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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
Mary Hitchcock Memorial Hospital
% DANIEL JANTZEN
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One Medical Center Drive

City or town, state or province, country, and ZIP or foreign postal code
Lebanon, NH 03756

D Employer identification number
02-0222140

E Telephone number
(603) 650-5000

G Gross receipts $ 1,455,886,548

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www dartmouth-hitchcock org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1889

M State of legal domicile NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Advancing Health Through Research, Education, Clinical Practice, Community Partnerships, providing each person the best care in the right place, at the right time,every time

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	6,019
6	Total number of volunteers (estimate if necessary)	**6**	511
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,456,335
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-189,812

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,326,385	41,242,528
9	Program service revenue (Part VIII, line 2g)	994,071,500	1,095,054,593
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,360	20,952,650
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,273,295	25,430,069
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,052,757,540	1,182,679,840
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,204,568	2,744,685
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	635,248,980	679,834,438
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶309,409		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	448,365,775	469,945,438
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,085,819,323	1,152,524,561
19	Revenue less expenses Subtract line 18 from line 12	-33,061,783	30,155,279

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,312,172,799	1,322,008,676
21	Total liabilities (Part X, line 26)	787,785,889	737,988,485
22	Net assets or fund balances Subtract line 21 from line 20	524,386,910	584,020,191

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: 2018-05-10

▶ DANIEL JANTZEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Paul Tanis	Paul Tanis			P01441612

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP — Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD
BOSTON, MA 02210

Phone no (617) 530-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

WE ADVANCE HEALTH THROUGH RESEARCH, EDUCATION, CLINICAL PRACTICE, AND COMMUNITY PARTNERSHIPS, PROVIDING EACH PERSON THE BEST CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME, EVERY TIME

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 906,709,992 including grants of $ 2,744,685) (Revenue $ 1,070,756,177)
See Additional Data

4b (Code) (Expenses $ 66,660,983 including grants of $) (Revenue $ 42,094,323)
See Additional Data

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

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

4e **Total program service expenses ▶** 973,370,975

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,085		
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**		
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**	6,019		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶DANIEL JANTZEN ONE MEDICAL CENTER DRIVE Lebanon, NH 03756 (603) 650-5634

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,872,786	13,449,017	3,162,392

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 427

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRUSTEES OF DARTMOUTH COLLEGE, 37 DEWEY FIELD HANOVER, NH 03755	ADMIN & DIR SUPPORT	14,595,826
Cross Country Staffing, PO Box 404674 ATLANTA, GA 303844674	Staffing Services	9,868,531
Accretive Health, 401 N Michigan Ave Ste 2700 CHICAGO, IL 60611	REVENUE MGMT	10,714,960
Conifer Revenue Cycle Solutions LL, 1500 S Douglass Road Ste 200 ANAHEIM, CA 92806	Revenue Mgmt	31,846,576
American Healthcare Services Associ, PO Box 945 TRAVERSE CITY, MI 49685	Staffing Services	5,998,789

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 125

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	16,397,795		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,844,733		
	g Noncash contributions included in lines 1a-1f $ 616,610				
	h **Total.** Add lines 1a-1f . . . . . ▶		41,242,528		

Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	621110	1,049,239,675	1,048,020,642	1,219,033	
b RESEARCH RELATED ACTIVITIES	621110	9,042,849	9,042,849		
c PHARMACY INCOME	621110	36,772,069	36,653,332	118,737	
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		1,095,054,593			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,155,077		-118,403	4,273,480
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents	1,075,977				
b Less rental expenses	956,802				
c Rental income or (loss)	119,175 / 0				
d Net rental income or (loss) . . . . . ▶		119,175			119,175
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	289,023,744 / 23,735				
b Less cost or other basis and sales expenses	272,221,935 / 27,971				
c Gain or (loss)	16,801,809 / -4,236				
d Net gain or (loss) . . . . . ▶		16,797,573			16,797,573
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from fundraising events . . ▶		0			
9a Gross income from gaming activities See Part IV, line 19 . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from gaming activities . . ▶		0			
10a Gross sales of inventory, less returns and allowances . . a	0				
b Less cost of goods sold . . b	0				
c Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue	Business Code				
11a MEANINGFUL USE	621110	1,107,117	1,107,117		
b NEAH AND PROGRAM RELATED INVESTMENTS	621110	2,200,657	1,069,941	1,130,716	
c CAFETERIA	621110	2,940,249			2,940,249
d All other revenue		19,062,871	16,956,619	2,106,252	
e **Total.** Add lines 11a–11d . . . . . ▶		25,310,894			
12 Total revenue. See Instructions . . . . . ▶		1,182,679,840	1,112,850,500	4,456,335	24,130,477

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,213,365	1,213,365		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,524,228	1,524,228		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	7,092	7,092		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	12,208,024	4,816,559	7,113,669	277,796
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,840,780	1,341,661	2,468,122	30,997
7 Other salaries and wages	521,903,196	453,291,812	68,611,384	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	47,682,417	41,413,905	6,268,512	
9 Other employee benefits	58,925,343	51,178,793	7,746,550	
10 Payroll taxes	35,274,678	30,637,334	4,637,344	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,156,896	44,833	2,112,063	
c Accounting	622,302		622,302	
d Lobbying	42,000		42,000	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,589,094	72,496,879	12,092,215	
12 Advertising and promotion	2,012,699	33,443	1,979,256	
13 Office expenses	13,112,427	8,767,227	4,345,061	139
14 Information technology	11,193,922	9,962,591	1,231,331	
15 Royalties	0			
16 Occupancy	15,604,387	13,814,231	1,790,156	
17 Travel	3,683,970	2,119,230	1,564,740	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	71,932	71,592	340	
20 Interest	14,254,082	12,686,133	1,567,949	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	63,944,578	20,481,793	43,462,785	
23 Insurance	2,660,400	1,378,196	1,282,204	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	179,969,906	179,752,244	217,662	
b MEDICAID ENHANCEMENT TAX	50,118,059	50,118,059		
c EQUIPMENT RENTAL & MAINT	13,693,258	9,540,847	4,152,411	
d ACDMC, GME, TEACHING, & EDU	7,024,644	5,946,124	1,078,520	
e All other expenses	5,190,882	732,804	4,457,601	477
25 **Total functional expenses.** Add lines 1 through 24e	1,152,524,561	973,370,975	178,844,177	309,409
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,876,637	1	24,826,278
	2	Savings and temporary cash investments	1,933,626	2	650,122
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	157,353,140	4	161,698,558
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	168,957	5	175,723
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	579,058	7	10,597,854
	8	Inventories for sale or use	17,379,674	8	17,883,224
	9	Prepaid expenses and deferred charges	9,333,121	9	10,667,649
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,080,847,755			
	b	Less accumulated depreciation — 10b: 656,888,381	427,348,813	10c	423,959,374
	11	Investments—publicly traded securities	234,549,775	11	279,958,184
	12	Investments—other securities See Part IV, line 11	337,361,745	12	326,211,369
	13	Investments—program-related See Part IV, line 11	7,950,879	13	1,970,881
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	116,337,374	15	63,409,460
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,312,172,799	16	1,322,008,676
Liabilities	17	Accounts payable and accrued expenses	126,756,517	17	121,123,993
	18	Grants payable	0	18	0
	19	Deferred revenue	631,346	19	3,864,030
	20	Tax-exempt bond liabilities	326,836,101	20	325,850,834
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	227,716,877	23	188,220,589
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	105,845,048	25	98,929,039
	26	**Total liabilities.** Add lines 17 through 25	787,785,889	26	737,988,485
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	435,627,969	27	485,657,981
	28	Temporarily restricted net assets	58,764,416	28	68,071,892
	29	Permanently restricted net assets	29,994,525	29	30,290,318
		Organizations that do not follow SFAS 117 (ASC 958), 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	524,386,910	33	584,020,191
	34	Total liabilities and net assets/fund balances	1,312,172,799	34	1,322,008,676

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,182,679,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,152,524,561
3	Revenue less expenses Subtract line 2 from line 1	3	30,155,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	524,386,910
5	Net unrealized gains (losses) on investments	5	33,959,268
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,481,266
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	584,020,191

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 02-0222140

Name: Mary Hitchcock Memorial Hospital

Form 990 (2016)

Form 990, Part III, Line 4a:

Mary Hitchcock Memorial Hospital (the Hospital), is an acute and tertiary care teaching hospital located in Lebanon, New Hampshire The Hospital is a not-for-profit organization, as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from Federal income taxes on related income pursuant to Section 501 (a) of the Code The Hospital provides a broad range of patient services and health related community services, consistent with its role as a major teaching hospital, a tertiary care referral hospital, and as a Prospective Payment System hospital (as defined by CMS) These include a full range of services in both acute and critical medicine, surgery, psychiatry and rehabilitation for infants, children and adults During FY 2017 the Hospital provided 126,886 acute patient days of inpatient service and had 27,786 total acute care discharges, while the Hospital's emergency room was open to the public 24 hours per day, 7 days per week and had 31,387 discharges Dartmouth-Hitchcock Clinic provides the physician staff to the Hospital and the sophistication essential for the development of the Hospital as the largest and only teaching hospital in New Hampshire and the designation by the federal government as a Rural Referral Center for northern New England The shared mission of the Hospital and Clinic is to advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time Consistent with this mission and in partnership with the Dartmouth-Hitchcock Clinic, the Hospital provides high quality, cost effective, comprehensive, and integrated health care to individuals, families, and the communities it serves regardless of a patient's ability to pay The Hospital actively supports community-based health care and promotes the coordination of services among health care providers and social services organizations Through formal affiliations and other clinical collaborations, the Hospital also seeks to partner with other area health care providers to improve the health status of the region The Jack Byrne Center for Palliative & Hospice Care, on which construction began in 2016 and which will admit its first patients in December, 2017, will coordinate the clinical, educational, and research efforts of the Hospital and visiting nurse alliances around the region, to offer much-needed care for patients at the end of life, in a clinical setting that meets the needs of patients and their families The Hospital also continues to build its telemedicince program to provide care across its rural region and in particular to make specialist consultation and care available to community hospitals This allows caregivers at remote locations to access specialists at Dartmouth-Hitchcock and bring them "virtually" to the patient's bedside D-H's Connected Care Center in Lebanon offers a 24/7 team of physicians, pharmacists, and nurses supporting care in 40+ specialties to 11 facilities in New Hampshire and Vermont Acute care telehealth service lines, which include TeleEmergency, TelePharmacy, TeleNeurology, and TeleICU, bring together pools of doctors and nurses from all over the country and the world During FY17, TelePsychiatry and TeleUrgentCare were added as services within the D-H Connected Care Center In an effort to integrate behavioral health and primary care, the Hospital is the lead convener for the State of New Hampshire Delivery System Reform Incentive Program ("DSRIP") for the Region 1 Integrated Delivery Network This program is funded through a section 1115 Waiver Research and Demonstration Transformation Waiver that the State of New Hampshire received from CMS The Waiver Enables health care providers and community partners within a region to form relationships focused on transforming care, to combat the opioid crisis, and strengthen the states strained mental health system This work began in July 2016 and will continue through December 31, 2020 In addition to the Hospital, Dartmouth-Hitchcock Clinic and Cheshire Medical Center are playing leadership roles in this initiative The Hospital files an annual Community Benefits Report with the State of New Hampshire which outlines the community and charitable benefits they provide The most recent Community Benefits Reports are available upon request or can be found on Dartmouth-Hitchcock's web site (www dartmouth-hitchcock org) Financial assistance, formerly called charity care, represents services provided to patients who cannot afford health care services due to inadequate financial resources which result from being uninsured or underinsured For the year ended June 30, 2017 the Hospital provided financial assistance to 5,417 patients in the amount of $15,421,451, as measured by gross charges The estimated cost of providing this care for the year ended June 30, 2017 was $6,453,877 The Hospital also routinely provides services to Medicaid patients at reimbursement levels that are below the cost of the care provided The Community health activities includes the cost or value of several different types of programs including the cost of community based education, health fairs, health screenings, support groups, and programs and materials that promote wellness and prevent illness Examples of these types of efforts include partnering with the Healthy Eating Active Living NH initiative, the Women's Health Resource Center, and smoking prevention and cessation This category also includes financial contributions and the contribution of time and services to community programs, hospitals and agencies The Hospital also provides a significant amount of uncompensated care to its patients reported as provision for bad debt, which is not included in the amounts reported above During the year ended June 30, 2017, the Hospital reported a provision for bad debt of approximately $23,850,195

