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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
The Cheshire Medical Center
% KATHRYN WILLBARGER
Doing business as

Number and street (or P O box if mail is not delivered to street address) 580-590 Court Street
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Keene, NH 034315400

D Employer identification number
02-0354549

E Telephone number
(603) 354-5400

G Gross receipts $ 210,426,594

F Name and address of principal officer
Don Caruso
580-590 Court Street
Keene, NH 034315400

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 cheshire-med com

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

L Year of formation 1980

M State of legal domicile NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To lead Keene, NH to become the nation's healthiest community through clinical and service excellence, collaborations, and compassion for every patient, 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**	10
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	1,529
6	Total number of volunteers (estimate if necessary)	**6**	131
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	101,273
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	87,740

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,019,827	1,195,644
9	Program service revenue (Part VIII, line 2g)	200,628,728	205,101,323
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,442,230	1,096,844
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,927,245	3,032,783
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,018,030	210,426,594
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,156,399	274,182
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)	121,758,429	129,738,571
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,720,905		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	84,227,294	86,108,890
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	207,142,122	216,121,643
19	Revenue less expenses Subtract line 18 from line 12	-2,124,092	-5,695,049

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	126,657,747	125,320,625
21	Total liabilities (Part X, line 26)	63,505,786	56,849,924
22	Net assets or fund balances Subtract line 21 from line 20	63,151,961	68,470,701

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 — 2019-05-15 Date

▶ KATHRYN F WILLBARGER VP of Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Timothy R Hepburn	Preparer's signature Timothy R Hepburn	Date	Check ☐ if self-employed — PTIN P00182393
Firm's name ▶ BAKER NEWMAN & NOYES LLC			Firm's EIN ▶
Firm's address ▶ 650 ELM STREET 302 MANCHESTER, NH 03101			Phone no (800) 244-7444

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

THE CHESHIRE MEDICAL CENTER IS A COMMUNITY HOSPITAL LOCATED IN KEENE, NEW HAMPSHIRE WITH A MISSION TO LEAD OUR COMMUNITY TO BECOME THE NATIONS HEALTHIEST COMMUNITY THROUGH OUR CLINICAL AND SERVICE EXCELLENCE, COLLABORATION, AND COMPASSION FOR EVERY PATIENT, 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 $ 184,708,762 including grants of $ 274,182) (Revenue $ 206,028,632)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 184,708,762

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		No
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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (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**		No
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**	214		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,529		
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**			No
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**			
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization 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	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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		

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 ▶KATHRYN WILLBARGER 580-590 COURT STREET Keene, NH 034315400 (603) 354-5454

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) ▶								2,211,857	3,200,479	1,484,695

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 ▶ 63

			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
Conifer Revenue Cycle Solutions, PO Box 655025 DALLAS, TX 752655025	Rev Management Srvcs	2,253,868
Quest Diagnostics, 12436 Collections Center Drive CHICAGO, IL 606932436	Lab Services	1,200,894
AHSA LLC, PO Box 945 TRAVERSE CITY, MI 49685	Staffing Services	1,092,135
Helmsman Management Srvcs, PO Box 2027 KEENE, NH 03431	Claims Mngt Srvcs	715,952
SymQuest Group Inc, 66 Benning Street Suite 7 WEST LEBANON, NH 03784	Information Services	636,729

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 ▶ 71

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	444,547			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	751,097			
	g Noncash contributions included in lines 1a-1f $ 35,871					
	h **Total.** Add lines 1a-1f		1,195,644			

Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	621300	204,877,101	204,775,828	101,273	
b PHARMACY AND DRUGS	446110	118,879	118,879		
c MISCELLANEOUS HEALTH SERVICES	621300	83,625	83,625		
d ALL OTHER PROGRAM SERVICE REVENUE	621300	21,718	21,718		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f		205,101,323			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		567,046			567,046
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real 1,056 / (ii) Personal				
b Less rental expenses					
c Rental income or (loss)	1,056 / 0				
d Net rental income or (loss)		1,056			1,056
7a Gross amount from sales of assets other than inventory	(i) Securities 529,798 / (ii) Other				
b Less cost or other basis and sales expenses					
c Gain or (loss)	529,798				
d Net gain or (loss)		529,798			529,798
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 FOOD SERVICES	722210	1,220,746			1,220,746
b CHILDCARE INCOME	624410	671,289			671,289
c REBATES AND DISCOUNTS	621300	795,157	795,157		
d All other revenue		344,535	233,425		111,110
e **Total.** Add lines 11a–11d		3,031,727			
12 **Total revenue.** See Instructions		210,426,594	206,028,632	101,273	3,101,045

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	165,678	165,678		
2 Grants and other assistance to domestic individuals See Part IV, line 22	108,504	108,504		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,380,790	1,129,486	237,496	13,808
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	92,394		92,394	
7 Other salaries and wages	95,834,560	78,392,670	16,483,544	958,346
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,016,856	831,788	174,899	10,169
9 Other employee benefits	27,619,281	22,592,572	4,750,516	276,193
10 Payroll taxes	3,794,690	3,104,056	652,687	37,947
11 Fees for services (non-employees)				
a Management	0			
b Legal	61,346	50,181	10,552	613
c Accounting	0			
d Lobbying	17,835	17,835		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	49,868	49,868		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,142,238	14,840,351	3,120,465	181,422
12 Advertising and promotion	221,575	181,248	38,111	2,216
13 Office expenses	1,398,347	1,143,848	240,516	13,983
14 Information technology	0			
15 Royalties	0			
16 Occupancy	9,123,726	7,463,208	1,569,281	91,237
17 Travel	257,385	210,541	44,270	2,574
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	43,003	43,003		
20 Interest	1,004,242	821,470	172,730	10,042
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,217,146	8,357,626	1,757,349	102,171
23 Insurance	795,110	650,400	136,759	7,951
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	33,243,658	33,243,658		
b MET AND PILOT TAXES	8,414,900	8,414,900		
c FOOD AND CAFETERIA EXPENSES	1,072,014	1,072,014		
d CHILD CARE EXPENSES	841,037	841,037		
e All other expenses	1,205,460	982,820	210,407	12,233
25 **Total functional expenses.** Add lines 1 through 24e	216,121,643	184,708,762	29,691,976	1,720,905
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	10,644,911	1	6,687,629
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	17,222,925	4	16,862,239
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	7	0
	8	Inventories for sale or use	3,135,600	8	3,205,530
	9	Prepaid expenses and deferred charges	1,953,881	9	2,011,991
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 223,307,410			
	b	Less accumulated depreciation — 10b: 156,548,572	64,933,035	10c	66,758,838
	11	Investments—publicly traded securities	23,868,744	11	26,029,147
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	1,008,141	13	192,141
	14	Intangible assets	179,167	14	71,667
	15	Other assets See Part IV, line 11	3,711,343	15	3,501,443
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	126,657,747	16	125,320,625
Liabilities	17	Accounts payable and accrued expenses	6,276,717	17	6,262,231
	18	Grants payable	0	18	0
	19	Deferred revenue	101,463	19	103,896
	20	Tax-exempt bond liabilities	26,964,602	20	26,164,093
	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	0	23	0
	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	30,163,004	25	24,319,704
	26	**Total liabilities.** Add lines 17 through 25	63,505,786	26	56,849,924
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	58,249,962	27	63,506,628
	28	Temporarily restricted net assets	4,901,999	28	4,964,073
	29	Permanently restricted net assets	0	29	0
		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	63,151,961	33	68,470,701
	34	Total liabilities and net assets/fund balances	126,657,747	34	125,320,625

