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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

C Name of organization
Catholic Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 McGregor Street

City or town, state or province, country, and ZIP or foreign postal code
Manchester, NH 031023770

F Name and address of principal officer:
Alexander Walker Jr Esq
100 McGregor Street
Manchester, NH 031023770

D Employer identification number

02-0315693

E Telephone number

(603) 668-3545

G Gross receipts \$ 617,284,063

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 ▶ 0928

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

J Website: ▶ www.catholicmedicalcenter.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1974

M State of legal domicile: NH

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The heart of Catholic Medical Center is to carry out Christ's healing ministry by offering health, healing, and hope to every individual who seeks our care.

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)	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	3,378
6	Total number of volunteers (estimate if necessary)	57
7a	Total unrelated business revenue from Part VIII, column (C), line 12	10,534
7b	Net unrelated business taxable income from Form 990-T, line 39	8,109

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	38,230,311	26,512,137
9 Program service revenue (Part VIII, line 2g)	417,005,470	475,141,947
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,986,664	47,114,507
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,238	-44,354
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	459,237,683	548,724,237

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	621,472	657,201
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)	211,070,965	190,463,658
16a Professional fundraising fees (Part IX, column (A), line 11e)	90,119	106,831
b Total fundraising expenses (Part IX, column (D), line 25) ▶684,494		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	229,390,535	263,130,035
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	441,173,091	454,357,725
19 Revenue less expenses. Subtract line 18 from line 12	18,064,592	94,366,512

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	530,592,222	518,751,919
21 Total liabilities (Part X, line 26)	482,212,995	400,268,947
22 Net assets or fund balances. Subtract line 21 from line 20	48,379,227	118,482,972

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

2022-07-28

Date

Edward L Dudley III Executive VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	2022-07-28	Check ☐ if self-employed	PTIN P02285543
Firm's name ▶ Baker Newman & Noyes				Firm's EIN ▶ 01-0494526	
Firm's address ▶ PO Box 507				Phone no. (207) 879-2100	
Portland, ME 04112					

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

The heart of Catholic Medical Center is to carry out Christ's healing ministry by offering health, healing, and hope to every individual who seeks our care.

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 \$ 399,774,555 including grants of \$ 657,201) (Revenue \$ 471,343,183)
	See Additional Data

4b	(Code:) (Expenses \$ 3,215,117 including grants of \$ 0) (Revenue \$ 3,790,695)
	See Additional Data

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

4e	Total program service expenses ▶ 402,989,672
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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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
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	No
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 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	No
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	
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 ComplianceCheck 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 272	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2020)

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	14	
	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	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?	Yes	
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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
Edward Dudley c/o Finance Dept 100 McGregor Manchester, NH 031023770 (603) 668-3545

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.

See instructions for the order in which to list the persons above.

☐ 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			
(1) Alexander Walker Jr Esq President & CEO	40.90 0.80	X		X				519,813	0	236,608
(2) Carolyn Claussen MD Director	1.20 40.80	X						0	198,788	7,133
(3) Joseph Pepe MD President & CEO (end 6/2021)	42.10 1.20	X		X				838,893	0	441,652
(4) Louis I Fink MD Director	1.40 40.80	X						0	704,518	19,259
(5) Patricia Furey MD Director	1.20 40.50	X						0	516,481	48,213
(6) Matthew Albuquerque Director	0.20 0.40	X						0	0	0
(7) Susan M Kinney Director	1.20 0.70	X						0	0	0
(8) Derek McDonald Director/Bishop's Delegate	2.20 0.40	X						0	0	0
(9) Marie McKay CPA Director	0.80 1.20	X						0	0	0
(10) John J Munoz MD President of Medical Staff	1.00 0.40	X						0	0	0
(11) Catherine Provencher Director (end 6/21)	0.90 0.00	X						0	0	0
(12) Timothy Riley Director	2.10 0.40	X						0	0	0
(13) John G Cronin Esq Chair	1.80 0.50	X		X				0	0	0
(14) Neil Levesque Vice Chair	1.20 0.40	X		X				0	0	0
(15) Pamela Diamantis Treasurer	2.20 0.20	X		X				0	0	0
(16) Matthew Kfoury Secretary	1.00 0.40	X		X				0	0	0
(17) Edward Dudley III Executive VP & CFO	40.20 1.10			X				491,606	0	229,130

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			
(18) Thomas Della Flora VP, Chief Information Officer	40.00 0.00			X				261,062	0	52,497
(19) Carolanne O'Sullivan Senior VP Provider Network	40.00 0.00					X		304,370	0	58,869
(20) David Folks MD Medical Director	40.00 0.00					X		301,287	0	42,371
(21) Ivan Ip Chief Medical Information Officer	40.00 0.00					X		312,714	0	38,321
(22) Keith Stahl MD Physician	40.00 0.00					X		376,675	0	26,460
(23) Merryll Rosenfeld VP Human Resources	40.00 0.00					X		248,466	0	48,700
(24) William Goodman Former VP, Medical Affairs/CMO	0.00 0.00						X	156,313	0	13,987
(25) Tina-Marie Legere Senior VP Operations	0.00 0.00						X	322,463	0	21,483

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	4,133,662	1,419,787	1,284,683

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 ▶ 196

	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
Dartmouth Hitchcock Clinic 1 Medical Center Drive Lebanon, NH 03756	Medical services	28,773,168
Harvey Construction Corp 10 Harvey Road Bedford, NH 03110	Construction and renovations	7,546,046
The Chartis Group LLC Department 5925 Carol Stream, IL 60122	Healthcare advisory	5,586,955
Anesthesia Care Group PC PO Box 9514 Manchester, NH 03101	Medical services	5,548,203
Synergy Surgicalists Inc 280 W Kagy Boulevard Suite D Bozeman, MT 59715	Medical services	1,594,413

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 ▶ 84

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII ☐						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	260,808			
	d Related organizations	1d				
	e Government grants (contributions)	1e	19,163,201			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,088,128			
	g Noncash contributions included in lines 1a - 1f:\$	1g	121,750			
	h Total. Add lines 1a-1f		26,512,137			
Program Service Revenue	2a Patient services	Business Code				
		621400	449,859,489	449,859,489		
	b Disproportionate Share Funding	621400	21,483,694	21,483,694		
	c Lab clients	621500	2,124,554	2,124,554		
	d Cafeteria and dining	722210	1,244,269	1,244,269		
	e Program-related rents	532000	429,941	429,941		
	f All other program service revenue.					
g Total. Add lines 2a-2f.		475,141,947				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,988,625		10,534	2,978,091
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		44,125,882			44,125,882
	8a Gross income from fundraising events (not including \$ 260,808 of contributions reported on line 1c). See Part IV, line 18		38,449			
	b Less: direct expenses		74,734			
	c Net income or (loss) from fundraising events		-36,285			-36,285
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances . . .		13,339				
b Less: cost of goods sold . . .		21,408				
c Net income or (loss) from sales of inventory		-8,069	-8,069			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		548,724,237	475,133,878	10,534	47,067,688	