Form 990, Part III, Line 4b:

As a component of New Hampshires only integrated academic medical center, the Hospital provides the Geisel School of Medicine at Dartmouth (GSM) support for Physicians' unpaid teaching time as part of its Community Benefit Initiatives, consisting of the time physicians spend providing clinical supervision and education for residents and medical students In addition, the Hospital provides in-kind support for research and other grants representing costs in excess of awards for numerous grant-funded health research and service initiatives awarded to the Clinic and GSM Other community benefit initiatives include subsidizing the costs of providing medical and clinical education to professionals across New Hampshire, Vermont and beyond as well as uncompensated costs of academic and medical research activities Beginning in FY17, Dartmouth-Hitchcock began a transition of research activities and management from the Geisel School to D-H This transition saw the recruitment of a new Vice President for Research Operations to develop the research enterprise

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Vincent S Conti MHA Trustee	0 75 1 25	X						0	0	0
Anne-Lee Verville Trustee/Board Chair	1 5 2 5	X		X				0	0	0
Barbara Couch MS Trustee/Board Secretary	1 5 2 5	X		X				0	0	0
William J Conaty Trustee	0 75 1 25	X						0	0	0
Robert A Oden Jr PhD Trustee/Vice Chair	1 5 2 5	X		X				0	0	0
James N Weinstein DO MS Trustee Ex-Officio/CEO	38 55 22 96	X		X				0	1,364,537	108,831
Denis A Cortese MD Trustee	0 75 1 25	X						0	0	0
Senator Judd A Gregg Trustee	0 75 0 75	X						0	0	0
Laura K Landy MBA Trustee	0 75 1 25	X						0	0	0
Paul P Danos PhD Trustee	0 75 1 25	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barbara C Jobst MD Physician/Trustee end 12/31/16	28 75 12 75	X						0	378,003	98,251
Troyen Brennan MD MPH Trustee	0 75 1 25	X						0	0	0
R William Burgess Jr MBA Trustee end 8/5/16	0 75 1 25	X						0	0	0
Duane A Compton PhD Trustee/Ex-Officio	0 75 1 56	X						0	0	0
M Brooke Herndon MD MS Trustee/Staff Physician	28 75 12 75	X						0	207,121	63,250
Charles G Plimpton MBA Trustee/Board Treasurer	1 5 2 5	X		X				0	0	0
Jeffrey A Cohen MD Trustee/VP Service Line	28 75 13 05	X						0	435,115	104,921
Timothy D Scherer MD Trustee/Physician	28 75 12 75	X						0	521,117	71,960
Brian C Spence MD MHCDS Trustee/Staff Physician	28 75 12 75	X						0	482,267	48,788
Kari M Rosenkranz MD Trustee eff 1/1/17/Physician	28 75 12 75	X						0	496,839	29,887

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robin Kilfeather-Mackey CPA CFO end 7/15/16	39 0 22 01			X				0	609,409	12,922
Daniel P Jantzen CPA COO end, CFO eff 7/16/16	39 0 24 01			X				1,223,270	0	134,426
Stephen Leblanc Chief Administrative Officer	39 0 23 01			X				0	671,595	128,833
Edward Merrens MD Chief Clinical Officer	42 0 20 0			X				0	521,421	58,731
Richard Rothstein MD Chf Academic Offcr eff 1/1/17	42 0 18 0			X				0	555,623	76,713
John Birkmeyer MD CCO/EVP Entprs Sp end 10/14/16	42 0 19 0			X				0	881,467	39,333
Maria Padin MD Chief Medical Officer	42 0 20 0			X				0	409,356	197,804
Sowmya Viswanathan MD Chief ACO Officer eff 7/5/16	42 0 18 0			X				0	161,497	18,258
Susan A Reeves EdD RN Chf Nrsng Exctve eff 6/19/17	42 0 18 0			X				0	0	0
Vincent Fusca III Chief of Staff end 2/10/17	28 0 13 0				X			330,998	0	27,365

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George Blike MD Chief Quality & Value Officer	42 0 19 0				X			0	455,044	247,012
John S Malanowski MILR Chief HR Officer end 2/10/17	42 0 18 0				X			519,057	0	40,178
Gay Landstrom PhD RN NEA-BC Chf Nursing Offcr end 1/10/17	42 0 19 5				X			579,445	0	39,835
Robert Greene MD MHCDS FACP Chf Popul Mgmt Ofr end 4/7/17	42 0 18 0				X			0	593,926	43,931
John Kacavas JD Chief Legal Officer	42 0 19 0				X			430,324	0	39,835
Peter D Solberg MD Chf Medical Information Ofcr	42 0 18 0				X			0	375,391	45,978
Karen Clements RN BSN MSB FACHE Chief Nursing Officer	42 0 18 0				X			268,642	0	29,037
Thomas J Siepka Chief Pharmacy Officer	42 0 18 0				X			299,311	0	22,505
Aimee M Giglio Int Chf HR Offcr eff 2/10/17	42 0 18 0				X			225,784	0	29,216
Sandra Wong MD Department Chair Surgery	28 0 12 0				X			0	671,891	29,887

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce King MSPH FHFMA Pres & CEO New London Hosp	0 0 50 0					X		380,123	0	74,057
Roderic Young VP Communications & Marketing	28 0 13 0					X		313,027	0	42,229
Martin Purcell MBA VP IS Operations	28 0 12 0					X		330,319	0	136,408
Kimberly Troland JD Fmr Intrm GC/Deputy Gen Cnsl	28 0 12 0					X		369,596	0	39,760
David Gladstone MD Chf Clncl Physcn - Radiology	28 0 12 0					X		293,945	0	94,056
Carl Dematteo MD Fmr Chf Ql Compl Ofr/Physician	28 0 12 0						X	0	120,556	1,384
John Butterly MD Former Officer/EVP Med Affairs	28 0 14 0						X	0	138,766	13,418
Thomas Colacchio MD Former Officer/Physician	28 0 13 0						X	0	667,401	54,165
Darlene A Saler MBA RN Frmr Actg Chf Nrsg Ofr	28 0 12 0						X	170,541	0	84,517
Mary Oseid MHCDS Fmr Key Emp/VP Enterprise Svcs	28 0 13 0						X	0	252,760	194,385

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christine Schon MPA Fmr Key Emp/Adm VP Prmry Care	0 0 50 01						X	0	246,045	40,335
Tina Naimie CPA MHCDS Fmr Key Emp/VP Corp Finance	28 0 14 5						X	238,714	0	19,881
Wendy Fielding MBA Fmr Key Emp/VP Finance Plnning	28 0 13 0						X	236,246	0	39,755
Terrence P Carroll PHD Former Chf Innvtn Ofcr	42 0 18 0						X	380,765	0	0
Thomas Dodds MD Former Key Emp/Dept Chr Anesth	28 0 12 0						X	0	483,551	99,159
Wendy Wells MD Fmr Key Emp/Dpt Chr Pathology	28 0 12 0						X	0	487,848	129,279
Jocelyn Chertoff MD Fmr Key Emp/Dpt Chr Dgnstc Rad	28 0 12 0						X	0	582,114	132,793
Edward Catherwood MD MS Former Key Emp/Ctr Dir Hrt/Vsc	28 0 12 0						X	0	458,562	66,904
Steven Boyce Fmr Key Emp/Adm VP Med Spclts	28 0 12 0						X	0	219,795	70,039
Jeffrey OBrien MHA Fmr Key Emp/VP Oncology	28 0 12 0						X	282,679	0	42,181

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Mary Hitchcock Memorial Hospital	02-0222140

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 the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		163,355
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		82,359
j	Total Add lines 1c through 1i			245,714
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
LOBBYING ACTIVITY EXPLANATION	FORM 990, SCHEDULE C, PART II B, LINES 1B & 1G MARY HITCHCOCK MEMORIAL HOSPITAL EMPLOYS TWO FULL TIME STAFF WHOSE DUTIES INCLUDE LOBBYING TYPICAL EXPENSES ASSOCIATED WITH THE LOBBYING ACTIVITIES INCLUDE STAFF SALARY, TRAVEL, MEMBERSHIP FEES AND DUES FROM TIME TO TIME, MARY HITCHCOCK MEMORIAL HOSPITAL, THROUGH ITS EMPLOYEES AND THE USE OF CONSULTANTS, CONTACTS GOVERNMENT OFFICIALS AND LEGISLATORS THIS CONTACT IS FOR THE PURPOSE OF PROPOSING LEGISLATION OR EXPRESSING AN OPINION ON CHANGES IN LEGISLATION THAT AFFECT THE HOSPITAL AND ITS ABILITY TO CARRY OUT ITS MISSION THE ACTIVITIES INCLUDE SENDING LETTERS TO, CALLING, AND MEETING WITH GOVERNMENT OFFICIALS AND LEGISLATORS FOR THE FISCAL YEAR ENDED JUNE 30, 2017, MARY HITCHCOCK MEMORIAL HOSPITAL INCURRED $163,355 IN CONJUCTION WITH THESE ACTIVITIES
Form 990 Schedule C, Part II B, Line 1I	MHMH pays dues to various organizations related to its exempt mission The amount reported under other activities on line 1I refers to the amount of lobbying activities identified in dues payments to outside organizations

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	54,754,800	72,720,335	74,609,411	54,935,134	57,050,185
b Contributions	137,888	378,941	208,107	17,029,356	188,155
c Net investment earnings, gains, and losses	2,553,792	-377,000	-516,882	3,029,123	-357,053
d Grants or scholarships				16,800	5,322
e Other expenditures for facilities and programs	651,181	17,967,476	1,580,301	1,648,675	1,940,831
f Administrative expenses					
g End of year balance	56,795,299	54,754,800	72,720,335	73,328,138	54,935,134

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

- a Board designated or quasi-endowment ▶ 28 730 %
- b Permanent endowment ▶ 53 330 %
- c Temporarily restricted endowment ▶ 17 940 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		46,750,633		46,750,633
b Buildings		524,671,083	310,612,383	214,058,700
c Leasehold improvements		4,111,615	3,759,712	351,903
d Equipment		472,986,179	342,516,286	130,469,893
e Other		32,328,245	0	32,328,245
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				423,959,374

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME	100,571,943	F
(B) PRIVATE EQUITIES	27,775,368	F
(C) HEDGE FUNDS	40,517,460	F
(D) OTHER INVESTMENTS	134,059,358	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	302,924,129	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
THIRD PARTY RESERVES	8,503,761
ACCRUED POST RETMNT PENS & MED	83,520,214
INTEREST RATE SWAP	6,905,064
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	98,929,039

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

Supplemental Information

Return Reference	Explanation
Intended use of Endowment Funds	Form 990, Schedule D, Part V, Line 4 The intended use of the endowment funds is to promote and advance the following mission-related programs healthcare services, research, charit y care, community outreach and advocacy, and health education ASC 740 (Fin 48) Footnote F orm 990, Schedule D, Part X, Line 2 No ASC 740 (Fin 48) footnote was included in the audit ed financial statements as there were no material uncertain tax positions at or since adop tion