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	210,426,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,121,643
3	Revenue less expenses Subtract line 2 from line 1	3	-5,695,049
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,151,961
5	Net unrealized gains (losses) on investments	5	919,905
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	10,093,884
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,470,701

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: 02-0354549

Name: The Cheshire Medical Center

Form 990 (2017)

Form 990, Part III, Line 4a:

The Cheshire Medical Center (CMC), is a community hospital located in Keene, New Hampshire CMC 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 On March 2, 2014, CMC affiliated with Dartmouth-Hitchcock Health ("D-HH") a non-profit tax-exempt corporation with a principal place of business at One Medical Center Drive, Lebanon, New Hampshire Consistent with the D-HH vision and strategy to create a sustainable health system, CMC and D-HH share a common commitment to improving population health, value-based care, and creating new payment models for the benefit of the citizens of New Hampshire and Vermont CMC provides a broad range of patient services and health related community services, consistent with its role as a community hospital These include a full range of services in both acute and critical medicine, surgery, and rehabilitation During FY18 CMC provided 21,637 days of inpatient care and had 4,559 hospital discharges, while the emergency department was open to the public 24 hours per day, 7 days per week and had 22,519 ER patient visits Each year Cheshire Medical Center files an annual Community Benefit Report with the State of New Hampshire which outlines the community and charitable benefits they provide The most recent Community Benefit Reports are available upon request or can be found on Cheshire's website (http //www cheshire-med com/about_us/communityben_report html) The Community health activities include the cost or value of several different types of programs including the cost of community based education programs, involving a variety of chronic disease and wellness topics such as stress management and resiliency, nutrition, physical education and exercise, high blood pressure prevention and monitoring, diabetes prevention and monitoring, advanced directive planning, and others In total, CMC provided over $8 million in Community Benefits including unreimbursed charity care, health services, health profession education, subsidized health services, and community-building activities These contributions are in addition to the over $25 million dollars in unreimbursed Medicaid and Medicare costs absorbed by CMC

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			
H Roger Hansen Trustee/Vice Chair	1 0 2 0	X		X				0	0	0
Nathalie Houder Trustee/Treasurer	1 0 1 5	X		X				0	0	0
Michael Kapiloff Trustee/Vice Chair	1 0 1 0	X						0	0	0
Geof Molina Trustee	1 0 0 0	X						0	0	0
Steven Paris MD Trustee	1 0 42 01	X						0	423,373	52,401
Leslie Pitts MD Trustee	1 0 40 0	X						0	326,340	323,762
Kary Shumway Trustee end 7/1/17	1 0 0 0	X						0	0	0
Katherine Snow Trustee/Secretary	1 0 2 0	X		X				0	0	0
Gregg Tewksbury CPA Trustee	2 0 1 5	X						0	0	0
Don Caruso MD Trustee/CEO/Pres/CMO	1 0 54 0	X		X				0	495,531	322,442

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			
Cherie Holmes MD Trustee/Ex-Officio	1 0 40 0	X						0	422,507	144,417
Wendy Fielding Trustee	1 0 40 0	X						0	244,771	40,257
Maria Padin Trustee eff 1/1/17	1 0 61 0	X						0	399,509	275,686
Anne Huot Trustee end 7/24/17	1 0 0 0	X						0	0	0
Martha Landry Trustee eff 1/1/17	1 0 1 5	X						0	0	0
John Round Trustee eff 1/1/17	1 0 0 0	X						0	0	0
Andrew Tremblay MD Trustee eff 1/1/17	1 0 40 0	X						0	291,341	59,833
Jennifer DiNubila DO Trustee eff 11/2016 end11/2018	1 0 40 5	X						0	323,005	34,693
Mark Gavin Trustee	1 0 0 0	X						0	0	0
Susan Abert Trustee	1 0 0 0	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			
Cindi Coughlin CNO	40 0 0 0			X				229,180	0	62,337
Kathryn Willbarger VP Finance	40 0 2 0			X				162,492	0	3,594
Christine Schon Trustee/COO	1 0 40 0			X				0	274,102	42,542
Paul Pezone VP Facilities & Support Srvcs	40 0 0 0				X			206,896	0	18,011
Julie Green VP Human Resources	40 0 0 0				X			250,092	0	6,239
Amy Matthews Sr Dir Patient Care Services	40 0 0 0				X			164,054	0	2,905
Erli Chen Physicist	40 0 0 0					X		224,548	0	14,990
Latasha Heape Chief CRNA	50 0 0 0					X		179,216	0	20,267
Sandra Phipps VP Philanthropy/Comm Relations	40 0 0 0					X		154,336	0	15,465
Frank Michael Nurse Anesthetist CRNA	40 0 0 0					X		185,136	0	1,334

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			
John Genovese Pharmacy Manager	40 0 0 0					X		160,161	0	40,793
Robert Cochrane Former CFO	0 0 0 0						X	110,959	0	2,727
Arthur W Nichols Former President	0 0 0 0						X	184,787	0	0

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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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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 331/3% 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 331/3% 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 02-0354549

Name: The Cheshire Medical Center

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

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization	**Employer identification number**
The Cheshire Medical Center	02-0354549

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18,838
j	Total Add lines 1c through 1i			18,838
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
Form 990 Schedule C, Part II B, Line 1I	Cheshire Medical Center 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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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	4,860,497	4,542,620	4,646,853	4,487,520	3,602,059
b Contributions	195,687	209,216	264,489	968,233	272,723
c Net investment earnings, gains, and losses	483,937	175,241	60,023	414,873	929,038
d Grants or scholarships					
e Other expenditures for facilities and programs	620,000	66,580	428,745	1,223,773	316,300
f Administrative expenses					
g End of year balance	4,920,121	4,860,497	4,542,620	4,646,853	4,487,520

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 100 000 %

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		69,632		69,632
b Buildings		91,011,895	53,920,147	37,091,749
c Leasehold improvements		3,423,874	2,550,798	873,176
d Equipment		128,798,909	100,077,627	28,721,281
e Other		3,000		3,000
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				66,758,838

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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
PENSION LIABILITY	5,322,061
DUE TO RELATED PARTY	15,026,315
RESERVES FOR INSURANCE RELATED	464,929
ESTIMATED 3RD PARTY SETTLEMENT	0
ACCRUED EARNED TIME	3,506,399
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,319,704