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	586,345	586,345		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,856	70,856		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,071,261	2,573,061	498,200	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	152,865,300	127,744,808	24,734,170	386,322
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,838,633	4,044,525	783,108	11,000
9 Other employee benefits	20,780,491	17,409,612	3,370,879	
10 Payroll taxes	8,907,973	7,440,413	1,440,626	26,934
11 Fees for services (non-employees):				
a Management	82,197		82,197	
b Legal	269,457		269,457	
c Accounting	177,509		177,509	
d Lobbying	60,175		60,175	
e Professional fundraising services. See Part IV, line 17	106,831			106,831
f Investment management fees	127,978		127,978	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,080,872	13,203,267	2,854,905	22,700
12 Advertising and promotion	1,455,207	1,196,493	258,714	
13 Office expenses	8,483,422	6,929,568	1,498,360	55,494
14 Information technology	9,002,229	7,401,766	1,600,463	
15 Royalties				
16 Occupancy	17,286,709	14,213,224	3,073,285	200
17 Travel	338,880	278,381	60,193	306
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	472,162	378,870	81,922	11,370
20 Interest	4,659,054	3,873,112	785,942	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,067,385	7,038,102	5,029,283	
23 Insurance	3,250,737	2,672,804	577,933	
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	110,302,575	108,698,962	1,603,613	
b Physician fees	40,052,055	38,809,280	1,242,775	
c NH Medicaid Tax	19,248,461	19,248,461		
d Provision for bad debt	16,010,077	16,010,077		
e All other expenses	3,702,894	3,167,685	471,872	63,337
25 Total functional expenses. Add lines 1 through 24e	454,357,725	402,989,672	50,683,559	684,494
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 SheetCheck 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		143,987,899	1	103,062,431	
	2	Savings and temporary cash investments		30,902,145	2	26,807,333	
	3	Pledges and grants receivable, net		7,028,642	3	7,362,804	
	4	Accounts receivable, net		70,177,619	4	74,021,117	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		4,836,875	8	3,912,718	
	9	Prepaid expenses and deferred charges		5,226,465	9	7,176,703	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	305,923,539			
	b	Less: accumulated depreciation	10b	183,582,072	124,241,261	10c	122,341,467
	11	Investments—publicly traded securities		82,207,736	11	152,435,646	
	12	Investments—other securities. See Part IV, line 11		50,862,486	12	9,828,460	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		11,121,094	15	11,803,240	
16	Total assets. Add lines 1 through 15 (must equal line 33)		530,592,222	16	518,751,919		
Liabilities	17	Accounts payable and accrued expenses		89,591,946	17	69,263,294	
	18	Grants payable			18		
	19	Deferred revenue		1,065,325	19	1,065,320	
	20	Tax-exempt bond liabilities		110,427,602	20	107,787,474	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		46,059,909	23	49,255,136	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		235,068,213	25	172,897,723	
26	Total liabilities. Add lines 17 through 25		482,212,995	26	400,268,947		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		21,383,269	27	87,915,051	
	28	Net assets with donor restrictions		26,995,958	28	30,567,921	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		48,379,227	32	118,482,972	
33	Total liabilities and net assets/fund balances		530,592,222	33	518,751,919		

Part XI Reconciliation of Net AssetsCheck 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	548,724,237
2	Total expenses (must equal Part IX, column (A), line 25)	2	454,357,725
3	Revenue less expenses. Subtract line 2 from line 1	3	94,366,512
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,379,227
5	Net unrealized gains (losses) on investments	5	-22,251,027
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	-2,011,740
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,482,972

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	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.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 02-0315693

Name: Catholic Medical Center

Form 990 (2020)

Form 990, Part III, Line 4a:

Medical and surgical services provided to 11,769 inpatients and 436,760 outpatients during the year.

Form 990, Part III, Line 4b:

Various other services. Please see Schedule H. Catholic Medical Center (CMC), as an agency of the Roman Catholic Church, shall provide health care in a manner consistent with the ethical and religious directives for Catholic health care services as interpreted by the Roman Catholic Bishop of Manchester. CMC shall employ the highest quality health care professionals and the most appropriate technology to deliver an array of services either directly or through strategic alliances with compatible health care providers. With dignity and compassion, CMC shall treat the body, mind, and spirit of all who seek or provide care and comfort. Additional details provided in Schedule H.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Medical Center

Employer identification number
02-0315693

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

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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 Catholic Medical Center	Employer identification number 02-0315693
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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.		
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.	
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-		
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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)		(b)
		Yes	No	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?	Yes		37,412
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		60,175
j	Total. Add lines 1c through 1i			97,587
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
Part II-B, Line 1:	Catholic Medical Center (CMC) is a member of the New Hampshire Hospital Association (NHHA) and the American Hospital Association (AHA). A portion of the dues paid to these organizations in the fiscal year ending September 30, 2021 was available for lobbying expenditures on behalf of CMC and the other member-organizations in furtherance of their exempt purposes. The portion of the dues paid that constituted lobbying was as follows: NHHA: \$25,267 AHA: \$12,145 Also in the 2021 fiscal year, the Hospital paid the Diocese of Manchester for lobbying services, which included providing information regarding public policy pending before the legislature. The Diocese participated in the administrative rule-making process with respect to rules concerning the certificate of needs board. They also provided general communication with elected officials. CMC paid the Diocese \$60,175 for these services.