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		25			535,930
b Total from continuation sheets to Part I					23,583,960
c **Totals** (add lines 3a and 3b)		25			24,119,890

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and North Africa	Prog Support	7,092	Wire Trnsfr			FMV
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
MONITORING USE OF GRANT FUNDS	FORM 990, SCHEDULE F, PART I, LINE 2 THE HOSPITAL PROVIDES UNRESTRICTED PROGRAM SUPPORT FOR CERTAIN FOREIGN ORGANIZATIONS PROGRAM SUPPORT TO SPECIFIC ORGANIZATIONS IS CHOSEN AND DIRECTED BY THE PHYSICIANS AND/OR RESEARCHERS WORKING DIRECTLY WITH THE CHARITY

Additional Data

Software ID:

Software Version:

EIN: 02-0222140

Name: Mary Hitchcock Memorial Hospital

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Advertising	17,972
Europe (Including Iceland and Greenland)			Program Services	Conferences	15,750
Europe (Including Iceland and Greenland)		4	Program Services	Dues & Licenses	230

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Honorariums	1,300
North America			Program Services	Honorariums	790
Sub-Saharan Africa			Program Services	Honorariums	656

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa		10	Program Services	Medical Services	75,431
South America		4	Program Services	Medical Services	37,840
South Asia		6	Program Services	Medical Services	49,638

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		1	Program Services	Medical Services	4,855
Middle East and North Africa			Program Services	Program Support	7,092
East Asia and the Pacific			Program Services	Research	30,450

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Software	56,625
North America			Program Services	Software	202,983
South Asia			Program Services	Software	27,405

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Travel	2,448
East Asia and the Pacific			Program Services	Travel	4,465
Europe (Including Iceland and Greenland)			Program Services	Travel	24,190

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Travel	2,275
North America			Program Services	Travel	20,157
South America			Program Services	Travel	1,503

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Travel	1,113
Sub-Saharan Africa			Program Services	Travel	869
Central America and the Caribbean			Investments	Investment in Captive	23,533,853

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 225 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,187,086		6,187,086	0 530 %
b Medicaid (from Worksheet 3, column a)			202,536,549	118,785,211	83,751,338	7 270 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			208,723,635	118,785,211	89,938,424	7 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,137,948	1,965,721	3,172,227	0 280 %
f Health professions education (from Worksheet 5)			44,301,890	13,006,055	31,295,835	2 720 %
g Subsidized health services (from Worksheet 6)			5,050,042	195,323	4,854,719	1 570 %
h Research (from Worksheet 7)			2,217,737	44,588	2,173,149	0 180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			641,565		641,565	0 050 %
j **Total.** Other Benefits			57,349,182	15,211,687	42,137,495	4 800 %
k **Total.** Add lines 7d and 7j			266,072,817	133,996,898	132,075,919	12 600 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			18,500		18,500	0 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,673,598	842,055	831,543	0 070 %
7 Community health improvement advocacy			75,339		75,339	0 010 %
8 Workforce development			128,205		128,205	0 010 %
9 Other						
10 Total			1,895,642	842,055	1,053,587	0 090 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	23,850,195		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	310,067,164
6	Enter Medicare allowable costs of care relating to payments on line 5	6	319,013,066
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,945,902
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(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					

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Mary Hitchcock Memorial Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) Please see Section C, Supplemental Info			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) Please see Section C, Supplemental Info			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Mary Hitchcock Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 300 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) See Section C, Supplemental Info			
b	☑ The FAP application form was widely available on a website (list url) See Section C, Supplemental Info			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Sect C, Spplmntl Info			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Mary Hitchcock Memorial Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Mary Hitchcock Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Other factors used in determining eligibility other than FPG	Form 990, Schedule H, Part I, Line 3c Guidelines D-H uses the FPG guidelines in determining the initial level of financial assistance provided In addition, D-H allows for catastrophic assistance consideration based on a calculation of 10% of two years income plus 10% of amount over sheltered assets If the projected or current selfpay balance is greater than this calculation, the selfpay balance is reduced to the sum of 10% of two years income plus 10% of assets Each household is allowed certain sheltered assets which are not used when calculating household income or assets Savings is sheltered up to 100% of FPL based on family size, equity in primary residence up to $200,000 up to 55 and $250,000 for aged 55 and older, and a retirement shelter of up to $100,000 in retirement assets as long as it is employer based contributions if working or IRA if self-employed If a patient is retired, prior retirement accounts would be included as a sheltered asset Community Benefits Report Form 990, Schedule H, Part I, Line 6a Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (Collectively referred to as Dartmouth-Hitchcock (D-H)) share common board members and operate under an affiliation agreement D-H performs a joint Community Health Needs Assessment (CHNA) and files a consolidated Community Benefits report with the state of New Hampshire For purposes of IRS Form 990, Schedule H, only MHMH Hospital numbers were used All amounts relating to DHC were excluded The New Hampshire Community Benefits Report filed for fiscal year 2017, DHC and MHMH combined, totaled $182,213,939
Costing Methodology	Form 990, Schedule H, Part I, Line 7 The costing methodology used to calculate the amounts reported was a cost-to-charge ratio derived from worksheet 2, Ratio of Patient Care Cost-to-Charges

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Subsidized health services related to physician clinics	Form 990, Schedule H, Part I, Line 7G The Organization did not include any subsidized health service costs attributable to a physician clinic on Part I, line 7G
Community Building Activities	Form 990, Schedule H, Part II COMMUNITY BUILDING ACTIVITIES INCLUDE EXPENSES RELATED TO COALITIONS THAT ADDRESS REGIONAL PUBLIC HEALTH NETWORKS, IMPROVEMENT IN SYSTEMS OF CARE FOR SUBSTANCE USE AND MENTAL HEALTH DISORDERS, PREVENTION OF SUBSTANCE ABUSE, FALLS REDUCTION FOR OLDER ADULTS, AND PRESCRIPTION DRUG MISUSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Bad Debt Expense	Form 990, Schedule H, Part III, Section A, Line 2 The amounts reported on Part III, Section A, line 2 were derived from MHMH's audited financial statements (provision for bad debt) MHMH's Policy is to exert everything in the Organization's power to obtain sufficient and adequate information to determine eligibility for financial assistance MHMH's discount for uninsured patients is currently 58% (before financial assistance is applied) As part of MHMH's Financial Assistance Policy, MHMH makes information available to patients for eligibility and how to apply for free or discounted care If the patient does not respond to the hospital's attempts to complete the financial assistance package, these patients may be written off to bad debt Until 10/1/2015, when D-H changed revenue management service providers, D-H had procedures for presumptive charity review With the transition to new revenue management providers, D-H is working to begin presumptive charity review for fiscal year 2018
Audited Financial Stmt Disclosure for Charity Care and Bad Debt Provision	Form 990, Schedule H, Part III, Section A, Line 4 (Please note that MHMH files a consolidated audited financial statement with Dartmouth-Hitchcock Clinic and other Subsidiaries the amount reported on Schedule H represents MHMH's portion only) MHMH provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates Because MHMH does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue MHMH grants credit without collateral to patients Most are local residents and are insured under third-party arrangements Additions to the allowance for uncollectible accounts are made by means of the provision for bad debt Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added The amount of the provision for bad debts is based upon managements assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Medicare Shortfalls	Form 990, Schedule H, Part III, Section B, Line 8 The costing methodology used to calculate the amounts reported as Medicare shortfalls was derived from the Internal Revenue Service's Worksheet B as provided for Part III calculations MHMH had revenues of $35,488,831 and costs of $40,789,767 for services not included on the Medicare Cost Report (Ambulance Services, Laboratory and other fees screens, and Medicare Part C & D services) MHMH incurred a net loss of $5,300,936 on the provision of these services Because of the central role of the organization in serving the healthcare needs of its community and the demographic characteristics of the community served, it is likely that a portion of the medicare shortfall should be considered community benefit expenditure MHMH has not identified a specific amount of medicare shortfall that should be reported as such
Credit and Collection Policy	Form 990, Schedule H, Part III, Line 9b MHMH has a Credit and Collection Policy that addresses the procedures for patients who choose not to make payment or work with MHMH to make payment arrangements for their bill The Organization has a separate Financial Assistance Policy that addresses those patients who are unable to make payment MHMH is a charitable health care organization that treats patients that come for medically necessary care, regardless of their financial status MHMH offers financial assistance in the form of free or discounted care to those patients who have an inability to pay their bills The Financial Assistance Policy outlines eligibility criteria for financial assistance, the method by which patients may apply for financial assistance, the basis for calculating amounts charged to patients eligible for financial assistance under this policy, D-H's measures to widely publicize the policy within the community served, and the limitation of charges for emergency or other medically necessary care Patients can qualify for 25%, 50%, 75%, or 100% reduction based on Federal Poverty Levels as well as a catastrophic guideline of 10% of 2 year's income for those that may not qualify based on assets and income, but who have a bill beyond their means to pay If a financial assistance policy eligible patient has a balance for which they are responsible after a financial assistance discount is applied, the standard practices are followed as outlined in the D-H Credit and Collections policy