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: 02-0354549
Name: The Cheshire Medical Center

Supplemental Information

Return Reference	Explanation
Intended uses of Endowment Funds	Form 990, Schedule D, Part V, Line 4 The intended use of the endowment funds is to promote and advance mission-related programs of The Cheshire Medical Center

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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					4,817,898
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					4,817,898

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)									
(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 . . . . . ▶ _____

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

Return Reference	Explanation
Activities per region	Form 990, Schedule F, Part I, Line 3 The legal owner of The Cheshire Medical Center's foreign investments is a related organization, The Cheshire Health Foundation Since a portion of the total foreign investments are allocated to the Medical Center's assets on the financial statements, those allocated investments have been disclosed on Schedule F, Part I, line 3 of The Cheshire Medical Center's Form 990 However, any required IRS Forms 926 and other foreign tax reporting obligations are filed by the legal owner, The Cheshire Health Foundation Ownership interest in a foreign corporation Form 990, Schedule F, Part IV, Line 3 The Cheshire Medical Center did not have an ownership interest in any foreign corporation that is greater than the 10% filing threshold Accordingly, IRS Form(s) 5471 are not required to be filed Direct or Indirect shareholder of a PFIC or QEF during the tax year Form 990, Schedule F, Part IV, Line 4 The Cheshire Medical Center meets the exception for tax-exempt organizations with respect to filing Form 8621 Accordingly, Form 8621 is not required to be filed for the Medical Center

Additional Data

Software ID:

Software Version:

EIN: 02-0354549

Name: The Cheshire Medical Center

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			Investments		3,130,622
North America			Investments		1,687,276

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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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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)			1,500,437	360,000	1,140,437	0 530 %
b Medicaid (from Worksheet 3, column a)			30,096,938	15,623,324	14,473,614	6 700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			31,597,375	15,983,324	15,614,051	7 230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,274,096	620,811	1,653,285	0 760 %
f Health professions education (from Worksheet 5)			462,569		462,569	0 210 %
g Subsidized health services (from Worksheet 6)			1,353,616		1,353,616	0 630 %
h Research (from Worksheet 7)			213,712	1,569	212,143	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			257,385	1,200	256,185	0 120 %
j **Total.** Other Benefits			4,561,378	623,580	3,937,798	1 820 %
k **Total.** Add lines 7d and 7j			36,158,753	16,606,904	19,551,849	9 050 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1	3,044	317,695	236,215	81,480	0 040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	4	2,710	459,250	35,864	423,386	0 200 %
7 Community health improvement advocacy	1		176,610		176,610	0 080 %
8 Workforce development						
9 Other	4		1,320,000	31,547	1,288,453	0 600 %
10 Total	10	5,754	2,273,555	303,626	1,969,929	0 920 %

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	Yes	
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	3,926,176		
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	981,544		
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	86,905,069
6	Enter Medicare allowable costs of care relating to payments on line 5	6	107,654,030
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,748,961
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 Cheshire Medical Center

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) See Part V, Section C			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part V, Section C			
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)

Cheshire Medical Center

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 Part V, Section C			
b	☑ The FAP application form was widely available on a website (list url) See Part V, Section C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Part V, Section C			
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

Cheshire Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ 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)

Cheshire Medical Center

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? **2**

	Name and address	Type of Facility (describe)
1	Cheshire Med Center Collecting Station 580-590 Court Street Keene, NH 03431	Collecting Station
2	Cheshire Health Services Inc 580-590 Court Street Keene, NH 03431	Non-Emergency Walk In Clinic
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
Community Building Activities	Form 990, Schedule H, Part II The Medical Center has been actively engaged since the spring of 2006 in Healthy Monadnock (HM) to make Keene and the surrounding region the healthiest in the nation Healthy Monadnock is a community engagement initiative designed to foster and sustain a positive culture of health through the Monadnock region The initiative engages individuals, organizations, and partners to increase healthy eating and active living, increase income and jobs, improve mental wellbeing, increase emergency preparedness, reduce substance misuse including tobacco, increase educational attainment and increase access and quality of healthcare The Healthy Monadnock website links the Community Health Improvement Plan, invites the public to get involved, and promotes partner strategies and successes Healthy Monadnock initiative supports the implementation of population level environmental strategies that promote wellness and prevent the leading causes of death in the community Community Champions made up of, individuals, schools, employers, non-profit agencies, and civic and faith-based organizations take steps to improve health at a personal and institutional level As of June 30, 2018, there are 3,588 individual champions, 49 worksite wellness champions, 122 outreach champions, and 32 school champions Individuals are either improving their personal health or working in support of the Healthy Monadnock goals and strategies Organizations and schools are working to implement evidence based environmental and policy changes that supports the health of their employees/members/students There are 10 community partners involved in forwarding the majority of the 37 HM action strategies to increase healthy eating and active living, improve mental wellbeing, increase emergency preparedness, reduce substance misuse including tobacco, and increase access and quality of healthcare Partner identification and engagement is on-going to implement the remaining action strategies to increase educational attainment and improve income and jobs The organization is a founding member of the Leadership Council for a Healthy Monadnock (LCHM) which has been in existence for over 20 years and has developed a variety of prevention, transportation, referral, and health promotion programs and now serves as the Public Health Advisory Council for the Monadnock Region The purpose of the LCHM is to lead the Healthy Monadnock community driven process for providing strategic directions, setting priorities, facilitating implementation, aligning activities, and ensuring evaluation that will improve health outcomes in the Greater Monadnock region Membership is diverse, open to representatives from all institutions and organizations It includes unaffiliated individuals, to allow for independent voices and real grass roots engagement SCALE (Spreading Community Accelerators through Learning and Evaluation) The Center for Population Health (CPH) was awarded a grant from the Institute for Healthcare Improvement to be one of 18 communities in Spreading Community Accelerators through Learning and Evaluation (SCALE) 2 0 As part of SCALE 2 0 the CPH in alignment with the Healthy Monadnock initiative is working with 6 other communities, both inside and outside of the Greater Monadnock Region to spread the Community of Solution Skills as well as improvement science tools to help accelerate and evaluate population health improvement work in new ways This project is directly connected to the 100 Million Healthier Lives initiative which is a global version of our local Healthy Monadnock initiative The goal of this work is to improve well-being for all while keeping a focus on equity and continuing to have tough conversations and find those who are not thriving Through the grant we have been able to train hundreds of NH residents on the Community of Solution skills and provided opportunities to learn and practice improvement science

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Bad Debt expense	Form 990, Schedule H, Part III, Section A, Line 2 At cost bad debt expense of $3,926,176 is 35 8% of the bad debt reported on The Cheshire Medical Center's Audited Financial Statements, which totals $10,966,972

