

THE PATIENT COST TO CHARGE FROM WORKSHEET 2 WAS APPLIED TO DETERMINE THE AMOUNT OF THE ORGANIZATIONS BAD DEBT EXPENSE AT COST

PART III, LINE 9B: IF A PATIENT HAS BEEN APPROVED FOR FINANCIAL ASSISTANCE AND THEIR ACCOUNT WAS SENT TO A COLLECTION AGENCY, THE ACCOUNT WILL BE RETRACTED FROM THE COLLECTION AGENCY AND FINANCIAL ASSISTANCE WILL BE APPLIED TO THE ACCOUNT.

PART VI, LINE 2: EVERY FIVE YEARS, EXETER HOSPITAL, IN COLLABORATION

Part VI Supplemental Information

WITH ITS COMMUNITY PARTNERS, CONDUCTS A COMMUNITY NEEDS ASSESSMENT TO IDENTIFY, PRIORITIZE, AND ADDRESS CRITICAL HEALTH ISSUES. THE LAST COMMUNITY NEEDS ASSESSMENT WAS COMPLETED IN 2008. THE PURPOSE OF THE ASSESSMENT WAS TO ENGAGE COMMUNITY MEMBERS THROUGH KEY LEADER INTERVIEWS AND COMMUNITY FORUMS, AND TO ACHIEVE THE FOLLOWING OBJECTIVES:

- EDUCATE AND INFORM KEY LEADERS AND COMMUNITY FORUM PARTICIPANTS OF THE RESULTS OF THE 2003 COMMUNITY NEEDS ASSESSMENT AND ACHIEVEMENTS TO DATE TO MEET IDENTIFIED NEEDS
- VALIDATE PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2003 COMMUNITY NEEDS ASSESSMENT AND FURTHER DEFINE THESE NEEDS IN 2008 FROM THE STAKEHOLDERS PERSPECTIVE
- IDENTIFY UNMET NEEDS THAT HAVE EMERGED SINCE THE 2003 COMMUNITY NEEDS ASSESSMENT
- ENGAGE KEY LEADERS AND COMMUNITY FORUM PARTICIPANTS IN A DISCUSSION TO IDENTIFY SOLUTIONS TO ADDRESS COMMUNITY HEALTH NEEDS
- SHARE THE FINDINGS OF THE UNH SURVEY CENTER HOUSEHOLD TELEPHONE SURVEY
- WHERE APPROPRIATE, MOTIVATE KEY LEADERS AND COMMUNITY FORUM PARTICIPANTS TO PARTICIPATE IN EFFORTS TO ADDRESS COMMUNITY HEALTH NEEDS GOING FORWARD
- SERVE AS A CONTINUING FOUNDATION FOR THE DEVELOPMENT OF A COMMUNITY BENEFITS PLAN, AS MANDATED UNDER RSA 7:32-E

THE 2008 COMMUNITY NEEDS ASSESSMENT INCLUDED TELEPHONE SURVEY, FOCUS GROUP AND KEY LEADER INTERVIEW COMPONENTS. THE REPORT IN ITS ENTIRETY CAN BE ACCESSED ON THE EXETER HOSPITAL WEBSITE: HTTP://WWW.EXETERHOSPITAL.COM/ABOUT-EXETER/COMMUNITY-BENEFITS/.

PART VI, LINE 3: EXETER HOSPITAL PROVIDES ITS PATIENTS WITH INFORMATION REGARDING THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAM, AND

Part VI | Supplemental Information

A SUMMARY OF THE ORGANIZATIONS POLICY, ON THE BACK OF EVERY BILLING STATEMENT. ON THE EXETER HOSPITAL WEBSITE (HTTP://EXETERHOSPITAL.COM), PATIENTS AND THE GENERAL PUBLIC CAN FIND INFORMATION ON THE ORGANIZATIONS FINANCIAL ASSISTANCE PROGRAMS; FINANCIAL ASSISTANCE, UNINSURED CARE DISCOUNT PROGRAM, CATASTROPHIC CARE PROGRAM; AND STATE-WIDE PROGRAMS. AS AN ADDITIONAL MEASURE TO ENSURE OUR COMMUNITY MEMBERS ARE AWARE OF EXETER HOSPITALS FINANCIAL ASSISTANCE PROGRAMS, TWICE A YEAR THE ORGANIZATION RUNS ADVERTISEMENTS IN COMMUNITY NEWSPAPERS SUMMARIZING THE ORGANIZATIONS FINANCIAL ASSISTANCE/CHARITY CARE POLICY.

EXETER HOSPITAL EMPLOYS FINANCIAL COUNSELORS SPECIFICALLY DEDICATED TO ASSISTING PATIENTS WITH QUESTIONS REGARDING THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE, AND ASSISTING PATIENTS THROUGH THE QUALIFICATION PROCESS AS APPLICABLE. ALL INPATIENT SELF-PAY PATIENTS ARE PROVIDED INFORMATION AND COUNSELING REGARDING THE ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AT THE TIME OF SERVICE. SELF-PAY PATIENTS IN THE EMERGENCY DEPARTMENT, SURGICAL AREAS AND ONCOLOGY ARE ALSO INFORMED OF THE HOSPITALS FINANCIAL ASSISTANCE PROGRAMS AT TIME OF SERVICE OR DISCHARGE.

PART VI, LINE 4: EXETER HOSPITAL SERVICES AN AREA THAT ENCOMPASSES 40 COMMUNITIES WITH AN ESTIMATED POPULATION OF 231,225.

PART VI, LINE 5: EMERGENCY PREPAREDNESS OFFICIALS AT EXETER HOSPITAL TAKE PART IN MANY EMERGENCY AND DISASTER PLANNING ACTIVITIES THROUGHOUT THE REGION AND STATE, HELPING TO ENSURE THE HEALTH AND SAFETY OF SEACOAST AREA RESIDENTS. DURING FY 2010 OFFICIALS FROM EXETER HOSPITAL SPENT MORE THAN 1,100 HOURS PARTICIPATING IN EMERGENCY PREPAREDNESS DEVELOPMENT AND TRAINING EXERCISES, INCLUDING SEACOAST EVACUATION PLANNING PROJECT

Part VI Supplemental Information

MEETINGS, DECONTAMINATION DRILLS, EMERGENCY PREPAREDNESS PLANNING MEETINGS FACILITATED BY THE NH HOSPITAL ASSOCIATION AND A MASS CASUALTY INCIDENT DRILL AT PEASE AIRPORT. THE COSTS ASSOCIATED WITH EMERGENCY MANAGEMENT ACTIVITIES ARE REPORTED IN THE COMMUNITY SUPPORT CATEGORY WITHIN COMMUNITY BUILDING ACTIVITIES.