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Medical Center

Employer identification number
02-0315693

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 7/25/06, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	26,995,958	11,244,891	10,426,818	9,726,007	9,492,810
b Contributions	2,854,022	16,173,712	1,536,316	646,924	169,811
c Net investment earnings, gains, and losses	1,834,839	203,284	-63,353	430,243	112,670
d Grants or scholarships					
e Other expenditures for facilities and programs	1,116,898	625,929	654,890	376,356	49,284
f Administrative expenses					
g End of year balance	30,567,921	26,995,958	11,244,891	10,426,818	9,726,007

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 ▶ 34.550 %

c

Term endowment ▶ 65.450 %

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:

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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		672,812		672,812
b Buildings		110,846,008	53,473,685	57,372,323
c Leasehold improvements		9,694,467	7,258,552	2,435,915
d Equipment		157,430,064	115,012,422	42,417,642
e Other		27,280,188	7,837,413	19,442,775
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				122,341,467

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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	
(2) Accrued pension & other liabilities	136,210,565
(3) Due to affiliates	715,593
(4) Interest rate swap liability	277,022
(5) Medicare advances	35,694,543
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	172,897,723

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	557,653,102
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-22,251,027
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	46,371,395
e	Add lines 2a through 2d	2e	24,120,368
3	Subtract line 2e from line 1	3	533,532,734
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	127,978
b	Other (Describe in Part XIII.)	4b	15,063,525
c	Add lines 4a and 4b	4c	15,191,503
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	548,724,237

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	439,262,364
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	96,142
e	Add lines 2a through 2d	2e	96,142
3	Subtract line 2e from line 1	3	439,166,222
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	127,978
b	Other (Describe in Part XIII.)	4b	15,063,525
c	Add lines 4a and 4b	4c	15,191,503
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	454,357,725

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: 02-0315693
Name: Catholic Medical Center

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Proceeds from the Organization's endowment funds are used in operations.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	The Medical Center is a not-for-profit corporation as described in Section 501(c)(3) of the Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the Medical Center's tax positions and concluded the Medical Center has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to the financial statements.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Special event expenses 74,734. Gift Shop cost of goods sold 21,408. Changes in FMV of perpetual trust 1,546,976. Pension related changes net of periodic costs 44,523,638. Change in FMV of interest rate swap agreement 204,639.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Donations to others included in audited revenues 521,804. Provision for bad debts 14,541,721.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Special event expenses 74,734. Gift Shop cost of goods sold 21,408.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Provision for bad debts net against revenues 14,541,721. Donations to others included in audited revenues 521,804.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala</u> (event type)	<u>Retirement Celebration</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	201,752	97,505		299,257
	2 Less: Contributions	174,703	86,105		260,808
	3 Gross income (line 1 minus line 2)	27,049	11,400		38,449
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,000			4,000
	6 Rent/facility costs	9,401	8,785		18,186
	7 Food and beverages	18,246	12,568		30,814
	8 Entertainment	153			153
	9 Other direct expenses	21,326	255		21,581
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				74,734
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-36,285

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Schedule G, Part I, Lines 2b(iv) and 2b(vi):	In the tax period covered by this return, the Hospital engaged an independent professional fundraiser to assist the Hospital in its capital campaign and fundraising efforts. Due to the nature in which contributions were raised over past year, the Hospital cannot reasonably determine an exact allocation of the total receipts that were generated directly from the professional fundraiser. However, while an absolute exact dollar-figure cannot be determined, the Hospital appropriately estimates that it was able to retain approximately \$3,800,000 as a result of the professional fundraiser's efforts, net of the fees paid for their services.

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Medical Center

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
02-0315693

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: ☐ 100% ☐ 150% ☐ 200% ☒ Other 22500.0000000000 % 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: ☐ 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.	3a	Yes
		3b	Yes
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 eligible 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)			4,536,863		4,536,863	1.030 %
b Medicaid (from Worksheet 3, column a)			61,809,311	43,708,521	18,100,790	4.130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			66,346,174	43,708,521	22,637,653	5.160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	12	231	1,784,536	81,261	1,703,275	0.390 %
f Health professions education (from Worksheet 5)	3		1,167,342		1,167,342	0.270 %
g Subsidized health services (from Worksheet 6)	4		9,402,892	3,564,073	5,838,819	1.330 %
h Research (from Worksheet 7)	2		9,743	1,719	8,024	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		591,302	182,290	409,012	0.090 %
j Total. Other Benefits	24	231	12,955,815	3,829,343	9,126,472	2.080 %
k Total. Add lines 7d and 7j	24	231	79,301,989	47,537,864	31,764,125	7.240 %

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	1		2,479		2,479	0 %
3 Community support	2		28,808		28,808	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		40,770		40,770	0.010 %
8 Workforce development	1		2,717		2,717	0 %
9 Other						
10 Total	5		74,774		74,774	0.020 %

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 Healthcare 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	4,128,394	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	104,489,294	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	142,636,939	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-38,147,645	
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)
Catholic Medical Center**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>see Part V, Section C</u>		
b ☒ Other website (list url): <u>see Part V, Section C</u>		
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 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>see Part V, Section C</u>	10	Yes
a		
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)

Catholic Medical Center					
Name of hospital facility or letter of facility reporting group					
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %					
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? 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):	15	Yes		
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			16	Yes
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**

Catholic 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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)**

Catholic Medical Center

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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, 20a, 20b, 20c, 20d, 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.

[illegible]

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? 45

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
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Part VI Supplemental Information

Provide the following information.