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Estimated bad debt expense attributable to FAP eligible patients	Form 990, Schedule H, Part III, Section A, Line 3 Cheshire Medical Center Management estimates that approximately 25% of bad debt expense (approximately 5 times the region's poverty rate) is an appropriate estimation of patients who would have been eligible for the organization's financial assistance program but did not apply This estimation is based on the recognition that the financial assistance program is available to residents with incomes of up to three times the federally defined poverty income levels and the assumption that patients who choose not to pay their bills are more likely to fall within the lower income levels For 2018, the estimated amount of bad debt expense (at cost) attributable to patients who would have been eligible for financial assistance is $981,544

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Financial statement footnote describing bad debt expense	Form 990, Schedule H, Part III, Section A, Line 4 Footnote 2 Charity Care and Provision for Bad Debts The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue The Health System 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 debts 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 management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 3) Footnote 3 Accounts receivable are reduced by an allowance for estimated uncollectibles In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, precollection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debt expense Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for estimated uncollectibles Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for estimated uncollectibles In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for estimated uncollectibles

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Medicare shortfalls	Form 990, Schedule H, Part III, Section B, Line 8 The shortfall should be considered community benefit because The Cheshire Medical Center is the only hospital/medical center in Cheshire County, New Hampshire and is designated by CMS as a Medicare Dependent Hospital (MDH) due to greater than 60% of our average daily census being comprised of Medicare Patients Our presence in the community allows the residents of Cheshire County, especially the elderly population, to receive comprehensive hospital and medical services close to home

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Credit and Collection Policy	Form 990, Schedule H, Part III, Section C, Line 9b Systems are in place to capture financial assistance accounts prior to a bill going to the patient FAP eligible patients are not charged more than the amount generally billed

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Needs Assessment	Form 990, Schedule H, Part VI, Line 2 In 2016, a Community Health Needs Assessment (CHNA) was completed with an implementation strategy identified for community benefit activities for the next three years The Council for a Healthier Community (CHC) serves as the CHNA Leadership Team (see Attachment A CHC Membership List) Note that in 2017 the CHC changed their name to the Leadership Council for a Healthy Monadnock (LCHM) The LCHM is the Public Health Advisory Council for the Greater Monadnock region The primary purpose of the LCHM, which was updated on 8/7/18, is to provide a community framework that supports open communication and sets priorities for community collaboration and funding that encourages the health and wellness of the Greater Monadnock region As such, their responsibilities include 1 Educate, advocate, and promote collaboration for the community health improvement needs for the region 2 Identify and encourage action planning that aligns with the needs assessment and data collection activities of the region and provide oversight of the Community Health Improvement Plan (CHIP) 3 Leverage resources to support implementation of strategies to improve the health of the region 4 Advise and make recommendations as appropriate, regarding programs, policies, and funding opportunities that support improvement of the health of the region The members of the CHNA Leadership Team represent the 33 towns in the Monadnock region In addition, they represent, and are able to speak to the issues of our most vulnerable populations including the medically underserved and persons with low income The FY2016 CHNA report summarizes the work of the Leadership Council for a Healthy Monadnock (LCHM) and the collaborative efforts of other local groups to assess the needs of our region This report is the compilation of work that occurred over the last three years, beginning in September of 2014 when the CHC reviewed the State Health Improvement Plan and identified regional assets and needs The first Greater Monadnock Community Health Improvement Plan was finalized in September 2015, which serves as the foundation of this Community Health Needs Assessment In addition, to ensure a comprehensive assessment and avoid duplication of efforts, the results of other community partner's needs assessments were used to strengthen and support our process The CHNA Leadership Team reviewed health and social well-being information from existing sources, recent assessments and neighboring service area CHNAs They identified secondary data to review and then prioritized needs using a nominal group voting process The results revealed five priority areas Behavioral Health covering the full range of mental and emotional well-being, from daily stress and satisfaction to the treatment of mental illness Substance & Alcohol Misuse pose some of the greatest risks to individuals and community health and safety Tobacco use the most preventable cause of death Obesity increases the risk for many chronic diseases and impacts 25% of the region's adult population Emergency Preparedness Natural, accidental, or even intentional public health threats are all around us The more prepared we are as a community, the more resilient we will be to recover from a disaster or emergency Though not articulated as a stand-alone priority area, the need to address the social determinants of health is a focus in the Implementation Strategy that is embedded within each of these priority areas We know that education, jobs, income, family stability, safety and transportation will contribute to health and wellbeing and require special attention given our rural location and socioeconomic pressures In addition to these priorities, the implementation strategy also provides an overview of other CMC/DH community benefit activities that are aligned with our mission or considered necessary to support ongoing efforts from previously identified community needs The community health needs identified in the FY2016 CHNA provide the basis for the development of the Implementation Strategy The FY2016 CHNA, Implementation Strategy and Community Benefit report is available to the public on the Cheshire Medical Center website www cheshire-med org

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Patient education of eligibility for assistance	Form 990, Schedule H, Part VI, Line 3 The Cheshire Medical Center is committed to providing medically necessary care to patients regardless of their ability to pay for services Non-emergent patients sign a financial responsibility statement upon admission to certify recognition of their responsibility for payment of their bills However, there will be instances where the patient, due to lack of funds or third party coverage, will not be able to meet this obligation The Cheshire Medical Center notifies patients of their potential to obtain assistance through the registration and billing processes Upon registration, patients without insurance are offered the opportunity to apply for financial assistance In addition, receptionists and clinicians in all areas are educated to refer patients to the financial assistance process in the event patients express concerns with their ability to pay for services The application information is posted on the intranet and brochures describing the program are readily available to patients There are signs posted in Registration and throughout the facility informing patients about financial assistance Patients are informed of the program availability on any invoices they receive and individuals who attempt to collect patient balances are also trained to refer patients to the financial assistance process The financial assistance application process is comprehensive and evaluates a patient's eligibility for a variety of federal, state, and local government programs in addition to The Cheshire Medical Center's internally funded financial assistance program

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Community information	Form 990, Schedule H, Part VI, Line 4 The Medical Center is the only hospital in its primary service area ("PSA") Management defines its PSA as the City of Keene and 19 geographically proximate communities Towns and cities included in the PSA include Alstead, Chesterfield, Fitzwilliam, Gilsum, Harrisville/Chesham, Keene, Marlborough, Marlow, Nelson/Munsonville, Richmond, Roxbury, Stoddard, Sullivan, Surry, Swanzey, Troy, Walpole, Westmoreland and Winchester, all located in Cheshire County Based on US Census Bureau population estimates from 2012 to 2016 Medical Center's PSA represented approximately 4 52% of New Hampshire's population The PSA's total population is 59,612 with 23,409 residing in Keene, the largest community in the service area Cheshire county population is 75,950 The median age of residents in Cheshire County is 42 2 with 14,886 or 19 6% less than 18 years of age 49,899 or 65 7% between the ages of 18-64 11,164 or 14 7% over the age of 64 In 2016, the poverty rate for Cheshire County was 8 5%, which is the same as the State of New Hampshire The median household income is $58,359 compared to the state average of $68,485 According to the September 2018 New Hampshire Employment Security, Economic & Labor Market Information Bureau Report, the State and Cheshire County had an unemployment rate of 2 3% (not seasonally-adjusted)