THE MAJORITY OF THE REMAINING COMMUNITY BENEFIT ACTIVITIES REPORTED AS COMMUNITY BUILDING ACTIVITIES ARE CASH DONATIONS TO COMMUNITY ORGANIZATIONS FOR THE PURPOSE OF FURTHERING WORKFORCE DEVELOPMENT, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT, LEADERSHIP AND ECONOMIC DEVELOPMENT.

PART VI, LINE 6: ACCESS TO CARE

FINANCIAL ASSISTANCE:

EXETER HOSPITAL HAS THREE COMPONENTS TO ITS HEALTH CARE ACCESS PROGRAM:

Ø THE FINANCIAL ASSISTANCE PROGRAM IS A COMMUNITY-BASED PROGRAM FOR UNINSURED AND UNDER-INSURED PATIENTS WHO MEET SPECIFIC INCOME, GEOGRAPHICAL AND OTHER GUIDELINES, AND WHO DO NOT OTHERWISE QUALIFY FOR ANY STATE OR FEDERAL ASSISTANCE.

Ø THE UNINSURED CARE DISCOUNT/HOSPITAL ACCESS PLUS PROGRAM EXTENDS A 20% DISCOUNT OFF TOTAL CHARGES TO PATIENTS WHO MAY NOT BE ABLE TO ACCESS OR AFFORD HEALTH INSURANCE.

Ø EXETERØS CATASTROPHIC CARE PROGRAM PROVIDES FINANCIAL RELIEF FOR THOSE PATIENTS WHO DO NOT QUALIFY FOR OUR FINANCIAL ASSISTANCE PROGRAM, BUT WHO ARE FACED WITH A SUBSTANTIAL DEBT DUE TO A SERIOUS ILLNESS OR INJURY. THIS PROGRAM IS CALCULATED BASED ON A PERCENTAGE OF THE PATIENTØS GROSS INCOME.

EXETER HOSPITAL PROVIDED $3,878,471 IN CHARITY CARE DURING FY 2010, A 23

Part VI | Supplemental Information

PERCENT INCREASE OVER FY 2009. IN FY 2010 THE CHARITY CARE PROGRAM SERVED 2,070 PEOPLE FOR A TOTAL OF 6,200 VISITS.

WOMEN'S WELLNESS CLINIC: THROUGH A PARTNERSHIP WITH SEACARE HEALTH SERVICES,THIS CLINIC PROVIDES UNINSURED AND UNDERINSURED WOMEN WITH NEEDED BREAST AND CERVICAL CANCER SCREENINGS. IN FY 2010 THE WOMEN'S WELLNESS CLINIC SERVED 70 WOMEN AND EXETER HOSPITAL PROVIDED $70,500 TO CONTINUE THIS INITIATIVE.

BEYOND THE RAINBOW FUND: THIS FUND PROVIDES FINANCIAL ASSISTANCE TO ONCOLOGY PATIENTS IN NEED, ASSISTING PATIENTS WITH PRESCRIPTION EXPENSES NOT COVERED BY INSURANCE, SUBSIDIZING RENT AND FUEL BILLS, PURCHASING WALKERS AND CANES, AND ANY OTHER NEEDS NOT COVERED BY INSURANCE THAT MAY HAVE BECOME UNMANAGEABLE FOR INDIVIDUALS OR FAMILIES DURING CANCER TREATMENT.

COMMUNITY PARTNERS

EXETER HOSPITAL WORKS EXTENSIVELY WITH OTHER NONPROFIT AGENCIES AND ORGANIZATIONS WHO STRIVE TO IMPROVE THE HEALTH OF THE COMMUNITY IN MANY WAYS. SOME OF THESE PARTNERSHIPS INCLUDE:

LAMPREY HEALTH CARE: EXETER HOSPITAL CONTINUED ITS ANNUAL FINANCIAL SUPPORT OF LAMPREY HEALTH CARE WITH A COMMUNITY BENEFIT GRANT IN THE AMOUNT OF $500,000.

LAMPREY HEALTH CARE IS NEW HAMPSHIRE'S OLDEST AND LARGEST PRIVATE, NON-PROFIT COMMUNITY HEALTH CENTER WITH CENTERS IN NEWMARKET, RAYMOND, AND NASHUA THAT SERVE OVER 16,000 PATIENTS OF ALL AGES EACH YEAR. AS A

Part VI Supplemental Information

COMMUNITY HEALTH CENTER,THEY PROVIDE PRIMARY CARE AND HEALTH-RELATED SERVICES TO ALL INDIVIDUALS AND FAMILIES, REGARDLESS OF INSURANCE STATUS OR ABILITY TO PAY. BY FOCUSING ON PREVENTION AND HEALTHCARE MANAGEMENT, LAMPREY HEALTH CARE STRIVES TO KEEP BOTH THE INSURED AND UNINSURED HEALTHY, IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH CARE COSTS FOR THEIR PATIENTS AND COMMUNITIES AS A WHOLE.

SEACARE HEALTH SERVICES: EXETER HOSPITAL ANNUALLY SUPPORTS SEACARE HEALTH SERVICES IN THE AMOUNT OF $431,470.

SEACARE UTILIZES FUNDING FROM EXETER HOSPITAL TO PROVIDE MEDICAL CARE AND COORDINATION, HEALTH EDUCATION, AND MEDICATION ACCESS TO UNINSURED INDIVIDUALS IN THE COMMUNITY. DURING FY 2010 SEACARE PROVIDED MEDICAL ACCESS FOR 2,177 ADULTS AND 348 CHILDREN. THE MEDICATION BRIDGE PROGRAM DISPENSED 4,717 PRESCRIPTIONS WORTH $2,219,747, AND BENEFITED 745 PEOPLE.

FAMILIES FIRST HEALTH AND SUPPORT CENTER: IN FY 2010 EXETER HOSPITAL MADE A FINANCIAL CONTRIBUTION TO FAMILIES FIRST IN THE AMOUNT OF $100,000.