- 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.
- 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.
- 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.
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 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.).
- 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.
- 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
Part I, Line 7, Column (f):	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 16,010,077.
Part II, Community Building Activities:	Catholic Medical Center participates in a wide range of community building activities, committees, boards, and partnerships to promote the health of the communities it serves, including City Year, Granite United Way, and New Hampshire Charities, among others. The Medical Center sponsors emergency service efforts through planning hours for emergency preparedness and bioterrorism preparedness safety management.COVID-19: During the unprecedented COVID-19 pandemic, CMC was an integral part of the community's response activities. Early on in the pandemic, CMC partnered with the City of Manchester at the City's first COVID testing center located at the NH State Armory. Shortly thereafter, CMC collaborated with the City of Manchester, NH National Guard, and other healthcare partners to stand up the Greater Manchester Alternative Care Site (GMACS), a 250-bed field hospital located at Southern New Hampshire University (SNHU). CMC's Incident Command Center held weekly calls with the City's Emergency Operations Center, ensuring constant communication and updated information sharing. Finally, CMC has provided clinical and non-clinical staff to support the State's fixed Covid Vaccine site at SNHU as well as super clinics held at the New Hampshire Motor Speedway.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	Costing methodology ratio of cost to charge is used to arrive at cost of bad debt expense.
Part III, Line 3:	Patients deemed eligible for financial assistance follow CMC's charity care policies. Therefore, no bad debt expense related to patients eligible under the Hospital's financial assistance policy is included as a community benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	See Footnote 2 on Page 11 of the attached audited financial statements.
Part III, Line 8:	The entire Medicare shortfall is reported in our Community Benefit Report to the State of New Hampshire. The Medicare shortfall represents costs incurred by the Hospital for providing care to Medicare patients in the Hospital's service area that were not reimbursed by the federal government. The Hospital considers this amount to be a significant shortfall for providing healthcare-related services to these patients which ultimately benefits the community it serves.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b:	CMC is a charitable healthcare organization that treats patients for emergency or medically necessary care regardless of their financial status. CMC's Collections Policy and Procedures addresses the procedures for patients who choose not to make payment or work with CMC to make payment arrangements for their bill. The policy contains specific language that applies to those patients who may qualify for financial assistance. CMC will hold collection activities where the patient has submitted a completed financial assistance application. CMC makes reasonable efforts to determine whether an individual is eligible for financial assistance under our Financial Assistance Policy (FAP). In order to determine whether a patient is eligible for financial assistance, CMC provides written notice that indicates the availability of financial assistance, provides a plain-language summary of the FAP, and attempts to notify the individual orally about the FAP and how the patient may get assistance with the application process. CMC also publishes the policy on our website, at patient registration locations, and provides notice to the community.
Part VI, Line 2:	In collaboration with the city of Manchester and other health care and social service agencies, Catholic Medical Center participates in a community needs assessment as required by the New Hampshire Attorney General's Office Division of Charitable Trusts. Since hospitals are required to assess the needs of their community every three years, CMC has completed a 2019 Needs Assessment and approved by the board and made widely available to the public during the fiscal year covered by the Hospital's 2018 Form 990. The previous Needs Assessment was completed in fiscal year 2016 by CMC and the Elliot Hospital of the City of Manchester. Additional information is obtained on an ongoing basis to assist the Organization in evaluating progress towards meeting our goals and the identification of new areas of need. This information is collected through community surveys, focus groups and discussions with community leaders, program evaluations and communication with those in the community who interact with our vulnerable populations. As of the time of this return's filing, the Catholic Medical Center is currently working on the 2022 Community Health Needs Assessment.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3:	Patients are notified of CMC's FAP via notices upon registration, discharge, postings to our website, in the hospital, and physician practices. Signage is posted throughout the Hospital and physician practices highlighting Catholic Medical Center's financial assistance. CMC also communicates the policy to the community via mailings and other postings in relevant local support organizations. CMC also contacts patients verbally to inform them of the programs available.
Part VI, Line 4:	Catholic Medical Center's primary service area consists of the following towns and cities: Allenstown, Auburn, Bedford, Goffstown, Hooksett, Manchester, and New Boston. Our secondary service area is made up of Amherst, Concord, Derry, Litchfield, Londonderry, Merrimack, Milford, Nashua, Peterborough, Raymond, Salem and Weare.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5:	Catholic Medical Center is involved in numerous community initiatives to improve the health outcomes of our community, including, but not limited to the following: DSRIP 1115 Waiver, N4H a federally funded program with the state of New Hampshire to transform care by integrating primary and behavioral health care to improve health outcomes; a collaboration with The Manchester Health Department, Easter Seals, and Catholic Medical Center to provide school-based dental care to school-aged children in need. Services are provided at all Manchester elementary and middle schools along with one of the high schools; partnership with Dartmouth Hitchcock Clinic for the integration of dental care within a pediatric clinic setting, improving oral health and overall health and a partnership with Amoskeag Health Center to provide oral health exams and hygiene and a referral to a dental home for children ages 1-5; 500 Cities initiative with CMC's Parish Nurse Program and Manchester Health Department to offer assessments and services to high risk populations located within neighborhoods; primary care, specialty care and care coordination the homeless population via the HRSA grant; Medication Assistance Program offering free or reduced cost medication through the pharmaceutical companies and other low cost resources; emergency bioterrorism preparedness safety management.
Part VI, Line 6:	Catholic Medical Center operates as part of CMC Healthcare System. Under the System, CMC offers a range of healthcare services to the community. The System includes CMC as a licensed, 330 bed full-service, acute care hospital, physician practices, general care surgical capabilities, and advanced care for cardiac needs. Catholic Medical Center offers full medical-surgical care with more than 25 subspecialties, comprehensive orthopedic care, inpatient and outpatient rehabilitation services, a 24-hour emergency department, outpatient behavioral health services, and diagnostic imaging. In addition, Catholic Medical Center has the Special Care Nursery which is a state-of-the-art neonatal facility designed to meet the distinct needs of our babies and their families. Catholic Medical Center is also home to the nationally recognized New England Heart and Vascular Institute (NEHVI), which provides a full-range of cardiac services, and is a pioneer in offering innovative surgical procedures. The Institute is also a national center for advanced clinical trials and cardiovascular rehabilitation and wellness education to help patients recover in a multi-step program of exercise, education, risk factor management, and the development of healthy lifestyles. The System also participates in two joint ventures, Bedford Ambulatory Surgical Center and Alliance Urgent Care Services, through its wholly-owned entity, and Alliance Ambulatory Services through the Granite Health Network.CMC has a deeply rooted history of providing care to those most in need through the Community Health and Mission department. CMC reaches beyond the walls of the hospital and into the community, assisting underserved individuals with health information and access to care. Community Health and Mission provides a wide variety of education, clinical services and resources for those in our primary and secondary markets. It is the home of the Pregnancy Care Center, the Poisson Dental Facility, the Health Care for the Homeless program, and the Parish Nurse program. We provide medication assistance, breast and cervical cancer screenings, and health screenings.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	NH

Additional Data

Software ID:

Software Version:

EIN: 02-0315693

Name: Catholic 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		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	Catholic Medical Center 100 McGregor Street Manchester, NH 03102 00646	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
Catholic Medical Center	Part V, Section B, Line 5: A variety of different secondary data sources were accessed. They included but were not limited to the Centers for Disease Control and Prevention (CDC), New Hampshire Department of Health and Human Services (NHDHHS), Youth Behavioral Risk Factor Surveillance Survey, City of Manchester, Census data, and local town data. Representatives from CMC, Elliot Health System (EHS) and Manchester Health Department interviewed key leaders from towns in our service area to ascertain the key health related issues that they were facing and dealing with in their local communities. The towns that were included in the interview process were Auburn, Bedford, Candia, Hooksett, Goffstown, Deerfield, and New Boston. Though the overall needs were similar the priority of them varies between the towns. Overall, the common themes were substance use, the availability of behavioral health services, transportation (especially in the elderly populations and the more rural areas of New Boston and Deerfield), self-care and management of chronic disease, and access to health care for the low income populations and communities. Communications on community needs were collected via discussions with local leaders in the health care field. These leaders consisted of individuals from: Catholic Medical Center, Dartmouth-Hitchcock Clinic, Public Health Department - City of Manchester, NH, Elliot Health System, and Community Health & Mission.