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Needs Assessment	Form 990, Schedule H, Part VI, Line 2 MARY HITCHCOCK MEMORIAL HOSPITAL AND DARTMOUTH-HITCHCOCK CLINIC (COLLECTIVELY REFERRED TO AS DARTMOUTH-HITCHCOCK (D-H)) SHARE COMMON BOARD MEMBERS AND OPERATE UNDER AN AFFILIATION AGREEMENT D-H PERFORMS A JOINT COMMUNITY NEEDS ASSESSMENT AND FILES A CONSOLIDATED COMMUNITY BENEFITS REPORT DARTMOUTH-HITCHCOCK PARTICIPATES WITH OTHER HEALTH CARE CHARITABLE TRUSTS AND COMMUNITY PARTNERS IN EACH OF OUR SERVICE AREAS TO COMPLETE COMMUNITY HEALTH NEEDS ASSESSMENTS DURING FY2016, MHMH PARTNERED WITH ALICE PECK DAY MEMORIAL HOSPITAL, TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT WE ALSO WORKED TOGETHER WITH NEIGHBORING HOSPITALS, INCLUDING MOUNT ASCUTNEY HOSPITAL AND HEALTH CARE, VALLEY REGIONAL HOSPITAL, AND NEW LONDON HOSPITAL TO USE SIMILAR COMMUNITY HEALTH NEEDS ASSESSMENTS TOOLS AND APPROACH, TO ALLOW COMPARABILITY OF HEALTH DATA ACROSS A WIDER GEOGRAPHIC REGION COLLECTIVELY D-H AND PARTNERED HOSPITALS HIRED COMMUNITY HEALTH INSTITUTE/JOHN SNOW RESEARCH AND TRAINING INSTITUTE, A PUBLIC HEALTH CONSULTING FIRM, TO PROVIDE TECHNICAL ASSISTANCE AND ANALYSIS RELATED TO OUR COMMUNITY HEALTH NEEDS ASSESSMENTS THE NEEDS ASSESSMENT INCLUDED REVIEWING SELECTED SERVICE AREA DEMOGRAPHICS, PUBLIC HEALTH DATA AVAILABLE THROUGH NH AND VT HEALTH DEPARTMENTS, HOSPITAL DISCHARGE DATA, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY AND YOUTH RISK BEHAVIOR SURVEYS, FOCUS GROUPS WITH EMPLOYERS AND WITH COMMUNITY MEMBERS RECEIVING SERVICES AT REGIONAL SAFETY NET SERVICE ORGANIZATIONS, ELECTRONIC SURVEYS OF PROFESSIONAL HEALTH AND SOCIAL SERVICE PROVIDERS, AS WELL AS PAPER AND ELECTRONIC CONVENIENCE SURVEYS OF COMMUNITY RESIDENTS THE FY2016 COMMUNITY HEALTH NEEDS ASSESSMENT WAS REVIEWED AT A LARGE COMMUNITY MEETING (50+ STAKEHOLDERS) OF THE PUBLIC HEALTH COUNCIL OF THE UPPER VALLEY AND OTHERS IN DECEMBER 2015 FOR FURTHER COMMENTS AND FEEDBACK AS PART OF THE NEEDS ASSESSMENT, MHMH REVIEWED 1 HEALTH, ECONOMIC, AND EDUCATION DATA FROM SOURCES INCLUDING YOUTH RISK BEHAVIOR SURVEYS, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, PUBLIC HEALTH AND HOSPITAL DISCHARGE DATA AVAILABLE IN NH HEALTH WRQS, CENSUS DATA, AND REPORTS FROM THE NEW ENGLAND COMMON ASSESSMENT PROGRAM ADDITIONALLY, IT REVIEWED THE 2011 NH STATE HEALTH PROFILE, QUANTITATIVE AND QUALITATIVE DATA FROM LOCAL SOURCES (NEWSPAPERS, REGIONAL PLANNING OFFICES, COMMUNITY FORUMS) TO IDENTIFY CONCERNS THAT EMERGED, INTENSIFIED, OR WERE THE SOURCE OF LOCAL ATTENTION SINCE THE LAST SECONDARY DATA WAS COLLECTED 2 OPINION DATA FROM PROFESSIONAL STAKEHOLDERS USING AN ONLINE OPINION POLL OF REGIONAL LEADERS IN HEALTH, PUBLIC HEALTH, EDUCATION, MUNICIPAL GOVERNMENTS, PUBLIC SAFETY, AND SOCIAL SERVICE PROVIDERS 69 INFORMED STAKEHOLDERS RESPONDED TO THIS SURVEY 3 FOCUS GROUP DATA COLLECTED FROM 4 FOCUS GROUPS LARGELY CONSISTING OF LOWER-INCOME CONSUMERS OF HEALTH/SOCIAL SERVICES 4 OPINION DATA FROM RESIDENTS COLLECTED THROUGH COMMUNITY LIST-SERVS, ASSISTED INTERVIEWS AT HUMAN SERVICE ORGANIZATIONS, HUMAN SERVICE ORGANIZATIONS, PRIMARY CARE AND FREE CARE CLINICS, AND OTHER COMMUNITY SETTINGS 1,566 RESIDENTS RESPONDED TO SURVEYS DARTMOUTH-HITCHCOCK REGULARLY MONITORS NEWLY RELEASED HEALTH, ECONOMIC, AND EDUCATION DATA FROM OUR SERVICE REGION TO IDENTIFY EMERGING REGIONAL NEEDS AND CONCERNS, INCLUDING FY 2015 YOUTH RISK BEHAVIOR SURVEYS, THE 2013 NH STATE HEALTH IMPROVEMENT PLAN, NH'S EMERGING STATE PLANS TO ADDRESS SUBSTANCE MISUSE, OPIOID MISUSE, OBESITY, AND CHILDREN'S BEHAVIORAL HEALTH
Patient Education of Eligibility for Assistance	Form 990, Schedule H, Part VI, Line 3 All uninsured inpatients, same day surgery, observation, and Emergency Department patients are pro-actively screened using paper and/or an automated tool to identify potential qualification for other federal, state, and local programs In addition, specific outpatient activities deemed to have a higher rate of need are screened as part of regular protocol If a patient appears to be eligible, on-site Financial Counselors assist the patient in completing the appropriate paperwork/applications and provide instruction regarding how to complete the qualification process In some cases a Financial Counselor will act on behalf of the patient, at their signed consent, in order to complete the application process (for example, in New Hampshire a patient must be physically present at the District Office) If a patient doesn't qualify for specific programs, they are also considered for financial assistance as part of their screening For outpatient services that are not routinely screened, staff interacting with patients are instructed to provide either a financial assistance application or contact information for a Financial Counselor when a patient expresses their inability to make payment Every application is screened for completed income and asset documentation Applications are also screened to assure there are no other potential options of federal, state, or local programs The website, patient statements, and financial brochures all include information about financial assistance and how to apply Community Information Form 990, Schedule H, Part VI, Line 4 THE ORGANIZATION DEFINES ITS SERVICE REGION AS NEW HAMPSHIRE AND EASTERN VERMONT, WITH THE LARGEST PRESENCE IN A 19-TOWN REGION ADJOINING LEBANON, NEW HAMPSHIRE, SITE OF DARTMOUTH-HITCHCOCK MEDICAL CENTER WHICH INCLUDES MARY HITCHCOCK MEMORIAL HOSPITAL AND DARTMOUTH-HITCHCOCK CLINIC'S MAIN NORTHERN CLINIC The region has a population of 70,000 people, with towns ranging in population from 300-13,000 people These towns are generally considered rural, though the Hanover, NH, Lebanon, NH and Hartford, VT communities are considered to be a micropolitan area Among the regions 19 towns, median household income varies widely, from $46K-$108K annually 15 6% of the population is over the age of 65, 4 5% of the population is under the age of 5, 9 7% of children live in households whose median household income is less than 100% of Federal Poverty Level, 27% of children live in households with income less than 200% of Federal Poverty Level, 1 6% of the regions residents have Limited English Proficiency, and 8 2% lacked health insurance 13% of NH residents and 20% of Vermont residents are Medicaid Beneficiaries The region is served by MHMH and by Alice Peck Day Memorial Hospitals There are no Federally Qualified Health Centers operating within the region The Good Neighbor Health Clinic, in Hartford, VT, offers care to uninsured community members Two minor civil divisions in our region, Dorchester NH and Piermont NH, are considered Medically Underserved Areas MHMH SERVES THE GENERAL POPULATION WITH A WIDE RANGE OF SERVICES IN ADDITION TO GENERAL HOSPITAL POPULATIONS, THE ORGANIZATION PROVIDES SERVICES TO PATIENTS WITH HIGHLY-SPECIALIZED NEEDS THAT ARE NOT AVAILABLE ELSEWHERE IN NEW HAMPSHIRE MHMH IS THE STATE'S ONLY TERTIARY REFERRAL CENTER, PROVIDES THE STATE'S ONLY COMPREHENSIVE CANCER CENTER (NORRIS COTTON CANCER CENTER - NCCC), OPERATES THE ONLY LEVEL I TRAUMA CENTER IN NEW HAMPSHIRE, OPERATES THE ONLY COMPREHENSIVE CHILDREN'S HOSPITAL AND ACCREDITED PEDIATRIC TRAUMA CENTER IN NEW HAMPSHIRE (CHILDREN'S HOSPITAL AT DARTMOUTH - CHAD), HOSTS THE ONLY LEVEL IV NEONATAL INTENSIVE CARE NURSERY AND ONE OF TWO PEDIATRIC INTENSIVE CARE UNITS IN NEW HAMPSHIRE, AND OPERATES THE ONLY HELICOPTER TRANSPORT SERVICE IN THE STATE AS SUCH, THE SERVICE POPULATION IS BOTH THE GENERAL PUBLIC SEEKING PRIMARY HEALTH CARE SERVICES AS WELL AS RESIDENTS WITH UNIQUE AND HIGHLY-SPECIALIZED HEALTH CARE NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Promotion of Community Health	Form 990, Schedule H, Part VI, Line 5 MHMH SUPPORTS ORGANIZATIONS AND INITIATIVES THAT FURTHER HEALTH BY STRENGTHENING AND DEVELOPING KEY COMMUNITY CAPACITIES TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS THIS INCLUDES HOSTING OR LEADING COMMUNITY PARTNERSHIPS TO ADDRESS SUBSTANCE MISUSE AND TREATMENT AND TO IMPROVE PUBLIC HEALTH, PROVIDING FUNDING FOR CHILD AND ADULT ORAL HEALTH INITIATIVES, AND PARTICIPATION OF OUR STAFF IN OTHER PARTNERSHIPS INCLUDING THE OUTPATIENT FALLS PREVENTION TASK FORCE, THE TRANSPORTATION MANAGEMENT ASSOCIATION, AND THE UPPER VALLEY HOUSING COALITION IN ADDITION, MHMH OPERATES HEALTH EDUCATION AND SUPPORT SERVICES SUCH AS A WOMEN'S HEALTH RESOURCE CENTER, THE AGING RESOURCE CENTER, AND A HEALTH EDUCATION CENTER MHMH USES CASH CONTRIBUTIONS, CONTRACTED SERVICES, AND IN-KIND CONTRIBUTION OF STAFF TIME AND EXPERTISE, TO SUPPORT THESE STRATEGIES WHICH IMPROVE COMMUNITY HEALTH AT MHMH'S LEBANON, NH CAMPUS, THE HOSPITAL EXTENDS PROFESSIONAL STAFF PRIVILEGES TO QUALIFIED AND APPROPRIATE PHYSICIANS WHO ARE EMPLOYEES OF DARTMOUTH-HITCHCOCK CLINIC, MARY HITCHCOCK MEMORIAL HOSPITAL, AND DARTMOUTH COLLEGE, WHO ALSO HOLD A FACULTY APPOINTMENT AT GEISEL SCHOOL OF MEDICINE MARY-HITCHCOCKS'S TRUSTEES ANNUALLY SET STRATEGIC PRIORITIES FOR THE INSTITUTION AND APPROVE OPERATING AND CAPITAL BUDGETS WHICH SUPPORT IMPROVEMENTS, PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH EXAMPLES OF THESE INVESTMENTS INCLUDE THE DEVELOPMENT OF MARY HITCHCOCKS'S PATIENT SAFETY AND TRAINING CENTER, ONGOING QUALITY AND PATIENT SAFETY INITIATIVES, PURCHASES OF NEW AND EMERGING MEDICAL TECHNOLOGIES, SUPPORT TRANSLATIONAL RESEARCH, AND MEDICAL EDUCATION OF THE 18 VOTING MEMBERS OF THE MARY HITCHCOCK BOARD OF TRUSTEES AT FY17 END, 12 ARE NEITHER CONTRACTORS NOR EMPLOYEES OF MHMH
Affiliated Health Care System Community	Form 990, Schedule H, Part VI, Line 6 BENEFITS ARE PROVIDED BY THE DARTMOUTH-HITCHCOCK HEALTH CARE SYSTEM, WHICH INCLUDES MARY HITCHCOCK MEMORIAL HOSPITAL, DARTMOUTH-HITCHCOCK CLINIC, AND OTHER RELATED ORGANIZATIONS WHOSE PRIMARY MISSION IS HEALTH CARE MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH) IN LEBANON IS NEW HAMPSHIRE'S LARGEST HOSPITAL IN FISCAL YEAR 2017 MHMH HAD 396 LICENSED INPATIENT BEDS THE DARTMOUTH-HITCHCOCK CLINIC (DHC) IS A MULTI-SPECIALTY PHYSICIAN PRACTICE WITH A NETWORK OF PROVIDERS ACROSS NEW HAMPSHIRE AND VERMONT WHILE DHC'S MAIN OFFICES ARE LOCATED IN LEBANON, THE CLINIC ALSO HAS MULTI-SPECIALTY PRACTICES IN MANCHESTER, NASHUA, CONCORD, AND KEENE, NH AREAS AS WELL AS BENNINGTON, VT IN ADDITION, THE CLINIC PROVIDES PRIMARY CARE IN RURAL COMMUNITIES IN VERMONT AND NORTHERN NEW HAMPSHIRE MHMH, DHC, AND THE GEISEL SCHOOL OF MEDICINE FACULTY AND STUDENTS MAKE UP THE DARTMOUTH-HITCHCOCK (D-H) HEALTH CARE SYSTEM THE HOSPITAL AND CLINIC OPERATE JOINTLY THROUGH INTERLOCKING DIRECTORATES, STRATEGIC PLANNING AND MANAGEMENT AND SHARE IDENTICAL MISSIONS THE MEDICAL SCHOOL, WHICH WORKS CLOSELY WITH THE HOSPITAL AND CLINIC, IS FOCUSED ON MEDICAL EDUCATION AND RESEARCH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
State filing of Community Benefits Report	Form 990, Schedule H, Part VI, Line 7 MHMH files a Community Benefits Report with the State of New Hampshire jointly with Dartmouth-Hitchcock Clinic