FAMILIES FIRST IS A COMMUNITY HEALTH CENTER OFFERING A WIDE VARIETY OF HEALTH SERVICES AND PROGRAMS INCLUDING PRIMARY CARE, PRENATAL CARE, DENTAL CARE, AND MOBILE HEALTH CARE FOR THE HOMELESS.

NEW OUTLOOK TEEN CENTER: EXETER HOSPITAL CONTINUED ITS SUPPORT OF NEW OUTLOOK TEEN CENTER IN THE AMOUNT OF $75,000.

NEW OUTLOOK IS A RECREATIONAL, EDUCATIONAL AND PREVENTION-ORIENTED PROGRAM

Part VI Supplemental Information

OFFERING AFTER-SCHOOL AND SUMMER ADVENTURE PROGRAM SETTINGS FOR MIDDLE AND HIGH SCHOOL YOUTH. NEW OUTLOOK SERVES MORE THAN 350 YOUTH IN THE TOWNS OF BRENTWOOD, EAST KINGSTON, EXETER, KENSINGTON, NEWFIELDS AND STRATHAM.

TRANSPORTATION

EXETER HOSPITALØS TRANSPORTATION PROGRAM IS AN IMPORTANT HEALTH CARE SUPPORT SERVICE PROVIDED IN RESPONSE TO AN IDENTIFIED COMMUNITY NEED. EACH YEAR THE PROGRAM ENHANCES ACCESS FOR HUNDREDS OF PATIENTS WHO OTHERWISE WOULD NOT BE ABLE TO OBTAIN NEEDED HEALTH CARE AND HEALTH RELATED SUPPORT SERVICES. DURING FY 2010 EXETER HOSPITAL PROVIDED 5,070 TRANSPORTS AT A COST OF $337,000.

RESEARCH

THE CENTER FOR CANCER CARE AT EXETER HOSPITAL PARTICIPATES IN SEVERAL NATIONAL RESEARCH GROUPS SPONSORED BY THE NATIONAL CANCER INSTITUTE, WHICH ENABLES THE CENTER TO OFFER CLINICAL TRIALS TO PATIENTS UNDERGOING TREATMENT AT EXETER HOSPITAL. THESE OFFERINGS ALLOW PATIENTS TO VOLUNTARILY TAKE PART IN LEADING EDGE RESEARCH THAT DOES NOT NECESSITATE TRAVEL OUTSIDE OF THE SEACOAST AREA. DURING FY 2010 EXETER HOSPITAL PROVIDED $123,000 FOR CLINICAL TRIALS AND RESEARCH THAT SERVED 119 PATIENTS. IN FY 2010 THE CENTER FOR CANCER CARE WAS AWARDED A GRANT TO UNDERTAKE A STUDY OF ITS WELL ESTABLISHED WELL-FIT EXERCISE PROGRAM FOR CANCER SURVIVORS WITH ADVANCED DISEASE. THE CANCER WELL-FIT PROGRAM PROVIDES INDIVIDUALIZED EXERCISE PROGRAMS FOR CANCER PATIENTS, INSTRUCTED BY ONCOLOGY TRAINED PHYSICAL THERAPISTS AND PERSONAL TRAINERS. TO DATE, MORE THAN 1,300 CANCER SURVIVORS HAVE UTILIZED THE SERVICES OFFERED THROUGH THE WELL-FIT PROGRAM.

Part VI Supplemental Information

PART VI, LINE 7: A NETWORK OF CARING

EXETER HOSPITAL, INC., IS ONE OF FIVE AFFILIATES OF EXETER HEALTH RESOURCES. AT EACH OF THE AFFILIATED COMPANIES, EXETER IS COMMITTED TO PROVIDING HEALTH CARE SERVICES THAT ARE INNOVATIVE, PROGRESSIVE, AND FOCUSED ON QUALITY AND THE WELL-BEING OF PATIENTS.

THE MISSION OF EXETER HEALTH RESOURCES AND ITS AFFILIATES IS TO IMPROVE THE HEALTH OF THE COMMUNITY. THIS MISSION IS PRINCIPALLY SUPPORTED THROUGH THE PROVISION OF HEALTH SERVICES AND INFORMATION TO THE COMMUNITY.

DURING FISCAL YEAR 2010, EXETER HOSPITAL, CORE PHYSICIANS, EXETER HEALTHCARE AND ROCKINGHAM VNA & HOSPICE HAVE CONTINUED THE PURSUIT OF THEIR MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY PROVIDING $27,635,312 IN CHARITY CARE AND OTHER COMMUNITY BENEFIT PROGRAMS AND SERVICES TO COMMUNITIES IN THE AREA IT SERVES.

EXETER HOSPITAL IS A 100-BED COMMUNITY-BASED HOSPITAL SERVING NEW HAMPSHIREØS SEACOAST REGION. EXETER HOSPITALØS SCOPE OF CARE INCLUDES COMPREHENSIVE HEALTH CARE SERVICES IN BREAST HEALTH, BIRTHING AND REPRODUCTIVE MEDICINE, CARDIOVASCULAR, OCCUPATIONAL AND EMPLOYEE HEALTH, ONCOLOGY, ORTHOPEDICS, AND EMERGENCY CARE. EXETER HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION AND IS A MEMBER OF THE NATIONAL QUALITY FORUM.

CORE PHYSICIANS IS A COMMUNITY-BASED MULTI-SPECIALTY GROUP PRACTICE. OVER SEVENTY PHYSICIANS IN OVER TWENTY-FIVE LOCATIONS PROVIDE HIGH QUALITY CARE THROUGH CLINICAL COMPETENCE AND PROFESSIONAL OFFICE ADMINISTRATION.

Part VI Supplemental Information

EXETER HEALTHCARE IS A SUB ACUTE AND REHABILITATION CARE FACILITY OFFERING MULTIDISCIPLINARY EXPERTISE THAT INTEGRATES; REHABILITATION, NURSING, NUTRITIONAL MANAGEMENT, SLEEP MEDICINE, MEDICAL CARE AND RESPIRATORY THERAPY.

ROCKINGHAM VISITING NURSE ASSOCIATION AND HOSPICE IS A COMMUNITY-BASED, NON-PROFIT HOME HEALTH AND HOSPICE AGENCY PROVIDING INDIVIDUALS AND FAMILIES WITH THE HIGHEST QUALITY HOME CARE, HOSPICE AND COMMUNITY OUTREACH PROGRAMS WITHIN ROCKINGHAM COUNTY AND THE SURROUNDING TOWNS OF BARRINGTON, LEE AND DURHAM.