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
Catholic Medical Center	Part V, Section B, Line 6a: Elliot Health System in Manchester, NH.

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
Catholic Medical Center	Part V, Section B, Line 6b: Manchester Health Department.

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
Catholic Medical Center	Part V, Section B, Line 7d: The Catholic Medical Center "Healthy Living News", the Medical Center's community newsletter, provides a summary report of the community benefits that the Medical Center provides. The Healthy Living News is distributed to our primary and secondary service areas, approximately 120,000 people.

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
Catholic Medical Center	Part V, Section B, Line 11: Catholic Medical Center has addressed the needs identified in the June 30, 2019 CHNA through the implementation of programs and services throughout the Manchester health service area (HSA). Mental illness and violence are often intrinsically intertwined. CMC has increased services within our Behavioral Health Department and developed the Opioid Use/Misuse Resource. This is an online tool available to all CMC staff to create consistency of care in the treatment and recovery of this public health epidemic. Health Care for the Homeless (HCH) of CMC provides behavioral health services and substance abuse counseling to the homeless throughout the Manchester HSA. CMC has improved the mental health assessment tool in Primary Care, a key component in the early identification and treatment of mental illness. In collaboration with Governor Hassan's Senior Director of Substance Misuse and Behavioral Health and Boston University School of Medicine, CMC conducted the fourth annual "State-of-the Art Management of the Opiate-dependent Patient, Pain Treatment and the Heroin Epidemic". The targeted audience for this conference included prescribers, nurses, allied health professionals, pharmacists and social service agencies. The program addressed many facets of substance abuse within our community, hospitals, and practices. In addition, CMC hosted the Annual Summit on the Treatment of Opioid-Dependent Patients and Pain, added an Addiction Medicine Practice, and increased the number of providers utilizing medication assisted treatment. The Doorway of Greater Manchester: In May 2020, CMC, assumed leadership of The Doorway Program of Greater Manchester. The NH Doorway system was launched in January 2019 with funding from the State Opioid Response grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and is designed to be an access point for those seeking services for substance use disorder (SUD). A 2018 study from SAMHSA found that 20.3 million people aged 12 or older, or 7.4% of this population had a SUD. SUD continues to be an area of concern identified in the Greater Manchester Community Health Needs Assessment. Of those with an addiction-related condition, only 11% received treatment. By operating the Doorway, CMC is committed to assisting those with SUD by connecting them with clinical treatment and wrap-around services to break the cycle of addiction. Wilson Street Integrated Health: Continuing its mission of caring for the region's most vulnerable neighbors, CMC opened Wilson Street Integrated Health (WSIH), located within the Manchester Recovery and Treatment Center (MRTC). Wilson Street Integrated Health is a service of the Health Care for the Homeless Program of Manchester, a collaboration between CMC and the City of Manchester Health Department. The new practice offers primary care, social work, counseling and medication assisted treatment to our most vulnerable

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
Catholic Medical Center	erable patients, as well as providing our patients with easy access to our MRTC partners: Hope for New Hampshire Recovery, The Willows Substance Use Treatment Center, and the Menta I Health Center of Greater Manchester's Mobile Crisis Response Team. Ambulatory care, chro nic disease, including asthma and aging issues have all been addressed through various mea ns. Catholic Medical Center's Primary Care has implemented The Patient-Centered Medical Ho me (PCMH) Model, a proactive approach to preventative medicine through the introduction of care coordinators to the primary care practices. All care managers work with the practice s' most high risk patients (asthma, diabetes, COPD, etc) to ensure they understand their m edications and follow-up care. The PCMH Model encourages patients to become involved and e ducated in their personal care plan. CMC offers free health screenings, chronic disease, a nd self-management classes to the community. These programs provide the opportunity for ea rly detection of chronic disease; referral based follow-up care and education on adopting healthy lifestyle behaviors, communicating with the healthcare team, problem solving, and goal setting. To aid with aging issues, CMC's Parish Nurse program provides nurse consulta tions, education, referrals, and screenings at Parishes throughout the Greater Manchester Area.In order to address the barriers to access of health care services related to poverty (lack of insurance, cost, transportation and education on accessing care, and lack of med ical home) CMC provides comprehensive care to Manchester's underserved and refugee populat ions. Health Care for the Homeless provides primary medicine and behavioral health care to over 1,700 homeless patients. CMC's Certified Application Counselors (CAC) provide outrea ch and enrollment services to the communities' uninsured. CACs provide information on a fu ll range of qualified health plan (QHP) options and assist individuals in applying for cov erage through a QHP in the ACA's Marketplace Exchange. CMC has staffed the emergency depar tment with a community health worker to improve primary care access for the homeless popul ation, provide education on accessing care, and transportation support. CMC provides shutt le support at no cost to patients with offsite appointments such as primary care, outpatie nt PT, and other services that are not available at the Hospital. CMC assists patients thr ough the Medication Assistance program to obtain medications they would otherwise not be a ble to afford and has developed a prescription delivery program with Rite Aid Pharmacy to assist patients with filling their medications upon discharge.CMC's Poisson Dental Facilit y has expanded access to oral health services to patients of the Pregnancy Care Center and Manchester Community Health Center (MCHC). The Poisson Dental Facility provides access to exams and treatment planning for women from the Pregnancy Care Center and access to oral health care during the first p

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
Catholic Medical Center	ost-partum year until their treatment plan has been completed. CMC's Poisson Dental facili ty provides oral health services to not-for-profit agencies in our community including Men tal Health Center of Greater Manchester, Moore Center Services, Manchester Health Departme nt, and Health Care for the Homeless (HCH). The majority of HCH patients often arrive with very poor oral health. In an effort to meet the growing need for oral health services, CM C's Poisson Dental expanded services to include school-based dental care for children in n eed attending Manchester elementary, middle, and high schools. This school-based program i s made possible through collaboration with the City of Manchester Health Department and Ea ster Seals NH. Poisson Dental also provides onsite dentistry at Dartmouth Hitchcock Manche ster by integrating these services within their pediatric practice. This allows for ease o f access for the patients and direct communication amongst the providers of care.CMC's Fer tility Education provides teens at local schools and parishes educational opportunities su ch as The Cradle Within, Ideal Dating, Sexual Risk Behavior, and Conflict Resolution. The goal is to equip adolescents with the tools to identify healthy relationships and the bene fits of choosing sexual risk avoidance behaviors. The Pregnancy Care Center provides suppo rtive prenatal care to all women, including teens, regardless of their ability to pay. The ir mission is to improve pregnancy outcomes by serving those most in need and unable to ac cess services in a traditional prenatal setting. The Pregnancy Care Center expanded servic es, adding Centering Group Prenatal Care; this program is a multifaceted model of group ca re that integrates the three major components of care: health assessment, education, and s upport. Visits promote greater patient engagement, personal empowerment, and community-bui lding. Veteran's Support: In June of 2018, Easter Seals and Catholic Medical Center launch ed a pilot program to provide Easter Seals' Military & Veteran Services (MVS) care coordin ation services onsite to veterans, service members, and their immediate family members (in cluding CMC staff members). Easter Seals MVS provides care coordination services to vetera ns of all eras, regardless of branch, active duty status, length of service, or discharge status. Among other things, Easter Seals MVS can help patients (and staff members who are veterans) to determine eligibility for and connect to military and civilian benefits and r esources, stabilize housing, and find employment support.Breast & Cervical Cancer Screenin g: Regular screenings and follow-up care can help prevent or more effectively treat breast and cervical cancers. The Let No Woman Be Overlooked Breast and Cervical Cancer Program a llows women throughout New Hampshire who do not have access to essential, basic, preventiv e care access free screenings.(Explanation is continued later in Part V, Facility Informat ion)