Additional Data

Software ID:

Software Version:

EIN: 02-0222140

Name: Mary Hitchcock Memorial Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Mary Hitchcock Memorial Hospital One Medical Center Drive Lebanon, NH 03756 www dartmouth-hitchcock org 01799	X	X	X	X		X	X		Psych Unit and Transplant Unit Cancer Center	

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

Form and Line Reference	Explanation
Input From Representatives of Community Served by the Hospital Facility	Form 990, Schedule H, Part V, Section B, Line 5 D-H IS ACTIVELY ENGAGED IN THE DEVELOPMENT OF AN ACTIVE UPPER VALLEY REGIONAL PUBLIC HEALTH ADVISORY COUNCIL (40+ COMMUNITY REPRESEN TATIVES) AND BROADER RETHINK HEALTH INITIATIVES (100+ COMMUNITY REPRESENTATIVES) MEMBERS OF THESE TWO COMMUNITY HEALTH ADVISORY GROUPS HAVE HAD THE OPPORTUNITY TO REVIEW AND COMME NT ON DRAFTS OF DARTMOUTH-HITCHOCK'S COMMUNITY HEALTH IMPROVEMENT PLAN THE PLAN DOCUMENT HAS ALSO BEEN CIRCULATED TO PUBLIC HEALTH OFFICIALS IN VERMONT FOR THEIR COMMENT IN ADDIT ION, DARTMOUTH-HITCHCOCK REPRESENTATIVES SERVE ON NUMEROUS BOARDS, TASK FORCES, MUNICIPAL HEALTH LEADERSHIP AND PLANNING TEAMS, AND OTHER COMMUNITY HEALTH LEADERSHIP ENTITIES IN OR DER TO ENSURE THAT WE BOTH PARTICIPATE IN AND BETTER UNDERSTAND THE NEEDS OF OUR COMMUNITY Mary Hitchcock Hospital contracted with Community Health Institute/JSI to provide consul tation and technical expertise to our assessment process Community Health Institute/JSI i s a public health management consulting and research organizations dedicated to improving the health of individuals and communities throughout the world During the period March th rough August 2015, a Community Health Needs Assessment in the Mary Hitchcock Memorial Hosp ital and Alice Peck Day Memorial Hospital service area of New Hampshire and Vermont was co nducted by Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital in partnership with Ne w London Hospital, Valley Regional Hospital, and Mt Ascutney Hospital and Health Center The purpose of the assessment was to identify community health concerns, priorities and op portunities for community health and health care delivery systems improvement While Dartm outh-Hitchcock Medical Center serves as a tertiary referral medical center for a large, mu lti-state area, the geographic area of interest for the purposes of this assessment was th e primary service area of Mary Hitchcock Memorial Hospital and Alice Peck Day Memorial Hos pital This primary service area was defined as 19 municipalities comprising the Upper Val ley of New Hampshire and Vermont with a total resident population of approximately 70,000 people Methods employed in the assessment included a survey of area residents made availa ble through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of community discussion groups convened i n the primary service area, and a review of available population demographics and health s tatus indicators In this Community Health Needs Assessment (CHNA), populations experienci ng health disparities or vulnerable to poor health outcomes are primarily defined as those populations facing significant income and social determinants challenges, which in this r egion are more strongly associated with negative impacts on health than race or ethnicity Enhanced efforts were made to understand the needs of these populations through targeted surveys and community conversa

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

Form and Line Reference	Explanation
Input From Representatives of Community Served by the Hospital Facility	tions, including facilitated surveys and discussions at community suppers, a regional free clinic, homeless programs, and other community settings serving economically vulnerable r esidents In addition, a concerted effort was made to convene a focus group of local indiv iduals representing both documented and undocumented immigrant populations, with the assis tance of a legal aid organization However, scheduling challenges precluded our ability to convene the group Findings of this assessment have been shared with public health offici als in NH and VT, as well as with the Public Health Council of the Upper Valley During th is assessment, Mary Hitchcock Memorial Hospital used surveys from May 2015 through August 2016 to generate input from 1,566 residents, including 1,185 residents from the 19 towns d efined as our Hospital Service Area Surveys were made available through primary care clin ics, free care clinics, a shelter for the homeless, a free community dinner, and numerous other community locations Residents completing surveys included members of African-Americ an, Hispanic, Native American, and Asian populations Surveys were distributed through reg ional health clinics, the regions shelter for homeless populations, the regions low-income housing trust, the Lebanon Housing Authority, senior centers, and other locations where p opulations most affected by health disparities congregate Mary Hitchcock Memorial Hospita l disseminated the survey together with multiple community organizations that serve low-in come, frail, and health disparity populations, including the Public Health Council of the Upper Valley, whose membership includes community mental health services, substance use se rvices, mental health peer leaders, WIC providers, senior services advocates, services wor king with people with physical and developmental disabilities, community nursing, Visiting Nurses, and other core human services In addition to assisting in survey dissemination, these providers advocated for underserved and vulnerable populations in our region as a pa rt of the CHNA process Based on discussions with a wide variety of community service orga nization leaders, town officials, and public health officials, there is general agreement that in the region covered by this CHNA, health disparity is far more likely to be driven by household median income, insurance status, and other indicators of poverty than by raci al and ethnic minority characteristics The Upper Valley region is overwhelmingly Caucasia n (Grafton County NH, 93 6% white, 0 9% African American, 0 4% Native American, 1 8% Hispa nic/Latino, 3 0% Asian, 2014 as per American Factfinder) Compared to other regions, racia l and ethnic minority residents in our CHNA region are employed with academic and health c are systems, and have relatively high socio-economic status By comparison, the percent of households with income below 200% of federal poverty level reaches 20 7% in some of the t owns in our CHNA area Through

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

Form and Line Reference	Explanation
Input From Representatives of Community Served by the Hospital Facility	the course of the FY2016 Community Health Needs Assessment, we attempted to, but were una ble to identify any advocacy group or other representative leadership serving in an organi zing or leadership role for minority populations Similarly, we scanned for, but were unab le to find any neighborhood or geographic region with a high density of racial or ethnic m inority populations in our region In May 2015, our CHNA partner, Alice Peck Day Memorial Hospital, contacted a representative of a regional group representing immigrant residents and had a conversation with that representative, but were not successful in arranging a co nversation group with members represented by this organization due to lack of geographic c onvenience Additionally, in May 2015 we spoke with a regional English as a Second Languag e coordinator regarding the challenges impacting the families served by that program Duri ng our assessment process, Mary Hitchcock Memorial Hospital and Alice Peck Day Memorial Ho spital made specific efforts to contact and receive input from members of income vulnerabl e populations, including holding community discussion groups with -Pregnant and parenting teens participating in an alternative high school environment at The Family Place Parent Child Center (6/2/15) -Residents of The Haven, a shelter for homeless individuals and fam ilies (6/8/2015) -Frail older adults and advocates of the Upper Valley Interfaith Project (6/23/15) CHNA Conducted With One Or More Other Hospital Facilities Form 990, Schedule H, Part V, Section B, Line 6A During December of 2015, MHMH partnered with Alice Peck Day Mem orial Hospital to complete a community health needs assessment We also partnered with nei ghboring hospitals including Valley Regional Hospital, New London Hospital, and Mount Ascu tney Hospital and Health Center, using similar community health needs assessment tools and approaches, allowing us to compare community health needs across a broad geographic, mult i-hospital region CHNA Conducted With One Or More Organizations Other Than Hospital Facil ities Form 990, Schedule H, Part V, Section B, Line 6B During December 2015, in addition t o working with Dartmouth-Hitchcock Clinic, MHMH worked closely with the member organizatio ns of the Public Health Council of the Upper Valley (40+ member organizations) to dissemin ate surveys, serve as key informants, and to provide overall review and feedback re findi ngs identified in the community health needs assessment Community Health Needs Assessment Form 990, Schedule H, Part V, Section B, Line 7a The Community Health Needs Assessment ca n be found online at http //www dartmouth-hitchcock org/about_dh/ community_benefits_progr am html Community Health Needs Assessment Form 990, Schedule H, Part V, Section B, Line 7d The Needs Assessment was distributed to non-profit organizations throughout the region in cluding the Public Health Council of the Upper Valley and Granite United Way It is also a vailable from the Organization

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

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

Form and Line Reference	Explanation
Measures to Publicize Financial Assistance Policy	Form 990, Schedule H, Part V, Section B, Lines 16 A-C The financial assistance policy, application, and plain language summary can be found at http //www dartmouth-hitchcock org/billing-charges/ financial_assistance html MHMH has brochures available at all admission sites as well as plain language summary posters at all locations Additionally, MHMH provided brochures to local non-profits to distribute Financial Assistance Policy availability within the Community Form 990, Schedule H, Part V, Section B, Line 16J MHMH financial assistance policy is posted on MHMH's website, including the verbatim policy and a shorter, more patient-friendly version MHMH provides the patient friendly brochure version of the policy to all uninsured patients who enter the health system MHMH continues to notify patients on the back of the billing statement about financial assistance being available to them Additionally, MHMH posts information about the policy in public areas throughout the facilities including admission offices MHMH has also made additional changes internally to increase awareness of the policy, including adding information to the back of the patient's statement about financial assistance available to them, posting information about the policy in public areas throughout the facilities, and ensuring financial assistance policy brochures are available in patient areas MHMH Screens 100% of uninsured inpatient and same-day patients prior to admission As part of this process, MHMH checks all state and federal programs to see if individuals are eligible for assistance Patients are also screened to determine qualification for financial assistance and the application is provided and/or completed at this time Facility information Form 990, Schedule H, Part V, Section D The Hospital has a Cancer Treatment Center located in Saint Johnsbury, Vermont This location is registered under the same license as the Organization's main Campus located in Lebanon, New Hampshire

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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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 21

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Awards and Educational Assistance	103	825,054		FMV	
(2) D-H Tuition Reimbursement Program	440	615,602		FMV	
(3) Patient Assistance	1599	83,572		FMV	
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	Form 990, Schedule I, Part I, Line 2 Each award established by Mary Hitchcock Memorial Hospital has written guidelines and procedures Award payments are processed in accordance with the specific terms of each award The Dartmouth Institute Scholarships (TDI) are paid directly to Dartmouth College on behalf of the individuals receiving the award The coordinators of the program(s) are responsible for assuring that all terms are met, including proper documentation of expenses with receipts