SYNERGY HEALTH AND FITNESS CENTER IS A STATE-OF-THE-ART, FULL SERVICE HEALTH AND FITNESS FACILITY WHICH IS OPEN TO THE COMMUNITY ON A MEMBERSHIP BASIS

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NH

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EXETER HOSPITAL, INC.

Employer identification number
22-2674014

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW OUTLOOK P.O. BOX 865 EXETER, NH 03833	02-0468342	501(C)(3)	55,000.	0.			PROVIDE RECREATIONAL, EDUCATIONAL AND PREVENTION ORIENTED PROGRAMS IN AFTER SCHOOL
LAMPREY HEALTHCARE, INC. 207 SOUTH MAIN STREET NEWMARKET, NH 03857	23-7305106	501(C)(3)	500,000.	0.			SUPPORTS THE PROVISION OF VITAL HEALTH CARE SERVICES FOR THE INDIGENT AND UNINSURED INDIVIDUALS
SEACARE HEALTH SERVICES 11 DOWNING COURT EXETER, NH 03833	05-0473406	501(C)(3)	422,118.	0.			ASSISTANCE IN PROVIDING HEALTH CARE COORDINATION AND EDUCATION SERVICES, AS WELL AS MEDICATION
VX HEALTH SERVICES, INC. 7 ALUMNI DRIVE EXETER, NH 03833	02-0469712		222,998.	0.			FUND CHARITABLE FITNESS MEMBERSHIPS
FAMILIES FIRST 100 CAMPUS DRIVE SUITE 12 PORTSMOUTH, NH 03801	22-2757341	501(C)(3)	105,200.	0.			ANNUAL FUNDING CONTRIBUTION THAT HELPS FAMILIES FIRST CONTINUE TO PROVIDE HEALTH

2 Enter total number of section 501(c)(3) and government organizations ▶ 4.

3 Enter total number of other organizations ▶ 1.

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

932101 02-02-10

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

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

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

SCHEDULE I, PART I, LINE 2: ALL REQUESTS FOR GRANTS,CONTRIBUTIONS, OR SPONSORSHIPS OVER $5,000 REQUIRE THE APPROVAL OF AT LEAST THE VICE PRESIDENT OF STRATEGY, COMMUNITY RELATIONS AND DEVELOPMENT TO ENSURE THAT THEY ARE CONSISTENT WITH OUR MISSION, VALUES AND STRATEGIC PLAN. LARGER GRANTS LIKE THOSE PROVIDED TO LAMPREY, SEACARE AND NEW OUTLOOK TEEN CENTER ARE ALSO REVIEWED BY THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER PRIOR TO APPROVAL. EACH OF THOSE REQUESTING ORGANIZATIONS EITHER PROVIDES A WRITTEN SUMMARY OF HOW THEY HAVE USED OUR PREVIOUS SUPPORT AS WELL AS THEIR SPECIFIC PLANS FOR ANY NEW REQUESTED FUNDING OR THEY MAKE A

Part IV Supplemental Information

PRESENTATION IN PERSON USUALLY TO THE CHIEF FINANCIAL OFFICER, THE CHIEF EXECUTIVE OFFICER AND THE VICE PRESIDENT OF STRATEGY, COMMUNITY RELATIONS AND DEVELOPMENT. EACH YEAR A SUB COMMITTEE OF EXETER HEALTH RESOURCES∅ (PARENT COMPANY) BOARD OF TRUSTEES IS CHARGED WITH OVERSEEING OUR COMMUNITY BENEFITS PROGRAM AND OUR COMMUNITY NEEDS ASSESSMENT AND REVIEWS A DETAILED REPORT ON THE PREVIOUS YEAR'S GRANTS/ CONTRIBUTIONS/SPONSORSHIPS AND APPROVES THE CURRENT YEAR'S PLAN FOR COMMUNITY SUPPORT. THAT SUB COMMITTEE AND THE LARGER EXETER HEALTH RESOURCES∅ (PARENT COMPANY) BOARD OF TRUSTEES ARE REGULARLY UPDATED ON OUR COMMUNITY SUPPORT INITIATIVES.

PART II, LINE 1, COLUMN (H):

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE RECREATIONAL, EDUCATIONAL AND PREVENTION ORIENTED PROGRAMS IN AFTER SCHOOL AND SUMMER PROGRAMS.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE PROVISION OF VITAL HEALTH CARE SERVICES FOR THE INDIGENT AND UNINSURED INDIVIDUALS IN THE COMMUNITY.

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE IN PROVIDING HEALTH CARE COORDINATION AND EDUCATION SERVICES, AS WELL AS MEDICATION ACCESS TO UNINSURED INDIVIDUALS IN THE COMMUNITY IT SERVES.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL FUNDING CONTRIBUTION THAT HELPS FAMILIES FIRST CONTINUE TO PROVIDE HEALTH SERVICES INCLUDING PRIMARY CARE, DENTAL, PRENATAL CARE AND MOBILE HEALTH CARE FOR THE HOMELESS.
DESIGN, PRINTING & INSTALLATION OF MOBILE MEDICAL VAN WRAP THAT PROVIDES HEALTH CARE FOR THE HOMELESS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
EXETER HOSPITAL, INC.	22-2674014