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
Catholic Medical Center	Part V, Section B, Line 16j: Signs are posted throughout the hospital facility and physician practices that list the financial programs available and contact information for assistance.

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
Part V, Line 7a & 7b:	Hospital's Website URL for Community Health Needs Assessment: www.catholicmedicalcenter.org/about-cmc/in-the-community/community-health-needs-assessment The CHNA can also be found at: https://www.elliothospital.org/website/downloads/Manchester-Report-Final-compressed.pdf

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
Part V, Line 10a:	Hospital's Website URL for Community Health Implementation Plan: www.catholicmedicalcenter.org/about-cmc/in-the-community/community-health-implementation

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
Schedule H, Part V, Section B, Line 16a-16c:	The financial assistance policy, application, and plain language summary are available online: https://www.catholicmedicalcenter.org/patients-visitors/financial-assistance

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
Part V, Section B, Line 11 (continued):	Catholic Medical Center has a long history of providing services to the community and currently has programs in place to meet every identified need in the most recent CHNA. In addition to the programs we currently offer, we will expand many of our services in response to the needs of the community that have not been addressed.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 1 - New England Heart Institute 100 McGregor Street Manchester, NH 03102	Cardiovascular Health
1 2 - Hospital Medicine 100 McGregor Street Manchester, NH 03102	Hospital Medicine
2 3 - Cardiothoracic Surgical Associates 100 McGregor Street Manchester, NH 03102	Cardiothoracic Surgical Associates
3 4 - Women's Wellness & Fertility Center 88 McGregor Street Suite 201 Manchester, NH 03102	Women's Health
4 5 - Surgical Care Group 87 McGregor Street Suite 3100 Manchester, NH 03102	Surgical Care
5 6 - Amoskeag Family Practice 1750 Elm Street Suite 201A Manchester, NH 03101	Family Medicine
6 7 - Bedford Center Int Med & Pediatric 188 Route 101 Bedford, NH 03110	Internal Medicine and Pediatrics
7 8 - Outpatient Rehabilitation 188 Route 101 Bedford, NH 03110	Outpatient Rehabilitation
8 9 - Family Physicians of Manchester 57 Webster Street Suite 110 Manchester, NH 03104	Family Medicine
9 10 - Goffstown Family Practice 17A Tatro Drive Suite 201 Goffstown, NH 03045	Family Medicine
10 11 - Granite State Internal Medicine 188 Route 101 Bedford, NH 03110	Internal Medicine
11 12 - Hooksett Internal Medicine 11 Kimball Drive Unit 132 Hooksett, NH 03103	Internal Medicine
12 13 - Highlander Way Internal Medicine 1 Highlander Way Manchester, NH 03103	Internal Medicine
13 14 - Lakeview Internal Medicine 27 Londonderry Turnpike Hooksett, NH 03106	Internal Medicine
14 15 - Outpatient Rehabilitation 27 Londonderry Turnpike Hooksett, NH 03106	Outpatient Rehabilitation

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
16 16 - Queen City Medical Associates 775 South Main Street Manchester, NH 03102	Skilled Practitioners
1 17 - Willowbend Family Practice 5 Washington Place Suite 1A Bedford, NH 03110	Family Medicine
2 18 - Webster Street Internal Medicine 57 Webster Street Manchester, NH 03104	Internal Medicine
3 19 - Urgent Care at Bedford Medical Park 5 Washington Place Suite 1B Bedford, NH 03110	Urgent Care
4 20 - New England Heart Institute 59 Page Hill Road Berlin, NH 03570	Heart and Vascular services
5 21 - Vein and Vascular Specialists 59 Page Hill Road Berlin, NH 03570	Vascular Surgery services
6 22 - Comprehensive Neurological Care 59 Page Hill Road Berlin, NH 03570	TeleNeurology services
7 23 - New England Heart Institute 452 Old Street Road Suite 107 Peterborough, NH 03458	Heart and Vascular services
8 24 - Vein and Vascular Specialists 452 Old Street Road Peterborough, NH 03458	Vascular Surgery services
9 25 - Hospital Medicine Services 452 Old Street Road Peterborough, NH 03458	Hospitalists
10 26 - New England Heart Institute 173 Middle Street Lancaster, NH 03584	Heart and Vascular services
11 27 - Vein and Vascular Specialists 173 Middle Street Lancaster, NH 03584	Vascular Surgery services
12 28 - Comprehensive Neurological Care CMC 775 S Main Street Manchester, NH 03102	Comprehensive Neurological Care
13 29 - Outpatient Rehabilitation 769 South Main Street Suite 201 Manchester, NH 03102	Outpatient Rehabilitation
14 30 - New England Heart Institute 181 Corliss Lane Colebrook, NH 03576	Heart and Vascular services