Additional Data

Software ID:
Software Version:
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Advance Transit PO Box 1027 Wilder, VT 05088	22-2558708	501(C)(3)	75,740		FMV		Transportn Subsidy
American Cancer Society 250 Williams Street NW Atlanta, GA 30303	13-1788491	501(c)(3)	32,550		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	10,500		FMV		Program Support
The Hitchcock Foundation One Medical Center Drive Lebanon, NH 03756	02-0222139	501(c)(3)	8,050		FMV		PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Good Neighbor Health Clinic 70 N MAIN ST WHITE RIVER JCT, VT 05001	03-0346949	501(c)(3)	45,500		FMV		Program Support
Grafton County Senior Citizens Council 10 CAMPBELL ST LEBANON, NH 03766	23-7248316	501(c)(3)	12,600		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mary & John Eliot Charitable Foundation 1070 Holt Ave Unit 1 Ste 2100 Manchester, NH 03109	02-0512229	501(c)(3)	5,250		FMV		Program Support
Riverbend Community Mental Health 3 N State St Concord, NH 03301	02-0264383	501(c)(3)	17,570		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sullivan County 14 Main St Newport, NH 03773		Gov't	10,500		FMV		Public Health
Foundation for Healthy Communities 125 AIRPORT RD CONCORD, NH 03301	02-0275078	501(c)(3)	370,475		FMV		Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwestern Vermont Health Care Foundation 100 Hospital Dr Bennington, VT 05201	45-3362785	501(c)(3)	7,000		FMV		Program Support
Albert Schweitzer Fellowship 330 Brookline Ave Boston, MA 02215	13-1982786	501(c)(3)	7,000		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
March of Dimes Foundation 1275 Mamaroneck Ave White Plains, NY 10605	13-1846366	501(c)(3)	7,000		FMV		Program Support
Southeast Vermont Transit 45 Mill St Wilmington, VT 05363	03-0353976	501(c)(3)	21,000		FMV		Transportn Subsidy

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Upper Valley Haven 713 Hartford Ave White River Jct, VT 05001	03-0277908	501(c)(3)	17,500		FMV		Program Support
Windsor Hospital Corporation 289 County Rd Windsor, VT 05089	03-0183721	501(c)(3)	11,725		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Makin It Happen Coalition for Resilient Yth 27 Lowell St Ste 502 Manchester, NH 03101	02-0495300	501(c)(3)	10,500		FMV		Program Support
NH Fisher Cats Charitable Foundation 1 Line Drive Manchester, NH 03101	14-1973034	501(c)(3)	9,870		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Manchester Community Health Center 145 Hollis Street Manchester, NH 03101	02-0458174	501(c)(3)	35,000		FMV		Program Support
Ottauquechee Health Foundation PO Box 784 Woodstock, VT 05091	03-0197766	501(c)(3)	14,000		FMV		Program Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Granite United Way 22 Concord Street Floor 2 Manchester, NH 03101	02-6006033	501(c)(3)	14,000		FMV		Program Support

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Chartered Travel Services	Form 990, Schedule J, Part I, Line 1a FROM TIME TO TIME, THE ORGANIZATION PROVIDES CHARTERED TRAVEL SERVICES TO THE CEO THE COST OF PROVIDING THE CHARTERED SERVICE HAS BEEN DEEMED A COST-EFFICIENT MANNER TO ALLOW THE OFFICER TO WORK WHILE TRAVELING VERSUS THE TIME LOST DRIVING, ETC THIS EXPENSE HAS BEEN DEEMEND AN ORDINARY AND NECESSARY BUSINESS EXPENSE AND NON-TAXABLE TO THE RECIPIENT ALL REQUESTS ARE APPROVED BEFORE PAYMENT TO ENSURE COMPLIANCE WITH INTERNAL POLICIES Health or Social Club Dues & Fees Form 990, Schedule J, Part I, Line 1a The Organization has in place a Management Self Development Plan (MSDP) designed to promote professional and personal development The MSDP is capped at 2% of gross pay and may be utilized for expenses such as professional dues, meetings and seminars, tuition reimbursement, and other miscellaneous items that promote professional knowledge The monies may also be used for up to a 50% reimbursement of the cost of a fitness/wellness program designed to maintain the health of management personnel All expenses are submitted for approval before reimbursement COMPENSATION OF THE CEO FORM 990, SCHEDULE J, PART I, LINE 3 THE CEO IS PAID BY DARTMOUTH-HITCHCOCK CLINIC, A RELATED ORGANIZATION, WHICH USES A COMPENSATION COMMITTEE, AN INDEPENDENT CONSULANT, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE CEO'S COMPENSATION
Severance Payments	Form 990, Schedule J, Part I, Line 4a THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2016 DURING 2012, THOMAS COLACCHIO TRANSITIONED FROM AN OFFICER ROLE TO A STAFF PHYSICIAN ROLE AS PART OF THIS TRANSITION, THOMAS COLACCHIO RECEIVED A $320,000 CHANGE OF CONTROL PAYMENT FROM DARTMOUTH-HITCHCOCK IN 2016 THE PAYMENT IS INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III DURING CALENDAR YEAR 2016, FORMER CHIEF INNOVATION OFFICER TERRENCE CARROLL RECEIVED SEVERANCE PAYMENTS TOTALING $380,765 FROM DARTMOUTH-HITCHCOCK THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III DURING CALENDAR YEAR 2016, FORMER CHIEF FINANCIAL OFFICER ROBIN KILFEATHER-MACKEY RECEIVED SEVERANCE PAYMENTS TOTALING $224,351 FROM DARTMOUTH-HITCHCOCK THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III DURING CALENDAR YEAR 2016, FORMER CHIEF CLINICAL OFFICER / EXECUTIVE VP OF ENTERPRISE SUPPORT JOHN BIRKMEYER RECEIVED SEVERANCE PAYMENTS TOTALING $129,856 FROM DARTMOUTH-HITCHCOCK THESE PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III Supplemental Nonqualified Retirement Plan SCHEDULE J, PART I, LINE 4B THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (WHICH ARE REFLECTED IN SCHEDULE J, PART II, COLUMN B (III)) BARBARA JOBST $9,646 BRIAN SPENCE $18,489 BRUCE KING $27,243 EDWARD MERRENS $24,155 GAY LANDSTROM $33,499 GEORGE BLIKE $40,320 JAMES WEINSTEIN $93,750 JEFFREY COHEN $16,800 JOHN BIRKMEYER $53,500 JOHN MALANOWSKI $23,499 KARI ROSENKRANZ $12,687 KIMBERLY TROLAND $11,603 MARIA PADIN $10,074 MARTIN PURCELL $26,252 PETER SOLBERG $8,095 ROBERT GREENE $28,500 ROBIN KILFEATHER-MACKEY $82,881 RODERIC YOUNG $5,000 STEPHEN LEBLANC $114,904 TIMOTHY SCHERER $14,856 VINCENT FUSCA $6,601 JEFFREY OBRIEN $2,171 JOCELYN CHERTOFF $31,327 JOHN BUTTERLY $30,926 STEVEN BOYCE $43 THOMAS COLACCHIO $81,489 THOMAS DODDS $32,160 WENDY WELLS $21,342 DAVID GLADSTONE $2,642 THE ANNUAL SERP PROGRAM PROVIDES ELIGIBLE PARTICIPANTS WITH AMOUNTS INTENDED TO REPLACE THE REDUCTION IN QUALIFIED RETIREMENT BENEFITS DUE TO THE APPLICATION OF BENEFIT LIMITATIONS IMPOSED BY IRC SECTIONS 401(A) AND/OR 415 IN ADDITION, ONCE ELIGIBLE PARTICIPANTS QUALIFY FOR SPECIAL EARLY RETIREMENT BENEFITS BASED ON YEARS OF SERVICE PLUS AGE - AS PROVIDED IN THE DEFINED BENEFIT PLAN - THE VALUE OF THE SPECIAL EARLY RETIREMENT BENEFIT, DETERMINED WITHOUT REGARD TO LIMITATIONS IN 401(A) AND 415 IS INCLUDED IN THE PAYMENT THE FOLLOWING INDIVIDUALS QUALIFIED FOR EARLY RETIREMENT BENEFITS DURING CALENDAR YEAR 2016 DANIEL P JANTZEN $638,098 Dartmouth-Hitchcock Supplemental Retirement Plan Terms and Conditions An eligible employee is a participant in the Dartmouth-Hitchcock Retirement Plan and/or any prior pension arrangements sponsored by Dartmouth-Hitchcock (including a qualified defined benefit plan) who would be entitled to additional contributions or benefit accruals under the terms of the Plans for the plan year, but are limited by IRC Section 401(a)(17) and/or 415 For eligible employees, the Employer will pay the eligible employee an amount determined by the employer each year to offset the amount of the reduction in the benefit accrual or contributions as a result of limitations imposed by IRC Sections 401 (a)(17) and/or 415 MHMH sponsors a split dollar life plan for certain long-term employees The original objectives for offering these plans were to better enable MHMH to attract and retain quality executive personnel, improve the physicians' post-retirement life insurance benefits, and to replace an increasingly costly retiree life insurance program The plan was frozen in 1998 and therefore no further costs of the individual employee insurance premiums have been funded by the organization The number of participants and dollar value continues to dwindle as individuals retire/leave the organization
Note regarding compensation	Form 990, Schedule J, Part II Column B, parts I, II, and III represent actual amounts paid to employees by MHMH These amounts are reported to employees on their annual W-2 forms as compensation Columns C and D represent items earned, however, not paid directly to the employee as cash payments during the calendar year Column C includes retirement benefits as well as any changes in pension actuarial value (if applicable) in a calendar year Column D represents nontaxable benefits such as the cost of healthcare coverage provided by D-H on behalf of its employees