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
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	X	
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
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 is 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				
	(i)	0.	0.	0.	0.	0.	0.	0.
KEVIN J. CALLAHAN	(ii)	456,384.	161,136.	86,687.	334,700.	22,020.	1,060,927.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
LARRY S. PRESSMAN, MD	(ii)	123,444.	13,336.	17,920.	3,916.	16,427.	175,043.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
NANCY BRAESE, DO	(ii)	118,945.	24,393.	22,804.	4,289.	23,086.	193,517.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
KEVIN J. O'LEARY	(ii)	257,446.	95,136.	49,006.	150,700.	17,562.	569,850.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
CONSTANCE D. SPRAUER	(ii)	168,704.	52,636.	39,904.	14,700.	19,598.	295,542.	0.
	(i)	178,782.	77,367.	29,854.	14,700.	1,339.	302,042.	0.
ANNE MARIE BULARZIK	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	155,983.	69,067.	30,632.	14,696.	21,812.	292,190.	0.
BRIAN CAMPBELL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	212,865.	136.	286.	13,005.	17,820.	244,112.	0.
JONATHAN A. JACKSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	172,572.	136.	15,814.	11,792.	25,775.	226,089.	0.
JOAN RACZY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	193,504.	436.	10,539.	12,382.	20,684.	237,545.	0.
PETER J. DEGNAN, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	154,566.	14,147.	10,622.	10,753.	1,163.	191,251.	0.
JANE PETERSON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	138,223.	7,966.	266.	3,496.	26,476.	176,427.	0.
DEANNA KING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A: TAX INDEMNIFICATION AND GROSS UP PAYMENTS WERE PROVIDED TO NANCY BRAESE, KEVIN CALLAHAN, CONSTANCE SPRAUER, KEVIN O'LEARY, ANNE MARIE BULARZIK, BRIAN CAMPBELL AND JANE PETERSON (FOR ACQUISITION OF SUPPLEMENTAL LONG TERM DISABILITY INSURANCE). THE BENEFIT WAS TREATED AS TAXABLE INCOME. TRUSTEES ARE ELIGIBLE FOR DISCOUNTED MEMBERSHIP FEES AT A WELLNESS CENTER OWNED BY A SUBSIDIARY OF EXETER HEALTH RESOURCES. THE BENEFIT IS REPORTED AS TAXABLE INCOME TO THE TRUSTEE.

PART I, LINE 1B: THERE WAS NO EXISTING POLICY CONCERNING TAX INDEMNIFICATION AND GROSS UP PAYMENTS. HOWEVER, IN THE INSTANCE OF SUCH ACTION RELATED TO THE ACQUISITION OF LONG TERM DISABILITY INSURANCE DESCRIBED ABOVE, THE TAX INDEMNIFICATION AND GROSS UP PAYMENTS WERE APPROVED BY THE EXETER HEALTH RESOURCES BOARD OF TRUSTEES COMMITTEE COMPRISED OF DISINTERESTED PERSONS.

PART I, LINE 4B: THE ORGANIZATION'S PARENT (EXETER HEALTH RESOURCES, INC.) MAINTAINS A SPLIT DOLLAR SUPPLEMENTAL RETIREMENT PLAN FOR 2 EXECUTIVES (LISTED BELOW WITH AMOUNTS)SELECTED BY THE EXETER HEALTH RESOURCES BOARD OF TRUSTEES. THE PLAN IS CLOSED TO FUTURE PARTICIPANTS. THE

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.

PLAN PROVIDES FOR ANNUAL PAYMENTS OF PREMIUMS FOR LIFE INSURANCE POLICIES INSURING THE LISTED INDIVIDUALS. THOSE LIFE INSURANCE PREMIUMS ARE COLLATERALLY ASSIGNED TO THE CORPORATION AND ANY EXCESS ACCUMULATED VALUE IN THE POLICIES (NET OF ACCUMULATED PREMIUM PAYMENTS) ARE AVAILABLE TO BE PAID TO THE PARTICIPANT ONCE VESTED.

KEVIN CALLAHAN - EXCESS ACCUMULATED VALUE - $55,376

KEVIN O'LEARY - EXCESS ACCUMULATED VALUE - $30,243

PART I, LINE 7: THE ORGANIZATION PROVIDES AN ANNUAL INCENTIVE COMPENSATION PLAN FOR EXECUTIVES SELECTED BY THE EXETER HEALTH RESOURCES INC. BOARD OF TRUSTEES. THESE EXECUTIVES INCLUDE: KEVIN CALLAHAN, KEVIN O'LEARY, CONSTANCE SPRAUER, ANNE MARIE BULARZIK AND BRIAN CAMPBELL. THE BOARD AND/OR ITS EXECUTIVE COMMITTEE APPROVES MEASUREABLE ACHIEVEMENT CRITERIA FOR QUALITY, PATIENT SATISFACTION, PROCESS IMPROVEMENT, FINANCIAL PERFORMANCE, SERVICES INNOVATION AND OTHER COMPELLING AREAS OF STRATEGIC AND OPERATIONAL INTEREST. ADDITIONALLY THE BOARD AND/OR ITS EXECUTIVE COMMITTEE ESTABLISHES MINIMUM, TARGETED AND MAXIMUM LEVELS FOR INCENTIVE AWARDS AND APPROVES ALL AWARDS FOR PARTICIPATING EXECUTIVES.

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.

LARRY PRESSMAN MD AND NANCY BRAESE DO ARE COMPENSATED UNDER CORE PHYSICIANS, LLC'S COMPENSATION PROGRAM. COMPENSATION IS DETERMINED USING SURVEYS OF CURRENT COMPENSATION WITHIN COMPARABLE MARKETS AND THE ADVICE OF OUTSIDE CONSULTANTS. THE PHYSICIANS' COMPENSATION IS APPROVED BY CORE PHYSICIANS, LLC'S COMPENSATION COMMITTEE WHICH IS COMPRISED OF SYSTEM MANAGERS WHO ARE APPROVED BY THE EXETER HEALTH RESOURCES INC. BOARD OF TRUSTEES.

JONATHAN JACKSON, JOAN RACZY, PETER DEGNAN MD, JANE PETERSON AND DEANNA KING PARTICIPATE IN AN ANNUAL INCENTIVE PROGRAM WHICH IS ADMINISTERED BY EXETER HOSPITAL'S HUMAN RESOURCES DEPARTMENT. THE PROGRAM INCLUDES MEASURABLE ACHIEVEMENT CRITERIA FOR PERFORMANCE AND SERVICE INNOVATION.

SCHEDULE K (Form 990)
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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 on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

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Name of the organization
EXETER HOSPITAL, INC.

Employer identification number
22-2674014

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	NH HEALTH AND EDUCATION FACILITIES AUTHORITY	02-0279866	644614GN6	11/20/03	20,000,000.	RENOVATION AND EXPANSION PROJECTS		X	X	
B										
C										
D										
E										

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	20,000,000.				
2	Gross proceeds in reserve funds	19,892,600.				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	256,737.				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	19,635,873.				
8	Year of substantial completion	2006				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E 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								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		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								
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
c 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									
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 ▶	.00 %		%		%		%		%	
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 ▶	.00 %		%		%		%		%	
6 Total of lines 4 and 5	.00 %		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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									
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

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.

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Name of the organization: EXETER HOSPITAL, INC.