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
31 31 - Hospital Medicine services 181 Corliss Lane Colebrook, NH 03576	Hospitalists
1 32 - Cholesterol Management Center 195 McGregor Street Suite 312 Manchester, NH 03102	Cholesterol Management services
2 33 - New England Heart Institute 6 Tsienneto Road Suite 301 Derry, NH 03038	Heart and Vascular services
3 34 - Vein and Vascular Specialists 160 South River Road Suite 100 Bedford, NH 03110	Vein and Vascular Specialists
4 35 - New England Heart Institute 3 Alumni Drive Suite 101 Exeter, NH 03833	Heart and Vascular services
5 36 - New England Heart Institute 240 S Main Street Suite K Wolfeboro, NH 03894	Heart and Vascular services
6 37 - Vein and Vascular Specialists 240 S Main Street Wolfeboro, NH 03894	Vascular Surgery services
7 38 - New England Heart Institute-Nashua 166 Kinsley Street Suite 301 Nashua, NH 03060	NEHI Nashua
8 39 - Bedford Ambulatory Surgical Center 9 Washington Place Suite 204 Bedford, NH 03110	Gastroenterology services
9 40 - New England Heart Institute 1 Parkland Drive Derry, NH 03038	Heart and Vascular services
10 41 - Vein and Vascular Specialists 172 Kinsley Street Nashua, NH 03060	Vascular Surgery services
11 42 - New England Heart Institute 16 Hospital Road Plymouth, NH 03264	Heart and Vascular services
12 43 - Vein and Vascular Specialists 103 Boulder Point Plymouth, NH 03264	Vascular Surgery services
13 44 - North End Internal Medicine 1750 Elm Street Suite 201A Manchester, NH 03101	Internal Medicine
14 45 - New England Heart Institute 15 US Route 302 Suite 1 Glenn, NH 03838	Vascular Surgery services

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Catholic Medical Center

Employer identification number

02-0315693

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) See Additional Data							
(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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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) Hermsdorf Scholarships - financial assistance for the training of worthy and needy students who are employees of CMC.	4	1,900			
(2) Sister Margaret Scholarships - financial assistance for individuals pursuing a career in medical and/or health services.	3	2,116			
(3) BSN or Higher Scholarships - financial assistance to employees who wish to improve their performance and proficiency in the nursing field.	1	200			
(4) Caring for Co-workers program to provide general assistance to individuals in need.	60	55,140			
(5) Citizens LNA Program - financial assistance for individuals pursuing a career in medical and/or health services.	19	11,500			
(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
Part I, Line 2:	The Hospital will only makes donations to 501(c)(3) public charities or governmental municipalities. The Hospital may award grants to individuals living in the United States if the recipient-individuals are employees of the Catholic Medical Center system, and if the recipient-individuals meet certain merit and financial-need eligibility requirements. Grants to individuals are awarded in the form of scholarships to pursue higher education and skills in the healthcare field while also working for the Hospital.

Additional Data

Software ID:
Software Version:
EIN: 02-0315693
Name: Catholic Medical Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301	02-0275078	501(c)(3)	525,073				NH Hospital Association, NH Medicaid Expansion, Drug and Alcohol Abuse Prevention Initiatives
Amoskeag Health (formerly Manchester Community Health Center) 145 Hollis Street Manchester, NH 03101	02-0458174	501(c)(3)		31,272	Book value	Medical equipment and supplies	Funding and equipment for health care services and initiatives

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community College System of New Hampshire 26 College Drive Concord, NH 03301	90-0531902	GOV	30,000				Funding for educational programs to promote and advance health care professionals.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Catholic Medical Center		Employer identification number 02-0315693

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 accrued 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	

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.

[illegible]

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
Part I, Line 1a	Catholic Medical Center provides certain fringe benefits that have gross-up calculations to cover taxes for a select few officers and/or highly compensated employees. In no case did this amount exceed \$15,000 during the year for any one individual.
Part I, Lines 4a-b	Schedule J, Page 1, Line 4a, severance payments: In August of 2020, Tina-Marie Legere, Catholic Medical Center's Senior VP of Operations and one of the Hospital's former top-five highest compensated employees, began receiving severance payments. Ms. Legere received \$116,160 in severance payments during calendar year 2020. Accordingly, the \$116,160 in severance is included in her reported compensation on Schedule J, Part II. This amount is also included in Ms. Legere's 2020 Form W-2, Box 5 wages. Additionally, Dr. Joseph Pepe, who served as the Organization's President and CEO, retired in June, 2021. As part of his retirement, Dr. Pepe is entitled to severance compensation as per his employment agreement. Dr. Pepe did not receive any severance payments until after his formal retirement in June, 2021. Therefore, reportable severance-compensation paid to him will be reflected on his 2021 Form W-2, and will be disclosed as required and applicable in full detail on the Hospital's Form 990 for the year ending September 30, 2022, as Schedule J, Part II, Column B(iii) Other Income. Schedule J, Page 1, Line 4b, supplemental non-qualified retirement plans: The following individuals take part in a section 457(f) forfeitable nonqualified deferred compensation plan. The amounts listed represent calendar year 2020 contributions for many years of service: Joseph Pepe: \$388,080 Edward Dudley, III: \$160,956 Alexander Walker, Jr., Esq.: \$154,037
Part I, Line 7	A portion of compensation is at-risk and variable, and payment depends on the quality of job performance.

Additional Data

Software ID:

Software Version:

EIN: 02-0315693

Name: Catholic 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				
1Joseph Pepe MD President & CEO (end 6/2021)	(i)	788,582	0	50,311	402,330	39,322	1,280,545	0
	(ii)	0	0	0	0	0	0	0
1Alexander Walker Jr Esq President & CEO	(i)	458,699	0	61,114	165,437	71,171	756,421	0
	(ii)	0	0	0	0	0	0	0
2Louis I Fink MD Director	(i)	0	0	0	0	0	0	0
	(ii)	560,838	112,526	31,154	14,250	5,009	723,777	0
3Edward Dudley III Executive VP & CFO	(i)	448,437	0	43,169	171,760	57,370	720,736	0
	(ii)	0	0	0	0	0	0	0
4Patricia Furey MD Director	(i)	0	0	0	0	0	0	0
	(ii)	486,825	21,676	7,980	11,400	36,813	564,694	0
5Keith Stahl MD Physician	(i)	376,675	0	0	14,250	12,210	403,135	0
	(ii)	0	0	0	0	0	0	0
6Carolanne O'Sullivan Senior VP Provider Network	(i)	277,197	0	27,173	14,250	44,619	363,239	0
	(ii)	0	0	0	0	0	0	0
7Ivan Ip Chief Medical Information Officer	(i)	301,665	0	11,049	8,550	29,771	351,035	0
	(ii)	0	0	0	0	0	0	0
8Tina-Marie Legere Senior VP Operations	(i)	193,394	0	129,069	4,354	17,129	343,946	0
	(ii)	0	0	0	0	0	0	0
9David Folks MD Medical Director	(i)	266,287	15,000	20,000	7,724	34,647	343,658	0
	(ii)	0	0	0	0	0	0	0
10Thomas Della Flora VP, Chief Information Officer	(i)	254,802	0	6,260	10,455	42,042	313,559	0
	(ii)	0	0	0	0	0	0	0
11Merryll Rosenfeld VP Human Resources	(i)	241,713	0	6,753	10,060	38,640	297,166	0
	(ii)	0	0	0	0	0	0	0
12Carolyn Claussen MD Director	(i)	0	0	0	0	0	0	0
	(ii)	177,768	21,020	0	7,111	22	205,921	0
13William Goodman Former VP, Medical Affairs/CMO	(i)	151,471	0	4,842	4,692	9,295	170,300	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Medical Center