Additional Data

Software ID:
Software Version:
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Carl Dematteo MD Fmr Chf Ql Compl Ofr/Physician	(i)	0	0	0	0	0	0	0
	(ii)	116,398	600	3,558	0	1,384	121,940	0
1 Robin Kilfeather-Mackey CPA CFO end 7/15/16	(i)	0	0	0	0	0	0	0
	(ii)	295,990	0	313,419	0	12,922	622,331	0
2 Daniel P Jantzen CPA COO end, CFO eff 7/16/16	(i)	570,275	0	652,995	117,793	16,633	1,357,696	0
	(ii)	0	0	0	0	0	0	0
3 Stephen Leblanc Chief Administrative Officer	(i)	0	0	0	0	0	0	0
	(ii)	554,597	0	116,998	107,109	21,724	800,428	0
4 John Butterly MD Former Officer/EVP Med Affairs	(i)	0	0	0	0	0	0	0
	(ii)	82,523	0	56,243	13,274	144	152,184	0
5 Bruce King MSPH FHFMA Pres & CEO New London Hosp	(i)	322,286	0	57,837	57,465	16,592	454,180	0
	(ii)	0	0	0	0	0	0	0
6 Mary Oseid MHCDS Fmr Key Emp/VP Enterprise Svcs	(i)	0	0	0	0	0	0	0
	(ii)	252,252	0	508	182,218	12,167	447,145	0
7 Christine Schon MPA Fmr Key Emp/Adm VP Primry Care	(i)	0	0	0	0	0	0	0
	(ii)	237,487	0	8,558	23,885	16,450	286,380	0
8 James N Weinstein DO MS Trustee Ex-Officio/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,268,501	0	96,036	93,402	15,429	1,473,368	0
9 Tina Naimie CPA MHCDS Fmr Key Emp/VP Corp Finance	(i)	238,185	0	529	18,042	1,839	258,595	0
	(ii)	0	0	0	0	0	0	0
10 Wendy Fielding MBA Fmr Key Emp/VP Finance Plnning	(i)	235,976	0	270	18,219	21,536	276,001	0
	(ii)	0	0	0	0	0	0	0
11 Vincent Fusca III Chief of Staff end 2/10/17	(i)	319,753	0	11,245	25,875	1,490	358,363	0
	(ii)	0	0	0	0	0	0	0
12 Edward Merrens MD Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	496,852	0	24,569	46,420	12,311	580,152	0
13 George Blike MD Chief Quality & Value Officer	(i)	0	0	0	0	0	0	0
	(ii)	414,310	0	40,734	227,077	19,935	702,056	0
14 Thomas Colacchio MD Former Officer/Physician	(i)	0	0	0	0	0	0	0
	(ii)	179,518	0	487,883	43,501	10,664	721,566	0
15 Barbara C Jobst MD Physician/Trustee end 12/31/16	(i)	0	0	0	0	0	0	0
	(ii)	326,282	40,000	11,721	75,934	22,317	476,254	0
16 Darlene A Saler MBA RN Frmr Actg Chf Nrsg Ofr	(i)	169,562	0	979	73,887	10,630	255,058	0
	(ii)	0	0	0	0	0	0	0
17 John S Malanowski MILR Chief HR Officer end 2/10/17	(i)	494,784	0	24,273	20,575	19,603	559,235	0
	(ii)	0	0	0	0	0	0	0
18 Terrence P Carroll PHD Former Chf Innvtn Ofcr	(i)	0	0	380,765	0	0	380,765	0
	(ii)	0	0	0	0	0	0	0
19 Rodenc Young VP Communications & Marketing	(i)	307,253	0	5,774	20,575	21,654	355,256	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Martin Purcell MBA VP IS Operations	(I)	291,321	0	38,998	134,964	1,444	466,727	0
	(II)	0	0	0	0	0	0	0
1 Thomas Dodds MD Former Key Emp/Dept Chr Anesth	(I)	0	0	0	0	0	0	0
	(II)	450,617	0	32,934	79,202	19,957	582,710	0
2 Wendy Wells MD Fmr Key Emp/Dpt Chr Pathology	(I)	0	0	0	0	0	0	0
	(II)	464,676	0	23,172	111,806	17,473	617,127	0
3 Jocelyn Chertoff MD Fmr Key Emp/Dpt Chr Dgnstc Rad	(I)	0	0	0	0	0	0	0
	(II)	549,599	0	32,515	117,431	15,362	714,907	0
4 Edward Catherwood MD MS Former Key Emp/Ctr Dir Hrt/Vsc	(I)	0	0	0	0	0	0	0
	(II)	458,562	0	0	46,330	20,574	525,466	0
5 Steven Boyce Fmr Key Emp/Adm VP Med Spclts	(I)	0	0	0	0	0	0	0
	(II)	218,978	0	817	48,521	21,518	289,834	0
6 Jeffrey OBrien MHA Fmr Key Emp/VP Oncology	(I)	278,588	0	4,091	20,575	21,606	324,860	0
	(II)	0	0	0	0	0	0	0
7 M Brooke Herndon MD MS Trustee/Staff Physician	(I)	0	0	0	0	0	0	0
	(II)	205,330	0	1,791	43,822	19,428	270,371	0
8 Richard Rothstein MD Chf Academic Offcr eff 1/1/17	(I)	0	0	0	0	0	0	0
	(II)	553,463	0	2,160	59,414	17,299	632,336	0
9 John Birkmeyer MD CCO/EVP Entprs Sp end 10/14/16	(I)	0	0	0	0	0	0	0
	(II)	661,213	0	220,254	20,575	18,758	920,800	0
10 Gay Landstrom PhD RN NEA-BC Chf Nursing Offcr end 1/10/17	(I)	544,439	0	35,006	20,575	19,260	619,280	0
	(II)	0	0	0	0	0	0	0
11 Kimberly Troland JD Fmr Intrm GC/Deputy Gen Cnsl	(I)	357,838	0	11,758	20,575	19,185	409,356	0
	(II)	0	0	0	0	0	0	0
Robert Greene MD MHCDS **12** FACP Chf Popul Mgmt Ofr end 4/7/17	(I)	0	0	0	0	0	0	0
	(II)	561,538	0	32,388	24,606	19,325	637,857	0
13 John Kacavas JD Chief Legal Officer	(I)	429,550	0	774	20,575	19,260	470,159	0
	(II)	0	0	0	0	0	0	0
14 Maria Padin MD Chief Medical Officer	(I)	0	0	0	0	0	0	0
	(II)	398,748	0	10,608	177,879	19,925	607,160	0
15 Peter D Solberg MD Chf Medical Information Ofcr	(I)	0	0	0	0	0	0	0
	(II)	366,882	0	8,509	32,814	13,164	421,369	0
16 Karen Clements RN BSN MSB FAC Chief Nursing Officer	(I)	268,238	0	404	20,575	8,462	297,679	0
	(II)	0	0	0	0	0	0	0
17 Thomas J Siepka Chief Pharmacy Officer	(I)	299,041	0	270	20,575	1,930	321,816	0
	(II)	0	0	0	0	0	0	0
18 Jeffrey A Cohen MD Trustee/VP Service Line	(I)	0	0	0	0	0	0	0
	(II)	407,294	0	27,821	87,447	17,474	540,036	0
19 Timothy D Scherer MD Trustee/Physician	(I)	0	0	0	0	0	0	0
	(II)	506,063	0	15,054	52,024	19,936	593,077	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
41 Brian C Spence MD MHCDS Trustee/Staff Physician	(I)	0	0	0	0	0	0	0
	(II)	403,578	60,200	18,489	26,398	-22,390	-531,055	0
1 Kan M Rosenkranz MD Trustee eff 1/1/17/Physician	(I)	0	0	0	0	0	0	0
	(II)	436,264	47,618	12,957	20,575	-9,312	-526,726	0
2 Sowmya Viswanathan MD Chief ACO Officer eff 7/5/16	(I)	0	0	0	0	0	0	0
	(II)	161,292	0	205	10,094	-8,164	-179,755	0
3 Aimee M Giglio Int Chf HR Offcr eff 2/10/17	(I)	216,905	0	8,879	10,621	18,595	255,000	0
	(II)	0	0	0	0	-0	-0	0
4 David Gladstone MD Chf Clncl Physcn - Radiology	(I)	274,467	5,023	14,455	74,908	19,148	388,001	0
	(II)	0	0	0	0	-0	-0	0
5 Sandra Wong MD Department Chair Surgery	(I)	0	0	0	0	0	0	0
	(II)	671,891	0	0	20,575	-9,312	-701,778	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	644614YU7	08-19-2009	134,661,088	CURRENT REFUND 2008 (A),(B),(C)		X		X		X
B	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	644614G29	06-16-2010	73,647,839	CONSTR OF FACILITY AND EQUIP		X		X		X
C	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	000000000	11-28-2012	116,170,000	CURRENT REFUND 2002		X		X		X
D	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	000000000	08-13-2014	41,242,990	REFUNDED PORTION OF 2009 ISSUE DAT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	77,380,000	0	5,110,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	134,661,088	73,666,926	116,170,000	41,242,990
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	3,766,049	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	2,273,111	1,168,560	520,000	352,990
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	68,732,317	0	0
11	Other spent proceeds	132,387,977	0	115,650,000	40,890,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2012	2013	2014

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X				X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X			X		X		X
c	No rebate due?		X	X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, SCHEDULE K, PART I, COLUMN F LINE A CURRENT REFUND 2008 (A), ISSUED 9/4/08, WHICH ADVANCED REFUNDS 1985 CURRENT REFUND 2008 (B), ISSUED 10/31/08, WHICH ADVANCED REFUNDS 1993 CURRENT REFUND 2008 (C), ISSUED 12/19/08 OTHER SPENT PROCEEDS FORM 990, SCHEDULE K, PART II, LINE 11, COLUMNS A,C,&D THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW OTHER SPENT PROCEEDS FORM 990, SCHEDULE K, PART II, LINE 11, COLUMN B THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE INVESTMENT EARNINGS ON THE PROJECT FUND REBATE COMPUTATION DATE FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN B THE REBATE CALCULATION WAS PERFORMED ON 6/17/2015

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	000000000	09-01-2015	35,785,218	REFUND ISSUE DATED 8/31/2011		X		X		X
B	NH HEALTH AND ED FACILITIES AUTHORITY	02-0279866	000000000	07-01-2016	35,575,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	35,785,218	35,575,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	105,239	408,058		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	15,936,616		
11	Other spent proceeds	35,679,979	19,230,326		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2015	2017		

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?				X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 100 %				
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 ▶								
6	Total of lines 4 and 5				0 100 %				
7	Does the bond issue meet the private security or payment test?				X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DESCRIPTION OF PURPOSE	FORM 990, PART I, LINE B, COLUMN F THE PURPOSE OF THE ISSUE WAS TO REFUND AN ISSUE DATED 10/24/2013 AND FINANCE CAPITAL PROJECTS OTHER SPENT PROCEEDS FORM 990, PART II, COLUMN A, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW PRIVATE BUSINESS USE FORM 990, SCHEDULE K, PART III, COLUMN A THE 2015 SERIES, THROUGH A SERIES OF REFUNDINGS, REFUNDS ISSUES DATED PRIOR TO 12/31/2002 AND THEREFORE IS EXEMPT FROM PART III REPORTING

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) DANIEL JANTZEN	OFFICER	SPLIT DOLLAR LIFE		X	117,590	117,590		No	Yes		Yes	
(2) Deborah Jantzen	FAMILY MEMBER	Split Dollar Life		X	58,133	58,133		No	Yes		Yes	
Total				▶	$	175,723						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Karen Clements	Key Employee	69,727	Scholarship	MASTERS DEGREE PROGRAM
(2) Jeffrey Obrien	Former Key Employee	34,207	Scholarship	MASTERS DEGREE PROGRAM

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Vincent Fusca III	Family member of Key EE Fusca II	85,049	Employment Compensation		No
(2) Linda Billings	Family member of Former KE Mary Oseid	102,608	Employment Compensation		No
(3) Greg DeMatteo	Family member of Former Officer Carl DeMatteo	113,089	Employment Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	6	616,610	Fair Market Value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Column B	The organization reported the number of contributions received in column (b) Use of related organizations to solicit noncash donations Schedule M, Part I, Line 32B The organization uses Dartmouth-Hitchcock Health, MHMH's Parent Organization, for solicitation of contributions and annual fund activities From time to time, the Hospital may receive non-cash contributions directly from its donors

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number

02-0222140

990 Schedule O, Supplemental Information

Return Reference	Explanation
Business relationships	Form 990, Part VI, Section A, Line 2 Trustees, officers and key employees also hold truste e, officer or key employee positions at Dartmouth Hitchock Clinic (DHC), a related organiz ation Individuals who received related organization compensation (as reported in Part VII) are paid employees of DHC Mary Hitchcock Memorial Hospital owns for-profit subsidiaries that provide services and support the mission of the organization The following are curr ent officers, directors, trustees, or key employees of MHMH and officers of Hamden Assuran ce, LTD , a related for-profit entity - Daniel Jantzen - Edward Merrens - John Kacavas - Thomas Colacchio - Robin Kilfeather-Mackey Changes to Organizational Documents Form 990, P art VI, Section A, Line 4 On June 23, 2017, the Board of Trustees of Mary Hitcock Memorial Hospital amended its bylaws for the following 2 changes Amendment 1 The previous Bylaws stated that Public Trustees serve for a term of three (3) years While terms may be renew ed, Trustees are subject to a limit of three (3) full consecutive terms (for a total of ni ne (9) years) The Bylaws were amended to permit a Trustee to remain on the Boards for an additional one year following the term limit described above, in order to serve as Chair f or an additional year, if approved by at least 2/3 (supermajority) of the Trustees In add ition, a Trustee who has served the maximum of three (3) years as Chair may serve an addit ional year as Chair, if approved by at least 2/3 (supermajority) of the Trustees Amendmen t 2 The previous bylaws stated that when a Public Trustee completes three (3) full consec utive terms (9 years of service on the Boards), they become ineligible to rejoin the Boar d An amendment was approved to allow Public Trustees to become eligible, for re-election to the Board after a one-year break in service, so that reelection may be considered if th ere is a strong mutual interest in the individual returning to Board service Description of classes of members, persons, and the nature of their rights Form 990, Part VI, Section A, Lines 6 & 7a Dartmouth-Hitchcock Health (D-HH) is the sole corporate Member of Mary Hit chcock Memorial Hospital (MHMH) D-HH has specific authority and reserved powers, includin g the power to confirm the election of members of MHMH's Board of Trustees and the power t o approve significant governance, financial and operational decisions of MHMH's Trustees Governance decisions reserved to or subject to approval by persons other than the governin g body Form 990, Part VI, Section A, Line 7B In addition to reserved powers, Dartmouth-Hit chcock Health (D-HH) shall have the authority to take actions to establish, manage, and go vern the System as an integrated health care delivery system in furtherance of the mission of the Hospital and other Organizations These powers include but are not limited to item s such as the ability to approve, disapprove, or modify all material governance, programma tic, and financial decisions o