Employer identification number: 22-2674014

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRINCIPALLY ACCOMPLISHED THROUGH THE PROVISION OF HEALTH SERVICES AND INFORMATION TO THE COMMUNITY. EXETER HOSPITAL WORKS TO ACCOMPLISH THIS MISSION THROUGH THE PROVISION OF DIAGNOSTIC TESTING, THERAPEUTIC INPATIENT AND OUTPATIENT SERVICES, COMMUNITY EDUCATION AND OUTREACH, AND ACUTE EMERGENCY, INPATIENT AND SURGICAL SERVICES AS WELL AS OBSTETRICAL SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIAGNOSTIC TESTING, THERAPEUTIC INPATIENT AND OUTPATIENT SERVICES, COMMUNITY EDUCATION AND OUTREACH, AND ACUTE EMERGENCY, INPATIENT AND SURGICAL SERVICES AS WELL AS OBSTETRICAL SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXETER HOSPITAL SUPPORTS HEALTH CARE ACCESS IN ITS SERVICE AREA BY OFFERING A ROBUST FINANCIAL ASSISTANCE PROGRAM THAT COVERS THE COST OF UP 100% OF CARE PROVIDED TO AREA RESIDENTS BASED ON INCOME AND FAMILY SIZE. IN 2010, THE COMBINATION OF OUR UNINSURED DISCOUNT PROGRAM AND CHARITY CARE PROGRAM HELPED PEOPLE ACCESS THE HEALTH CARE SYSTEM BY PROVIDING $3.9 MILLION DOLLARS OF FINANCIAL ASSISTANCE. IN ADDITION WE PROVIDE SUPPORT TO VITAL COMMUNITY PROGRAMS LIKE OUR HEALTHREACH DIABETES PROGRAM, OUR PARAMEDICINE PROGRAM AND FOR PROVIDING ACCESS TO CONTRACTED MENTAL HEALTH PROFESSIONALS IN OUR EMERGENCY ROOM. WE ALSO SUPPORTED ACCESS TO THE HEALTH SYSTEM AND THE DEVELOPMENT OF HEALTHY LIFE STYLES THROUGH OUR COMMUNITY EDUCATION PROGRAMS AND OUR FINANCIAL SUPPORT OF IMPORTANT HEALTHCARE RELATED COMMUNITY BASED NOT FOR PROFITS

SUCH AS FAMILIES FIRST, SEACARE AND LAMPREY HEALTHCARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SAFETY OF OUR PATIENTS AND THE EFFICIENCY OF THE CARE PROVIDED THROUGH THE DEPLOYMENT OF A 24/7 HOSPITALIST PROGRAM THAT MANAGES THE MAJORITY OF THE MEDICAL NEEDS OF OUR PATIENTS DURING THEIR ADMISSION. IN OUR 10 BED ICU WE ALSO USE AN INTENSIVEST SERVICE TO ENSURE THAT OUR MOST ACUTE PATIENTS RECEIVE THE MOST HIGHLY COORDINATED CARE POSSIBLE, RESULTING IN SIGNIFICANTLY LOWER THAN EXPECTED INFECTION RATES, ICU READMISSION RATES AND SHORTER ICU STAYS. FOR OUR PATIENTS AT THE END OF THEIR LIVES WE ENSURE THEIR SAFETY AND COMFORT THROUGH A PHYSICIAN LED, HIGHLY COORDINATED PALLIATIVE CARE PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CENTER FOR CANCER CARE AT EXETER HOSPITAL PROVIDES CANCER PATIENTS AND THEIR FAMILIES WITH COMPREHENSIVE IN-PATIENT AND OUTPATIENT SERVICES. ACCREDITED BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER WITH COMMENDATION, THE CENTER PROVIDES AREA RESIDENTS WITH A LEADING, COMPREHENSIVE APPROACH TO CANCER TREATMENT. THE CENTER OFFERS MEDICAL ONCOLOGY, RADIATION ONCOLOGY, SURGERY, CLINICAL TRIALS, MULTIDISCIPLINARY CLINICS AND INTEGRATIVE ONCOLOGY SERVICES. THE CENTER HAS A RELATIONSHIP WITH NEW HAMPSHIRE ONCOLOGY-HEMATOLOGY PROFESSIONAL ASSOCIATION (NHOH PA), AN AFFILIATE OF DANA FARBER CANCER INSTITUTE FOR THE PROVISION OF MEDICAL ONCOLOGY SERVICES TO PATIENTS. THE MEDICAL ONCOLOGY SERVICE SUPPORTS A 13 CHAIR INFUSION CENTER. OUR UNIQUE CLINICAL COLLABORATION WITH THE MASSACHUSETTS GENERAL HOSPITAL CANCER

SCHEDULE O (Form 990)

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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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CENTER BRINGS RADIATION ONCOLOGISTS FROM THE WORLDØS LEADING ACADEMIC MEDICAL CENTER TO EXETER HOSPITALØS CENTER FOR CANCER CARE. THIS AFFILIATION ALLOWS EXETER HOSPITALØS CENTER FOR CANCER CARE TO OFFER STATE-OF-THE-ART RADIATION THERAPY SERVICES TO PATIENTS INCLUDING: ELECTRONIC BRACHYTHERAPY, PARTIAL BREAST IRRADIATION, INTENSITY MODULATED RADIATION THERAPY, CT SIMULATION AND IMAGE GUIDED RADIATION THERAPY. THE CENTERØS AFFILIATED SURGEONS WORK COLLABORATIVELY WITH AFFILIATED PATHOLOGISTS, THE MEDICAL ONCOLOGISTS AND WITH THE RADIATION ONCOLOGISTS TO DEVELOP THE MOST COMPREHENSIVE TREATMENT PLANS FOR OUR PATIENTS.

EXETER HOSPITALØS CARDIOLOGY DEPARTMENT OFFERS ACUTE CARDIAC CARE, HEART CATHETERIZATION, ANGIOPLASTY, CARDIOVERSION, AND IMPLANTATION OF CARDIOVERTER DEFIBRILLATORS, PERMANENT PACEMAKER PLACEMENT AND A THREE PHASE CARDIAC REHABILITATION PROGRAM. EXETER HOSPITAL'S AFFILIATED FELLOWSHIP-TRAINED INTERVENTIONAL CARDIOLOGISTS AND ITS CARDIAC TEAM HAVE RECEIVED NATIONAL RECOGNITION FOR THEIR "DOOR TO BALLOON" TIMES AND ONGOING SUCCESSFUL IMPLEMENTATION OF COMMUNITY BASED EMERGENCY ANGIOPLASTY AND INTERVENTIONAL CARDIOLOGY PROCEDURES.