Form and Line Reference	Explanation
Promotion of community health	Form 990, Schedule H, Part VI, Line 5 The Medical Center plays an active role in promoting community health and offers educational programs including classes and workshops CMC/DH offers a variety of health promotion, education programs, and direct services for the comm unity spanning a broad spectrum of health and wellness topics Our clinical staff works cl osely with the staff of the Center for Population Health to develop programs that cover em erging health concerns and are delivered at the right literacy level for our community Th e programs offered a variety of chronic disease and wellness topics such as stress manage ment and resiliency, nutrition, physical education and exercise, high blood pressure preve ntion and monitoring, diabetes prevention and monitoring, advanced directive planning, mem ory loss, tobacco cessation and writing as tool to manage stress A total of 723 community members participated in the 84 educational programs offered All programs are offered fre e of charge In addition, the Medical Center offers several community programs including Cheshire Smiles, a school-based dental health program for children in grades K-3, provides screening, prevention and restorative dental care for children in Cheshire County schools Cheshire Medical Center /Dartmouth-Hitchcock also works in partnership with other commun ity health and human service organizations to meet the dental health needs of underserved populations such as the chronically mentally ill, pregnant women who cannot afford dental care, children identified through the school based Cheshire Smiles Program, and others Th e Medical Center sponsors patient visits at Dental Health Works, a public/private program serving underserved residents of Cheshire County The Medical Center also provides leaders hip and support to the Dental Public Health Task Force, a coalition of dental staff, hospi tal staff and concerned citizen addressing the oral health needs of adults Cheshire Medic al Center is committed to supporting healthy and resilient living for all members of the c ommunity In addition to health information from our medical and nursing staff, our websit e links to reliable and up-to-date sources of health information and provides details rega rding health and wellness programs offered at no charge Cheshire's community benefits rep ort and service quality information are shared on the website for public viewing During F iscal Year 2018 the website had a total of 308,013 visits and 785,964-page views for an av erage of 25,668 visits and 65,497-page views per month Health + Wellness eBulletin, an el ectronic newsletter, delivering timely medical news, useful health tips, and wellness info rmation is distributed to an average of 6,300 patients and community members monthly The Health + Wellness Website has an average of 1,100 users monthly In addition to the websit e, Cheshire's Facebook page serves as a tool to distribute health and wellness information As of June 30, 2018, our Facebook page has 2,108 "likes" Cheshire Medical Center has 70 7 followers on Twitter as of June 30, 2018 The Cheshire Medical Center YouTube channel ha s 56 videos and an estimated 5,695 minutes watched during the 2018 fiscal year The Cheshi re Coalition for Tobacco Free Communities addresses the use of tobacco products by people who live and work in the communities served by CMC/DH The Coalition is comprised of hospi tal staff, healthcare providers, community members and representatives of schools and coll eges, law enforcement, and the general public The group meets bi-monthly working to engag e schools and the greater community with tobacco prevention initiatives which include reta iler education and enforcement of tobacco laws The Program Manager, a CMC/DH employee, ac tively engages in tobacco-free activities in our local community and coordinates with stat e agencies and organizations The Coalition offered 10 training slots through the Universi ty of Massachusetts Center for Tobacco Treatment and Research and Training for area provid ers in order to increase tobacco treatment capacity in our region for behavioral health an d substance use treatment providers Major accomplishments of the Coalition during this pe riod were initiatives to increase access to services through "Butt Stops" staged at 13 sit es around the community prior to the Great American Smoke-out and an initiative which is g aining attention in the region to increase the age of tobacco use from 18 to 21, called To bacco 21 The Medication Assistance Program provides assistance to patients needing help t o secure medications because they lack insurance coverage or financial resources to pay fo r their medications, which now includes elderly residents with Medicare who experience a g ap in their Medicare D coverage In FY18 the program supplied 376 prescriptions to 296 ind ividuals valued at $412,094 Senior Passport is a program for area residents aged 60 years and above It encompasses low cost complete eveni

Form and Line Reference	Explanation
Promotion of community health	ng and weekend meals, free health education programs oriented to seniors, exercise program s, and the Cheshire Walkers Program, a walking group that takes organized nature and histo ric walks An average of ten walks are offered each spring and fall Walks are typically l ed by a community member with participation by CMC/DH staff and occur at a variety of loca tions throughout the region During FY18 22 walks were offered with a total of 486 partici pants During FY18 4,762 meals were provided to program members Though there was not an o verall increase in the total number of walkers in FY18 from FY17, there was an increase in the number of walkers that participated in more than one walk this year Prescribe for He alth Cheshire Medical Center outpatient providers refer patients to Prescribe for Health to identify and address issues about the social determinants of health via two full-time P opulation Health Workers In fiscal year 2018, 168 patients were referred In addition to providing patients with support and referrals to appropriate community resources, Prescrib e for Health has developed focused and integrative relationships with the Lions Club, TADS , the Keene YMCA, the Keene Senior Center, Mothers in Recovery and the Family Medicine dep artment to facilitate more specific and facilitated care In addition, The Prescribe for H ealth Program facilitated two Deliberative Dialogues on the public health issue of social isolation at the Keene Senior Center in April of 2018 and presented on the topic to commun ity partner Community Volunteer Transportation Company Advance Care Planning (ACP) Chesh ire Medical Center's Advance Care Planning (ACP) effort has provided outreach to the commu nity to raise awareness about the importance of an advance directive and engage people in ACP conversations this past year This effort augments what is offered to our hospital in- patients Staff collaborate with 10 volunteers who have received training through the Hono ring Care Decisions/Respecting Choices program We offered 13 group education sessions att ended by 98 participants and 15 outreach sessions that engaged 298 people with information about ACP Behavioral Health Services The Behavioral Health Consult Liaison Team (BHT) i s a consultative, interdisciplinary team of Behavioral Health Clinicians that will mobiliz e to see patients in the inpatient units and the Emergency Department to ensure their beha vioral health needs are met during their inpatient stays The team is comprised of psychia tric providers, behavioral health nurses, and behavioral health social workers This team was developed in response to the closing of the inpatient mental health unit and the ident ification of behavioral health needs not being adequately addressed within the current ser vice arrays within the inpatient medical setting and emergency department The services of fered include Assessment and identification of the needs of individual patients, includ ing access to various resources as needed Consultation with primary care providers to e nsure coordinated care Individual meetings with patients to address their behavioral he alth needs with re-evaluation occurring every day for 3 days Patients on inpatient unit s with containment plans are seen by a team member on a daily basis, if consult has been r equested Psychiatric consults are generally available Monday-Friday and behavioral health nurse/social worker services are available on a daily basis During FY18 the Behavioral H ealth Consult Liaison Team provided consultation to 885 patients Substance Use Disorder-M edication Assisted Treatment The Substance Use Disorder-Medication Assisted Treatment Pro ject (SUD MAT) is a partnership between Cheshire Medical Center and the Foundation for Hea lthy Communities to help provide Medication Assisted Treatment to those patients that have been identified by CMC/DH staff as having an opioid use disorder The work during FY2018 focused on a number of infrastructure mo