990 Schedule O, Supplemental Information

Return Reference	Explanation
Business relationships	f MHMH's Board of Trustees, to appoint or remove a member of the Hospital's Board of Trust ees, assess the Hospital a monetary amount for the payment of the expenses of D-HH, approv e the Hospital's budget, approve the borrowings or dispositions of assets by the Hospital, approve key strategic relationships, approve the elimination or addition of any material health care service or program, and other authority to take action on behalf of the Hospit al

990 Schedule O, Supplemental Information

Return Reference	Explanation
Process used by management and/or Governing Body to Review 990	Form 990, Part VI, Section B, Line 11b THE FORMS 990 AND 990-T ARE REVIEWED BY EXTERNAL TAX ADVISORS, THE DIRECTOR OF CORPORATE FINANCE, VICE PRESIDENT OF CORPORATE FINANCE, AND THE CHIEF FINANCIAL OFFICER BEFORE THE FILING OF THE RETURN ONCE THE RETURN HAS BEEN FULLY PREPARED A FINAL 990 AND 990-T COMPLETE ELECTRONIC VERSION IS SENT OUT TO EACH BOARD MEMBER AND TIME IS ALLOCATED FOR COMMENTS/RESPONSES PRIOR TO OFFICIAL FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Section B, Line 12C The Mary Hitchcock Memorial Hospital BOARD OF TRUSTEES APPROVED A POLICY CONCERNING A VOLUNTARY SELF-DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST The Dartmouth-Hitchcock Compliance and Audit Services Department conducts an annual survey of all officers, trustees, and key employees and performs other procedures as considered necessary to report on compliance with the conflict of interest policy The Department then reports to each board any potential conflicts for their review Per the policy, any conflicts or otherwise perceived conflicts are required to be addressed by the Board of Trusteees on an ongoing basis In the event a conflict arises, the individual may be removed from participating in any decision making regarding the identified conflict and/or its corresponding transactions If the board or committee has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it shall inform such person on the basis for such belief and afford him/her an opportunity to explain the alleged failure to disclose If, after hearing the response of the interested person and making such further investigation as may be warranted in the curcumstances, the board or committee determines that such person has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action

990 Schedule O, Supplemental Information

Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR UNDERTAKEN	Form 990, Part VI, Section B, Line 15a Although paid by a related organization, Dartmouth-Hitchcock Clinic, the Compensation for the CEO is evaluated by an independent third party firm for reasonableness and national data benchmarking The Talent Development and Compensation Committee, along with Independent Trustees, approve the final compensation in consideration with the independent third party firm's recommendations and suggestions This process was contemporaneously documented and last undertaken in 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
Offices & Positions for Which Process was Used & Year Undertaken	Form 990, Part VI, Section B, Line 15b Compensation for officers and key employees are evaluated by internal HR staff using national benchmarking data, along with ongoing evaluations by an independent third party firm for reasonableness, with the last formal process in 2017 External benchmarking from an independent third party has been used for any Officer who was hired or received a compensation adjustment since the last formal process Compensation rates are determined by following the guidelines of the compensation committee charter and philosophy documents and a formal review by compensation committee members

990 Schedule O, Supplemental Information

Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Section C, Line 19 MHMH's governing documents are available through the New Hampshire Secretary of State Certain financial information is disclosed through the Community Benefits Annual Report The audited financial statements, governing documents, and conflict of interest policy are available upon request either in electronic or hardcopy form Average Hours Per Week Form 990, Part VII, Section A, Line 1A, Column B As part of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital's affiliation agreement, the two organizations share officers As such, the average hours per week are allocated between the two organizations' 990's even though compensation reported in part VII is based on the entity issuing the W-2 In addition, certain officers spend time on Dartmouth-Hitchcock Health, the sole corporate member of both MHMH and DHC, along with three supporting organizations Dartmouth-Hitchcock Medical Center, Everwell, Inc , Hamden Risk Retention Group, and related entities Alice Peck Day Memorial Hospital, Windsor Hospital Corporation (dba Mt Ascutney Hospital and Health Center), Mt Ascutney Hospital Community Health Foundation, Historic Homes of Runnemede, Cheshire Medical Center, Cheshire Health Foundation, Cheshire Health Services, The New London Hospital Association, VNA & Hospice of VT and NH, and The Hitchcock Foundation Statement of Functional Expenses Form 990, Part IX Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic operate under an affiliation agreement as directed by Dartmouth-Hitchcock Health, the sole Corporate Member of both entities Due to the integrated operating structure, related mission, and close relationship of the two tax-exempt organizations, expenses are shared between the two entities All expenses reported within this 990 are the organization's share of expenses as designated by the affiliation agreement

990 Schedule O, Supplemental Information

Return Reference	Explanation
Financial Statements and Reporting	Form 990, Part XI, Line 9 Other Changes in Net Assets Include Pension-related changes $4,296,921 Unrealized Gain/Loss on Hedge and other ($2,517,109), Net Asset Transfer to Affiliates $2,701,454 Total changes in net assets ($4,481,266) Audited Financial Statements Form 990, Part XII, Line 2d The organization's financial information is included in the audited financial statements of Dartmouth-Hitchcock Health and Subsidiaries, which consists of the following organizations and their related subsidiaries Dartmouth-Hitchcock Clinic, Mary Hitchcock Memorial Hospital, Mt Ascutney Hospital and Health Center, Cheshire Medical Center, The New London Hospital Association, Alice Peck Day Memorial Hospital, and VNA & Hospice of VT and NH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Circular A-133 Audit Requirement	Form 990 Part XII, Line 3A DURING FISCAL YEAR 2017, MARY HITCHCOCK MEMORIAL HOSPITAL EXPENDED FUNDS FROM FEDERAL AWARDS IN EXCESS OF THE $750,000 THRESHOLD SET FORTH IN THE OMB UNIFORM GUIDANCE, THEREFORE REQUIRING AN AUDIT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mary Hitchcock Memorial Hospital

Employer identification number
02-0222140

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NEW ENGLAND ALLIANCE FOR HEALTH LLC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 26-4232401	HLTH IMPROVMT	NH	388,779	1,573,978	MHMH
(2) D-H Specialty Services LLC One Medical Center Drive Lebanon, NH 03756 46-0876427	Shd Svgs Prgm	NH	0	0	MHMH

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership
(1) D-H Mster Invst Prg 1 Med Ctr Dr LEBANON, NH 03756 02-0205863	POOLED INVEST	NH	MHMH	EXCLUDED	23,495,562	545,626,793		No	-118,403			90 890 %
(2) OneCare VT ACOLLC 111 COLCHESTER AVE Burlington, VT 05401 45-5399218	Shared Saving	VT	NA									

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 02-0222140
Name: Mary Hitchcock Memorial Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 22-2519596	PHYS SVCS	NH	501(c)(3)	10	D-HH	Yes	
(1) ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 22-2715483	SUPPORTNG ORG	NH	501(c)(3)	12 TYPE I	NA	Yes	
(2) One Medical Center Drive Lebanon, NH 03756 26-4812335	PARENT ORG	NH	501(C)(3)	7	NA		No
(3) 30 MAIN STREET STE 330 BURLINGTON, VT 05401 20-8530788	Self Ins	VT	501(c)(3)	12 TYPE I	DHC	Yes	
(4) One Medical Center Drive Lebanon, NH 03756 02-0222139	HLTHCRE RSRCH	NH	501(c)(3)	7	DHC	Yes	
(5) One Medical Center Drive Lebanon, NH 03756 35-2506275	Supportng Org	NH	501(c)(3)	12 Type I	NA	Yes	
(6) 273 County Rd New London, NH 03257 02-0222171	Hospital	NH	501(c)(3)	3	D-HH	Yes	
(7) 289 County Road Windsor, VT 05089 03-0183721	Hospital	VT	501(C)(3)	3	D-HH	Yes	
(8) 580 Court Street Keene, NH 03431 02-0354549	Hospital	NH	501(C)(3)	3	D-HH	Yes	
(9) 580 Court Street Keene, NH 03431 02-0202220	SUPPORTNG ORG	NH	501(C)(3)	12 TYPE I	CMC	Yes	
(10) 289 County Road Windsor, VT 05089 03-0300481	Foundation	VT	501(c)(3)	3	WHA	Yes	
(11) 289 County Road Windsor, VT 05089 23-7396147	Healthcare	VT	501(c)(3)	10	WHA	Yes	
(12) 580 Court Street Keene, NH 03431 47-3379283	HEALTHCARE	NH	501(c)(3)	3	CMC	Yes	
(13) 10 Alice Peck Day Drive Lebanon, NH 03766 02-0222791	Hospital	NH	501(c)(3)	3	D-HH	Yes	
(14) 10 Prospect Street Ste 101 Nashua, NH 03060 46-1084049	Surgery Ctr	NH	501(c)(3)	3	N/A		No
(15) 205 Billings Farm Road 5 Wilder, VT 05088 03-6006494	Hospice	VT	501(c)(3)	10	D-HH	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Charit Remndr Unitrusts (4) One Medical Center Drive Lebanon, NH 03756	Chart Trust	NH	MHMH	TRUST					
(1) Pompanoosuc Investment Corp 1 Medical Ctr Dr Lebanon, NH 03756 02-0352330	Real Est Hldg	NH	DHC	C Corporation				Yes	
(2) Hamden Assurance Company Limited 44 Church St Hamilton HM 12 BD 98-0121409	Liab Insur	BD	DHC	Foreign Corp	0	23,533,852	25 800 %	Yes	
(3) Hitchcock Health Connect ONE MEDICAL CENTER DRIVE Lebanon, NH 03756 80-0908979	Telehealth	DE	D-HH	C Corp				Yes	
(4) Kearsarge Community Services Inc 273 County Road New London, NH 03257 02-0460136	Real Est Hldg	NH	NLH	C Corp				Yes	
(5) New London Physician Group Inc 273 County Road New London, NH 03257 02-0494420	Physician Gro	NH	NLH	C Corp				Yes	
(6) New London Medical Center East 273 County Road New London, NH 03257 02-0480857	Real Est Hldg	NH	NLH	C Corp				Yes	
(7) Keene Health Services 580 Court Street Keene, NH 03431 02-0374997	Real Est Hldg	NH	CMC	C Corp				Yes	
(8) Keene Health Realty 580 Court Street Keene, NH 03431 02-0374998	Real Est Hldg	NH	CMC	C Corp				Yes	
(9) Keene Health Enterprises 580 Court Street Keene, NH 03431 02-0374999	Real Est Hldg	NH	CMC	C Corp				Yes	
(10) ImagineCare One Medical Center Drive Lebanon, NH 03756 81-3105071	Sftwre tchnlgy	NH	D-HH	C Corp				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Dartmouth-Hitchcock Clinic	JKLMN	55,411,719	FMV
(1)	Hamden Risk Retention Group	M	3,906,630	FMV
(2)	The Hitchcock Foundation	Q	1,300,099	FMV
(3)	The New London Hospital Association	Q	2,046,920	FMV
(4)	Windsor Hospital Corporation	D	8,064,000	FMV
(5)	Windsor Hospital Corporation	Q	2,092,864	FMV
(6)	Cheshire Medical Center	Q	669,792	FMV
(7)	Cheshire Medical Center	L	29,239,512	FMV
(8)	Alice Peck Day Memorial Hospital	Q	783,977	FMV
(9)	Dartmouth-Hitchcock Health	P	1,123,885	FMV