FORM 990, PART VI, SECTION A, LINE 6: EXETER HEALTH RESOURCES, INC., A CHARITABLE ORGANIZATION ACTING THROUGH ITS BOARD OF TRUSTEES IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: EXETER HEALTH RESOURCES, INC. ELECTS 13 OF THE 15 MEMBERS OF THE EXETER HEALTH RESOURCES BOARD OF

SCHEDULE O (Form 990)

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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.

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Name of the organization
EXETER HOSPITAL, INC.

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22-2674014

TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE SOLE MEMBER, EXETER HEALTH RESOURCES, INC., HAS THE RIGHT TO APPROVE DECISIONS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY AN OUTSIDE TAX ACCOUNTANT WITH INFORMATION PROVIDED BY THE ORGANIZATION. THE 990 IS REVIEWED BY THE ORGANIZATION'S TREASURER THEN PRESENTED TO THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES THE DISCLOSURE OF CONFLICTS OF INTEREST EITHER WHEN THE INTEREST BECOMES A MATTER OF POSSIBLE ACTION BY THE BOARD OR DURING AN ANNUAL DISCLOSURE PROCESS. TRUSTEES, OFFICERS, AND KEY EMPLOYEES, AS WELL AS ALL MEMBERS OF SENIOR MANAGEMENT, ARE PART OF THE ANNUAL DISCLOSURE PROCESS, WHICH IS INITIATED BY THE ISSUANCE OF A MEMORANDUM AND ACCOMPANYING QUESTIONNAIRE BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO). ALL DISCLOSURES ARE REVIEWED. ANY TRUSTEE WITH A CONFLICT OF INTEREST IS REQUIRED TO ABSTAIN FROM VOTING AND IS NOT INCLUDED IN A QUORUM DETERMINATION ON THE MATTER AND ANY OFFICER, KEY EMPLOYEE, OR MEMBER OF SENIOR MANAGEMENT WITH A CONFLICT DOES NOT TAKE PART IN MAKING AND IS NOT PRESENT FOR ANY DECISION REGARDING THE MATTER. THE POLICY IS MONITORED AND ENFORCED BY BOTH THE PRESIDENT AND CEO AND THE FULL BOARD. THERE ARE TWO ADDITIONAL CONFLICTS OF INTEREST POLICIES. ONE IS APPLICABLE TO ALL EMPLOYEES AND CONTRACTED STAFF AND THE OTHER IS APPLICABLE TO MEMBERS OF THE MEDICAL STAFF AND ALLIED HEALTH PROFESSIONALS. THE FORMER

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

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Name of the organization

EXETER HOSPITAL, INC.

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POLICY IS MONITORED AND ENFORCED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND THE VICE PRESIDENT OF CORPORATE INTEGRITY AND COMPLIANCE AND THE LATTER IS MONITORED AND ENFORCED BY THE PRESIDENT OF THE MEDICAL STAFF, PRESIDENT AND CEO, GENERAL COUNSEL, AND COMPLIANCE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE ORGANIZATION∅S PARENT (EXETER HEALTH RESOURCES) HAS A FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CEO AND OTHER LISTED OFFICERS THAT IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACHIEVING THE ORGANIZATION∅S MISSION, TO RECOGNIZE INDIVIDUAL AND TEAM PERFORMANCE, AND TO COMPLY WITH THE ORGANIZATION∅S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION.

THE EXECUTIVE COMMITTEE OF THE EXETER HEALTH RESOURCES' BOARD OF TRUSTEES CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION OF THE CEO AND OTHER LISTED OFFICERS AND KEY EMLOYEES. IN DOING SO, THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT COMPETITIVE MARKET ANALYSIS OF THE MARKET RANGES OF BASE, INCENTIVE, AND TOTAL CASH COMPENSATION, AND TO PROVIDE ADVICE CONCERNING THE REASONABLENESS OF THE COMPENSATION OF THE CEO AND OTHER LISTED OFFICERS AND KEY EMPLOYEES.

THE COMMITTEE UTILIZES THAT ANALYSIS AND OTHER APPROPRIATE INFORMATION IN CONNECTION WITH ITS ANNUAL REVIEW AND MAKES RECOMMENDATIONS TO THE FULL BOARD OF EXETER HEALTH RESOURCES FOR ADJUSTMENT OF THE CEO∅S COMPENSATION AND THE COMPENSATION FOR OTHER LISTED OFFICERS. INFORMATION WHICH THE

COMMITTEE MAY CONSIDER CAN INCLUDE BUT IS NOT LIMITED TO THE PERFORMANCE OF AN INDIVIDUAL AND/OR THAT INDIVIDUAL∅S CONTRIBUTIONS TO A TEAM, THE PERFORMANCE OF THE ORGANIZATION IN WHOLE AND IN PART, THE ELEMENTS OF TOTAL COMPENSATION AND SALARY HISTORY, THE ORGANIZATION∅S COMPENSATION TARGETS, AND COMPARABILITY DATA,INCLUDING THE DATA PREPARED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE COMMITTEE. THE COMMITTEE INCORPORATES A PERFORMANCE APPRAISAL PROCESS IN THE CEO∅S, AND THE LISTED OFFICERS∅ AND KEY EMPLOYEES∅ COMPENSATION REVIEW.

THE CEO, AND OTHER LISTED OFFICERS AND KEY EMPLOYEES ARE NOT PRESENT WHEN THE COMMITTEE DISCUSSES THEIR RESPECTIVE COMPENSATION. IN ADDITION, THE COMMITTEE DETERMINES IF THE THRESHOLD REQUIREMENTS FOR INCENTIVE AWARDS ARE MET, CONSISTING OF THE ORGANIZATION∅S PERFORMANCE RESULTS FOR QUALITY, OPERATING SYSTEM EXCELLENCE AND FINANCIAL PERFORMANCE.