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Affiliated health care system	Form 990, Schedule H, Part VI, Line 6 In 2014, the Board of the Medical Center, accompanied by the Board of Dartmouth-Hitchcock Health, approved an affiliation agreement between the Medical Centers This agreement integrated and streamlined patient care between the two healthcare systems The affiliation, which became effective on March 2, 2015, strengthened The Cheshire Medical Center as a regional resource for southwestern New Hampshire and southeastern Vermont The affiliation will allow more patients to receive care closer to home, will free up bed capacity for tertiary care patients at Dartmouth-Hitchcock Medical Center in Lebanon, and will allow the Cheshire Medical Center to continue its leadership role in population health and the Healthy Monadnock 2020 initiative Cheshire Medical Center and Dartmouth-Hitchcock have worked together since 1998, by means of a Joint Operating Agreement involving Dartmouth-Hitchcock Keene, a multi-specialty group practice that comprises the majority of Cheshire Medical Center's medical staff This affiliation agreement is seen as a natural step that enables both organizations to more effectively pursue a common vision of the future of health care that is based on creating a sustainable health system, focusing on population health, delivering value-based care, and embracing the opportunities provided by new payment models In addition to The Cheshire Medical Center and the Dartmouth-Hitchcock Health, the affiliated health care system includes Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, The New London Hospital Association, Windsor Hospital Corporation, Alice Peck Day Memorial Hospital, Visiting Nurse Association and Hospice of New Hampshire and Vermont, and a number of other related organizations whose primary mission is health care in the region The Cheshire Medical Center and other members of the affiliated health care system operate jointly through interlocking directorates, strategic planning, management, and share identical missions

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
State filing of community benefit report	Form 990, Schedule H, Part VI, Line 7 The Cheshire Medical Center files its Community Benefit Report with the State of New Hampshire

Additional Data

Software ID:

Software Version:

EIN: 02-0354549

Name: The Cheshire Medical Center

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	Cheshire Medical Center 580 Court Street Keene, NH 03431 www cheshire-med com 00014	X	X					X			

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

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

Form and Line Reference	Explanation
Input from persons representing broad community interests	Form 990, Schedule H, Part V, Section B, Line 5 Needs were prioritized based on data collected from several current assessment processes Prioritization was completed by CHNA Leadership team Several hundred people participated in forums and surveys to identify needs
CHNA conducted with one or more organizations	Form 990, Schedule H, Part V, Section B, Line 6A & 6B The Cheshire Medical Center collaborated with Dartmouth-Hitchcock Clinic and Mary Hitchchcock Memorial Hospital, New Hampshire Department of Health and Human Servces, Greater Monadnock Public Health Network, The New Hampshire Hospital Association, Foundation for Healthy Communities, Antioch University New England, Monadnock United Way, New Hampshire Center for Public Policy Studies, Southwestern Regional Planning Commission, and Home Healthcare, Hospice, and Community Services

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

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

Form and Line Reference	Explanation
Community health needs assessment public availability	FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7a The Cheshire Medical Center's 2015 CHNA is available on the Medical Center's website at http //www cheshire-med com/about_us/communityben_report html
Community health needs implementation strategy	FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10a The Cheshire Medical Center's 2015 CHNA Implementation Strategy is available on the Medical Center's website at http //www cheshire-med com/about_us/communityben_report html

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

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

Form and Line Reference	Explanation
Community health needs identified	FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11 The Cheshire Medical Center has implemented strategies to address all but two of the needs identified in its most recent CHNA Access to behavioral health outpatient services is addressed by Community Partners Monadnock Family Services, Phoenix House, and MAPS Counseling Services Expansion of personal and public transportation options is addressed by Community Partners Monadnock Regional Transportation Management Association, Home Healthcare Hospice and Community Services, and Southwest Regional Planning Commission
Method for applying for financial assistance	Form 990, Schedule H, Part V, Section B, Line 15e The contact information for hospital facility staff available on the website (www cheshire-med com/patients_visitors/financial_assistance html), in the supplemental FAP Brochure, and at all registration stations within the Medical Center

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

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

Form and Line Reference	Explanation
Measures to publicize the Financial Assistance Policy	Form 990, Schedule H, Part V, Lines 16a, b, c, and i The Cheshire Medical Center's Financial Assistance Policy is available on the Medical Center's website at http //www cheshire-med com/patients_visitors/financial_assistance html The Cheshire Medical Center's FAP application is available on the Medical Center's website at http //www cheshire-med com/patients_visitors/financial_assistance html The Cheshire Medical Center's Plain Language Summary was available at all registration desks and by request and is available on the Medical Center's website at http //www cheshire-med com/patients_visitors/financial_assistance html
Maximum charges to financial assistance policy eligible individuals	Form 990, Schedule H, Part V, Section B, Line 22d The state of New Hampshire mandates a discount for all uninsured patients This discount is equal to the average discount negotiated by the largest (by dollar) three commercial insurers The Cheshire Medical Center has always been in full compliance with the laws of the state New Hampshire, and a committee is in place to ensure the hospital is in full compliance with final 501(r) regulations in areas where federal regulations differ from or are more stringent than those issued by the state For fiscal year 2018, the uninsured discount rate was 64 7%

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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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(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 . . . . . ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Awards and Educational Assistance	78	108,504		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

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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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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**		
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**		
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
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
Compensation of top employees	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 consultant, Form 990 of other organizations, 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 DURING CALENDAR YEAR 2017, FORMER PRESIDENT ARTHUR NICHOLS RECEIVED A MULTI-YEAR SEVERANCE PACKAGE CALENDAR YEAR 2017 INCLUDED PAYMENTS TOTALING $184,787 FROM CHESHIRE MEDICAL CENTER THE PAYMENT REPRESENTS BASE PAY, BENEFITS, AS WELL AS A CASH PAYMENT GROSS UP FOR HEALTH, DENTAL, AND 457B CONTRIBUTIONS THE PAYMENT IS INCLUDED ON SCHEDULE J, PART II, COLUMN (B)III
Supplemental Nonqualified Retirement Plan	Form 990, 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)) Don Caruso $32,249 Leslie Pitts $9,364 Steven Paris $25,400 Cherie Holmes $15,997 Maria Padin $10,686 Andrew Tremblay $4,170 Jennifer DiNubila $5,815 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 Non-fixed payments Form 990, Schedule J, Part I, Line 7 Senior management is eligible for incentive compensation at the discretion of the board based on, but not directly related to, overall organizational financial performance and discretionary measures
Note Regarding Compensation	Schedule J, Part II Column B, parts I, II, and III represent actual amounts paid to employees 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 the organization on behalf of its employees