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
02-0315693

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	Deceased		On behalf of issuer		Pool financing	
						Yes	No	Yes	No	Yes	No
A New Hampshire Health And Education Facilities Authority	02-0279866	644614x79	12-19-2012	38,249,382	See Part VI		X		X		X
B New Hampshire Health And Education Facilities Authority	02-0279866		09-03-2015	32,720,000	See Part VI		X		X		X
C New Hampshire Health And Education Facilities Authority	02-0279866	64461XBT1	09-21-2017	65,363,417	See Part VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	19,775,000		4,680,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	38,249,517		32,779,646		66,661,885			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	34,643,460		28,696,341					
7	Issuance costs from proceeds	597,089		257,332		785,623			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,008,968		3,825,973		66,661,885			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013		2016		2021			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name: New Hampshire Health And Education Facilities Authority Date the Rebate Computation was Performed: 06/19/2014 Issuer Name: New Hampshire Health And Education Facilities Authority Date the Rebate Computation was Performed: 09/03/2020 Issuer Name: New Hampshire Health And Education Facilities Authority Date the Rebate Computation was Performed: 06/30/2020

Return Reference	Explanation
Schedule K, Part I, Line A(f):	Refinance of Series 2002A Bonds Refinance of Series 2002B Bank Placement Refinance of Series 2012 Capital Note Routine Capital Improvements

Return Reference	Explanation
Schedule K, Part I, Line B(f):	Advance & Current refunding of Series 2006 Bonds, and Construction

Return Reference	Explanation
Schedule K, Part I, Line C(f):	To finance various construction projects.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Medical Center

Employer identification number
02-0315693

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) Thomas Della Flora	Family Member Compensation	25,522	The wife of Thomas Della Flora, an officer of the Hospital, received \$25,522 in compensation and benefits as an employee (Registered Nurse) of the Hospital. Compensation paid to Mr. Della Flora's wife is in line with the salary structure for similarly employed persons at the Hospital and does not represent higher than market rate compensation due to her familial relationship with Mr. Della Flora.		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Medical Center

Employer identification number
02-0315693

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	X		4,000	Per books
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	106,253	Gift Date 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	X	1	100	Per books
19 Food inventory	X	7	10,244	Per books
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Office goods)	X	2	1,153	Per books
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

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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

Yes

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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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
Name of the organization
Catholic Medical Center

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

02-0315693

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The members of Catholic Medical Center are CMC Healthcare System and GraniteOne Health.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Directors of CMC are appointed by the members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The members have reserved powers over CMC but do not approve each separate action taken by the CMC board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Form 990 is prepared by an independent tax accounting firm (Baker Newman Noyes). Upon completion, a draft of the Form 990 is sent to the Organization, where the CFO, Controller, and Director of Accounting perform a final in-house review prior to submission to the Board of Directors for final approval. Upon approval from Board, the Form 990 is filed with the Internal Revenue Service.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Officers and directors are required to complete a conflict of interest questionnaire annually.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	CMC utilizes a compensation committee of the board of directors to set compensation levels and determine bonus potential for its senior leadership team. The committee is assisted by an independent consultant who surveys like-sized and performing institutions to benchmark relevant salary scales for each position. The consultant's findings are presented to the compensation committee who considers that external data with actual performance against a list of pre-established goals per senior leaders to set prospective compensation levels and bonus values. Bonus amounts are determined by how well an executive achieves a pre-defined set of goals. These goals, in general, are tied to the achievement of a specific task or project. Some goals are attached to achieve overall financial performance and mission performance, not solely revenue generation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	CMC makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Pension related changes net of periodic costs 44,523,638. Change in fair market value of p erpetual trust 1,546,976. Change in fair market value of interest rate swap 204,639. Net a ssets released for operations -1,046,594. Net transfers to affiliates -47,240,399.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c:	The audit process has not changed from the prior year.

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Medical Center

Employer identification number
02-0315693

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	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) Disproportionate 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	
(1) Bedford Ambulatory Surgical Center LLC 11 Washington Place Bedford, NH 03110 02-0519727	Surgical Center	NH	N/A					No			No	
(2) Alliance Urgent Care Services 100 McGregor Street Manchester, NH 03102 83-1238167	Health Care Services	NH	N/A					No			No	
(3) NH Value Care ACO LLC 100 McGregor Street Manchester, NH 03102 83-2029076	Health Care Services	NH	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Alliance Enterprises 100 McGregor Street Manchester, NH 03102 02-0386795	Real Estate	NH	N/A	C				Yes	
(2) Doctors' Medical Association Inc 100 Mcgregor Street Manchester, NH 03102 02-0340690	Medical Office Building	NH	N/A	C					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2020

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 02-0315693

Name: Catholic 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
100 McGregor Street Manchester, NH 03102 02-0519436	Ambulatory Surgical Center	NH	501(c)(3)	Line 10	CMC Healthcare System		No
100 McGregor Street Manchester, NH 03102 61-1508839	Practices	NH	501(c)(3)	Line 10	CMC Healthcare System		No
100 McGregor Street Manchester, NH 03102 02-0398138	Real Estate	NH	501(c)(3)	Line 12b, II	CMC Healthcare System		No
100 McGregor Street Manchester, NH 03102 01-0568516	Parent	NH	501(c)(3)	Line 12b, II	N/A		No
100 McGregor Street Manchester, NH 03102 02-0460245	Practices	NH	501(c)(3)	Line 10	CMC Healthcare System		No
100 McGregor Street Manchester, NH 03102 81-4663563	Supporting Organization	NH	501(c)(3)	Line 12a, I	N/A		No
240 South Main Street Wolfeboro, NH 03894 03-0223332	Hospital	NH	501(c)(3)	Line 3	GraniteOne Health		No
452 Old Street Road Peterborough, NH 03458 02-0222157	Hospital	NH	501(c)(3)	Line 3	GraniteOne Health		No
100 McGregor Street Manchester, NH 03102 02-0222228	Day Care Services	NH	501(c)(3)	Line 10	CMC Healthcare System		No