THE RESULTS OF THE COMMITTEE∅S DELIBERATIONS ARE PRESENTED TO THE EXETER HEALTH RESOURCES BOARD AND INCLUDE RECOMMENDATIONS CONCERNING SALARY RANGE ADJUSTMENTS AND INCENTIVE AWARDS AND THE BASIS FOR THE COMMITTEE∅S DECISIONS / RECOMMENDATIONS. THE DELIBERATIONS OF THE EXETER HEALTH RESOURCES BOARD ARE CONDUCTED IN EXECUTIVE SESSION WITH THE INDEPENDENT MEMBERS OF THE BOARD BUT DO INCLUDE THE CEO ONLY FOR THAT PERIOD OF TIME IN WHICH THE EXETER HEALTH RESOURCES BOARD HAS QUESTIONS CONCERNING THE PERFORMANCE OF ANY LISTED OFFICER OR KEY EMPLOYEE OTHER THAN THE CEO.

THE EXETER HEALTH RESOURCES BOARD REVIEWS THE CEO∅S PERFORMANCE AND DETERMINES IF THE ADJUSTMENTS AND AWARDS RECOMMENDED BY THE COMMITTEE FOR

SCHEDULE O (Form 990)

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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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EXETER HOSPITAL, INC.

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THE CEO ARE IN THE ORGANIZATIONØS BEST INTEREST AND FOR THE BENEFIT OF THE ORGANIZATION AND THE PARENT ORGANIZATION.

FOR THE LISTED OFFICER POSITIONS, ADJUSTMENTS AND INCENTIVE AWARDS ARE APPROVED UPON RECOMMENDATION OF THE CEO BY THE EXECUTIVE COMMITTEE WITHIN THE EXETER HEALTH RESOURCES BOARD APPROVED PARAMETERS AND RATIFIED BY THE BOARD OF TRUSTEES. ADJUSTMENTS AND AWARDS FOR OTHER LISTED KEY EMPLOYEES ARE APPROVED UPON RECOMMENDATION OF THE CEO BY THE EXECUTIVE COMMITTEE WITHIN THE EXETER HEALTH RESOURCES BOARD APPROVED PARAMETERS AND REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: NH HEALTH AND EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

RENOVATION AND EXPANSION PROJECTS ON THE HOSPITAL CAMPUS

REASON FOR AMENDED RETURN

PART VII AND SCHEDULE J OF THIS RETURN ARE BEING AMENDED TO CORRECTLY REFLECT THE REPORTING OF NON-VESTED DEFERRED COMPENSATION BENEFITS.

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.

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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
EXETER HEALTH RESOURCES, INC - 02-0222126 5 ALUMNI DRIVE EXETER, NH 03833	MANAGEMENT AND SUPPORTING ORGANIZATION, HOLDING COMPANY	NEW HAMPSHIRE	501(C)(3)	11	
EXETER HEALTHCARE - 02-0360966 5 ALUMNI DRIVE EXETER, NH 03833	SUBACUTE NURSING FACILITY	NEW HAMPSHIRE	501(C)(3)	9	EXETER HEALTH RESOURCES, INC
CORE PHYSICIANS, LLC - 87-0807914 5 ALUMNI DRIVE EXETER, NH 03833	PHYSICIAN PRACTICES	NEW HAMPSHIRE	501(C)(3)	9	EXETER HEALTH RESOURCES, INC
ROCKINGHAM VISITING NURSE ASSOC - 02-0274905 5 ALUMNI DRIVE EXETER, NH 03833	HOME CARE, HOSPICE	NEW HAMPSHIRE	501(C)(3)	9	EXETER HEALTH RESOURCES, INC

Part III ***Identification of Related Organizations Taxable as a Partnership*** (Complete if the organization answered "Yes" to 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" to 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
CONVERGENT HEALTH SYSTEMS, INC - 02-0469711 5 ALUMNI DRIVE EXETER, NH 03833	WELLNESS CENTER	NH	EXETER HEALTH RESOURCES, INC	C CORP	-4,758.	270,560.	.00%
VX HEALTH SERVICES - 02-0469712 5 ALUMNI DRIVE EXETER, NH 03833	FITNESS CENTER	NH	CONVERGENT HEALTH SYSTEMS, INC	C CORP	3,110.	548,001.	.00%
EXETER MEDICAL SERVICES - 02-0419850 5 ALUMNI DRIVE EXETER, NH 03833	INACTIVE PHYSICIAN PRACTICE	NH	CONVERGENT HEALTH SYSTEMS, INC	C CORP	0.	1,000.	.00%
CORE HEALTH SERVICES OF MA - 20-1598042 5 ALUMNI DRIVE EXETER, NH 03833	INACTIVE PHYSICIAN PRACTICE	MA	EXETER HEALTH RESOURCES, INC	C CORP	0.	0.	.00%

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

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

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) VX HEALTH SERVICES	B	222,998.
(2) EXETER HEALTH RESOURCES	Q	8,300,000.
(3) EXETER HEALTHCARE	Q	1,525,169.
(4) CORE PHYSICIANS LLC	Q	5,099,770.
(5) EXETER HEALTHCARE	J	476,531.
(6) EXETER HEALTH RESOURCES	J	59,424.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MATRIX HEALTH, INC. - 02-0473737 5 ALUMNI DRIVE EXETER, NH 03833	MANAGE RESOURCES	NEW HAMPSHIRE	501(C)(3)	11	EXETER HEALTH RESOURCES, INC
EXETER MED REAL - 02-0418718 5 ALUMNI DRIVE EXETER, NH 03833	REAL ESTATE HOLDING	NEW HAMPSHIRE	501(C)(25)		EXETER HEALTH RESOURCES, INC
EXETER HEALTH RESOURCES, SELF INSURANCE TRUST - 20-0753662, 5 ALUMNI DRIVE, EXETER, NH 03833	SELF INSURANCE TRUST	NEW HAMPSHIRE	501(C)(3)	11	EXETER HEALTH RESOURCES, INC

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) EXETER MED REAL	J	970,106.
(8) CORE PHYSICIANS LLC	J	13,859.
(9) VX HEALTH SERVICES	J	76,911.
(10) EXETER HEALTH RESOURCES SI TRUST	P	432,807.
(11) EXETER HEALTH RESOURCES	L	5,468,236.
(12) EXETER HEALTHCARE	N	33,873.
(13) CORE PHYSICIANS LLC	K	1,106,375.
(14) EXETER MED REAL	K	150,682.
(15) ROCKINGHAM VNA	K	163,422.
(16) VX HEALTH SERVICES	K	61,695.
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		