Additional Data

Software ID:
Software Version:
EIN: 02-0354549
Name: The Cheshire Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Steven Paris MD Trustee	(I)	0	0	0	0	0	0	0
	(II)	389,327	0	34,046	36,939	15,462	475,774	0
1Leslie Pitts MD Trustee	(I)	0	0	0	0	0	0	0
	(II)	316,706	0	9,634	301,464	22,298	650,102	0
2Don Caruso MD Trustee/CEO/Pres/CMO	(I)	0	0	0	0	0	0	0
	(II)	409,687	51,500	34,344	305,129	17,313	817,973	0
3Robert Cochrane Former CFO	(I)	110,959	0	0	0	2,727	113,686	0
	(II)	0	0	0	0	0	0	0
4Cindi Coughlin CNO	(I)	229,180	0	0	50,269	12,068	291,517	0
	(II)	0	0	0	0	0	0	0
5Paul Pezone VP Facilities & Support Srvcs	(I)	206,896	0	0	2,413	15,598	224,907	0
	(II)	0	0	0	0	0	0	0
6Erli Chen Physicist	(I)	224,548	0	0	6,239	8,751	239,538	0
	(II)	0	0	0	0	0	0	0
7Latasha Heape Chief CRNA	(I)	179,216	0	0	0	20,267	199,483	0
	(II)	0	0	0	0	0	0	0
8Julie Green VP Human Resources	(I)	250,092	0	0	6,239	0	256,331	0
	(II)	0	0	0	0	0	0	0
9Cherie Holmes MD Trustee/Ex-Officio	(I)	0	0	0	0	0	0	0
	(II)	405,322	0	17,185	135,097	9,320	566,924	0
10Wendy Fielding Trustee	(I)	0	0	0	0	0	0	0
	(II)	244,357	0	414	18,692	21,565	285,028	0
11Maria Padin Trustee eff 1/1/17	(I)	0	0	0	0	0	0	0
	(II)	386,729	0	12,780	253,282	22,404	675,195	0
12Andrew Tremblay MD Trustee eff 1/1/17	(I)	0	0	0	0	0	0	0
	(II)	286,901	0	4,440	37,552	22,281	351,174	0
13Jennifer DiNubila DO Trustee eff 11/2016 end11/2018	(I)	0	0	0	0	0	0	0
	(II)	317,010	0	5,995	12,384	22,309	357,698	0
14Arthur W Nichols Former President	(I)	0	0	184,787	0	0	184,787	0
	(II)	0	0	0	0	0	0	0
15Kathryn Willbarger VP Finance	(I)	162,492	0	0	1,703	1,891	166,086	0
	(II)	0	0	0	0	0	0	0
16Christine Schon Trustee/COO	(I)	0	0	0	0	0	0	0
	(II)	264,798	0	9,304	26,040	16,502	316,644	0
17Sandra Phipps VP Philanthropy/Comm Relations	(I)	154,336	0	0	0	15,465	169,801	0
	(II)	0	0	0	0	0	0	0
18Amy Matthews Sr Dir Patient Care Services	(I)	164,054	0	0	2,170	735	166,959	0
	(II)	0	0	0	0	0	0	0
19Frank Michael Nurse Anesthetist CRNA	(I)	185,136	0	0	0	1,334	186,470	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			(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				
21 John Genovese Pharmacy Manager	(I)	160,161	0	0	25,292	15,501	200,954	0
	(II)	0	0	0	0	0	0	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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NH HEALTH AND ED FACILITIES AUTHORITY	02-0279866	644614V48	11-15-2012	30,360,529	Refund of existing debt		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,695,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	30,360,529			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	379,754			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	554,125			
10	Capital expenditures from proceeds	4,777,102			
11	Other spent proceeds	24,649,548			
12	Other unspent proceeds	0			
13	Year of substantial completion	2013			

		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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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?								
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?								
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 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	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						
b	Name of provider	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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		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							

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

Return Reference	Explanation
Part II, Column A, Line 11	The other spent proceeds are the refunding proceeds of the issue that are no longer in escrow

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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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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
Total				▶ $								

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

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) Nancy Johnson	Officer Don Caruso	172,957	Family member employed by CMC		No
(2) Susan Nabi-Tremblay	Trustee Andrew Tremblay	198,777	Family member employed by CMC		No
(3) Ashley Copeland	Trustee H Roger Hanson	57,102	Family member employed by CMC		No
(4) Elizabeth Lehr	Trustee H Roger Hanson	65,515	Family member employed by CMC		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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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	2	35,871	FMV
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 nonstandard contributions? — 31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? — 32a		No
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 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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

990 Schedule O, Supplemental Information

Return Reference	Explanation
Business Relationships	Form 990, Part VI, Section A, Line 2 Cheshire Medical Center is part of the Dartmouth-Hitc hcock Health System, which owns for-profit subsidiaries that provide services and support the mission of the organizations As a result, some officers of The Cheshire Medical Cente r may also be officers of related for-profits entities Classes of members and the nature of their rights Form 990, Part VI, Section A, Line 6 & 7a Dartmouth-Hitchcock Health, a Ne w Hampshire voluntary corporation, is the sole corporate member of The Cheshire Medical Ce nter D-HH has the power to appoint 1/3 of the members of The Cheshire Medical Center's Bo ard of Trustees Governance decisions reserved to or subject to approval by persons other than the governing body Form 990, Part VI, Section A, Line 7B The sole member has the righ t to ratify The Cheshire Medical Center's nomination of 2/3 of the members of the Board of Trustees, remove Trustees after consultation with the Chairperson of the Board, approve t he dissolution or liquidation of The Cheshire Medical Center, appoint, evaluate, terminate , and approve the compensation of the President and CEO, and other governance decisions

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 Form 990 is reviewed by an independent accounti ng firm and CMC's Board of Trustees A copy of the return is provided to the Board prior t o filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Section B, Line 12C Cheshire Medical Center's Board of Trustees approve d a policy concerning a voluntary self-disclosure of any potential conflict of interest T he Dartmouth-Hitchcock Compliance and Audit Services Department conducts an annual survey of all officers and trustees and performs other procedures as considered necessary to repo rt 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 otherwis e 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 i n any decision making regarding the identified conflict and/or its corresponding transacti ons If the board or committee has reasonable cause to believe that an interested person h as failed to disclose actual or possible conflicts of interest, it shall inform such perso n on the basis for such belief and afford him/her an opportunity to explain the alleged fa ilure 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 de termines 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 The Cheshire Medical Center/Dartmouth-Hitchcock Kee ne has retained Yaffe & Company, Inc to provide consultation to the Executive Committee o f the Board of Trustees regarding executive compensation, benefits, and prerequisites Yaf fe & Company, Inc is an independent consulting firm with 35 years of service and provides services to not-for-profit hospitals and health systems Further, Yaffe & Company, Inc h as been engaged directly by the Board of Trustees of The Cheshire Medical Center through i ts Executive Committee to only provide services to the Board An Executive Committee d/b/a Compensation Committee Charter and Compensation Philosophy (approved by the Board) docume nts the compensation review process and guidelines so as to provide an orderly structure f or executive total compensation decisions Annually, a multi-tiered approach using indepen dent comparability data is utilized to gauge appropriate comparative market levels of comp ensation and benefits An annual performance evaluation is based on subjective and objecti ve criteria which flows from the strategic plan By way of questionnaire Board members par ticipate in the performance review process and a summary report is shared with the CEO Va riable pay is awarded based on achievement of specific qualititative and quantitative goal s In conjunction with the Executive Committee, challenging and measurable goals are estab lished for the Office of the President, which provide alignment between executive compensa tion and achievement of the hospital's strategic goals

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 The Cheshire Medical Center makes governing document s, conflict of interest policy, and financial statements available to members of the publi c upon request, through its annual report, and through state and federal filings Fundrais ing Expenses Form 990, Part IX, Column D The Cheshire Health Foundation, a related organiz ation, performs all fundraising activities on behalf of Cheshire Medical Center All fundr aising expenses are reported on the Foundation's Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Part XI, Line 9 Other changes in net assets include Pension Liability Adjustment, net Assets released for capital purchases, and net asset transfers $10,093,884

990 Schedule O, Supplemental Information

Return Reference	Explanation
Audit Committee and Financial Statement Oversight	Form 990, Part XII, Question 2c Cheshire Medical Center delegates oversight of the audit t o the Finance & Audit subcommittee The full Board reviews and approves the Audited Financ ial Statements The organization is also included in the audit and consolidated financial statements of its parent organization, Dartmouth-Hitchcock Health Financial Statements an d Reporting Form 990, Part XII, Question 3a The Medical Center was included in the consoli dated audited financial statements of the Dartmouth-Hitchcock Health System During Fiscal Year 2018, Mary Hitchcock Memorial Hospital expended federal funding which met the minimu m threshold set forth in the Single Audit Act and OMB Circular A-133 Due to the nature of the consolidated financial statements, the audit was performed on the financial informati on of all organizations, including Cheshire Medical Center

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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

2017

Open to Public Inspection

Name of the organization
The Cheshire Medical Center

Employer identification number
02-0354549

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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) Section 512(b)(13) controlled entity? 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) One Care VT ACO LLC 111 Colchester Avenue Burlington, VT 05401 45-5399218	Shared Saving	VT	NA					No	0			

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

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

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		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
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		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Mary Hitchcock Memorial Hospital	M	29,984,964	FMV
(2) Mary Hitchcock Memorial Hospital	P	1,135,875	FMV
(3) Dartmouth-Hitchcock Clinic	M	12,850,699	FMV
(4) Dartmouth-Hitchcock Clinic	P	486,804	FMV
(5) The Cheshire Health Foundation	m	2,145,994	FMV
(6) Cheshire Health Services	q	2,327,536	FMV

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)

Return Reference	Explanation
Related Party Controlling Entity Disclosure	Form 990, Schedule R, Part II, Line G, and Part IV, column I The Organization has checked "yes" as a section 512(b) controlled entity Although the filing organization does not directly control each of the organizations listed, as part of its affiliation with Dartmouth-Hitchcock Health (parent organization), all organizations related under D-HH are defined as a controlled entity within the meaning of IRC 512(b)(13)

Additional Data

Software ID:
Software Version:
EIN: 02-0354549
Name: The Cheshire Medical Center

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
580 Court Street Keene, NH 03431 02-0202220	Supportng Org	NH	501(c)(3)	12 TYPE I	CMC	Yes	
580-590 Court Street Keene, NH 03431 47-3379283	HEALTHCARE	NH	501(C)(3)	3	CMC	Yes	
One Medical Center Drive Lebanon, NH 03756 22-2519596	Phys Svcs	NH	501(c)(3)	10	D-HH	Yes	
One Medical Center Drive Lebanon, NH 03756 26-4812335	Parent Org	NH	501(c)(3)	7	NA		No
One Medical Center Drive Lebanon, NH 03756 02-0222140	Hospital	NH	501(c)(3)	3	D-HH	Yes	
273 County Road New London, NH 03257 02-0222171	Hospital	NH	501(c)(3)	3	D-HH	Yes	
289 County Road Windsor, VT 05089 03-0183721	Hospital	VT	501(c)(3)	3	D-HH	Yes	
10 Alice Peck Day Drive Lebanon, NH 03766 02-0222791	Hospital	NH	501(c)(3)	3	D-HH	Yes	
205 Billings Farm Road 5 Wilder, VT 05088 03-6006494	Hospice	VT	501(c)(3)	10	D-HH	Yes	
One Medical Center Drive Lebanon, NH 03756 02-0222139	HLTHCRE RSRCH	NH	501(c)3	7	DHC	Yes	
289 County Road Windsor, VT 05089 03-0300481	HOSPITAL	VT	501(c)3	3	WHA	Yes	
289 County Road Windsor, VT 05089 23-7396147	HEALTHCARE	VT	501(c)3	10	WHA	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
Hitchcock Health Connect One Medical Center Drive Lebanon, NH 03756 80-0908979	Telehealth	NH	D-HH	C Corp				Yes	
Keene Health Enterprises 580 Court Street Keene, NH 03431 02-0374999	Real Est Hldg	NH	KHS	C Corp				Yes	
Keene Health Realty 580 Court Street Keene, NH 03431 02-0374998	Real Est Hldg	NH	KHS	C Corp				Yes	
Keene Health Services 580 Court Street Keene, NH 03431 02-0374997	Real Est Hldg	NH	CHF	C Corp				Yes	
ImagineCare Inc 1 Medical Ctr Dr Lebanon, NH 03756 81-3105071	Software Tech	NH	D-HH	C Corp				Yes	
Pompanoosuc Investment Corporation One Medical Center Drive Lebanon, NH 03756 02-0352330	Real Est Holding	NH	DHC	C Corp				Yes	
Hamden Assurance Co LTD 3 Gorham Road Hamilton 08 BD 98-0121409	Liab Insurance	BD	DHC	Foreign Corp				Yes	
Kearsarge Community Services Inc 273 County Road NEw London, NH 03257 02-0460136	RI Estate Hld	NH	NLH	C Corp				Yes	
New London Physician Group Inc 273 County Road New London, NH 03257 02-0494420	Physician Grp	NH	NLH	C Corp				Yes	
New London Medical Center East Inc 273 County Road New London, NH 03257 02-0480857	RI Estate Hld	NH	NLH	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
Mary Hitchcock Memorial Hospital	M	29,984,964	FMV
Mary Hitchcock Memorial Hospital	P	1,135,875	FMV
Dartmouth-Hitchcock Clinic	M	12,850,699	FMV
Dartmouth-Hitchcock Clinic	P	486,804	FMV
The Cheshire Health Foundation	m	2,145,994	FMV
Cheshire Health Services	q	2,327,536	FMV