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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

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  
Concord Hospital Inc  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
250 Pleasant Street  
  
City or town, state or province, country, and ZIP or foreign postal code  
Concord, NH 03301

D Employer identification number  
  
22-2594672

E Telephone number  
  
(603) 228-4677

F Name and address of principal officer:  
Robert P Steigmeyer  
250 Pleasant Street  
Concord, NH 03301

G Gross receipts \$ 664,034,000

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

J Website: ▶ [www.concordhospital.org](http://www.concordhospital.org)

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

L Year of formation: 1944

M State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
Hospital

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 16

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 13

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 5 4,096

6 Total number of volunteers (estimate if necessary) . . . . . 6 130

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 1,826,694

b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 34,343,347 8,446,813

9 Program service revenue (Part VIII, line 2g) . . . . . 508,086,018 589,259,049

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 13,966,988 19,101,710

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -676,244 6,001,945

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 555,720,109 622,809,517

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 0 0

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) . . . . . 311,080,973 332,886,259

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,121,915

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 228,416,199 250,069,747

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 539,497,172 582,956,006

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 16,222,937 39,853,511

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 697,377,820 790,822,441

21 Total liabilities (Part X, line 26) . . . . . 387,848,012 377,586,755

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 309,529,808 413,235,686

Part II Signature Block

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

Sign Here

Signature of officer  
Date 2022-06-29

Scott Sloane Senior VP, CFO, & Treasurer  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-06-29 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 Accomplishments**

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

**1** Briefly describe the organization's mission:

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

**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 \$ 482,512,162 including grants of \$ 0 ) (Revenue \$ 593,279,744 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 482,512,162

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b>	No

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

		Yes	No
<b>22</b>	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 . . . . .	<b>22</b>	No
<b>23</b>	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 . . . . .	<b>23</b>	Yes
<b>24a</b>	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 . . . . .	<b>24a</b>	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 . . . . .	<b>25b</b>	No
<b>26</b>	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 . . . . .	<b>26</b>	No
<b>27</b>	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 . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	Yes
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	Yes
<b>c</b>	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 . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	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 . . . . .	<b>33</b>	No
<b>34</b>	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 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	Yes
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	242
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	16	
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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:  
 ▶ Scott Sloane Senior VP CFO 250 Pleasant Street Concord, NH 033017539 (603) 227-7000

## 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

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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								6,889,301	0	940,432

**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 ▶ 519

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
Harvey Construction Corp 10 Harvey Road Bedford, NH 03110	Construction services	10,570,755
Anesthesia Associates PA 1 Pillsbury Street Concord, NH 03301	Healthcare services	3,975,004
Engelberth Construction Inc 150 Water Tower Circle Colchester, VT 05446	Construction services	1,907,478
Concord Orthopaedics PA 264 Pleasant Street Concord, NH 03301	Healthcare services	1,742,880
Angelica-Worcester PO Box 532268 Atlanta, GA 30353	Professional services	1,226,926

**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 ▶ 46



Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII						<input type="checkbox"/>		
			(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					
	d	Related organizations	1d	4,240,384				
	e	Government grants (contributions)	1e	4,206,429				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			8,446,813				
Program Service Revenue			Business Code					
	2a	Net Patient Service	621400	558,623,775	558,623,775			
	b	Disproportionate Share Funding	621400	23,453,162	23,453,162			
	c	Food Services	722210	2,888,261	2,027,671	860,590		
	d	Other Operating Revenue	621400	2,359,928	1,198,968	1,160,960		
	e	Child Care Center	624410	973,242	973,242			
	f	All other program service revenue.		960,681	960,681			
g Total. Add lines 2a-2f.			589,259,049					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	6,478,834		-194,856	6,673,690	
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a	6a	(i) Real	(ii) Personal				
	b	6b						
	c	6c						
	d		Net rental income or (loss)	1,747,958	1,747,958			
	7a	7a	(i) Securities	(ii) Other				
b	7b							
c	7c							
d		Net gain or (loss)	12,622,876			12,622,876		
8a	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b	8b	Less: direct expenses						
c		Net income or (loss) from fundraising events						
9a	9a	Gross income from gaming activities. See Part IV, line 19						
b	9b	Less: direct expenses						
c		Net income or (loss) from gaming activities						
10a	10a	Gross sales of inventory, less returns and allowances		368,065				
b	10b	Less: cost of goods sold		187,265				
c		Net income or (loss) from sales of inventory		180,800	180,800			
Miscellaneous Revenue		Business Code						
11a	NH Cares ACO LLC		621400	4,073,187	4,073,187			
b								
c								
d		All other revenue						
e		Total. Add lines 11a-11d		4,073,187				
12		Total revenue. See instructions		622,809,517	593,239,444	1,826,694	19,296,566	

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,986,380	3,319,849	661,541	4,990
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	257,338,702	214,179,626	42,705,353	453,723
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	14,101,044	11,736,076	2,340,128	24,840
<b>9</b> Other employee benefits . . . . .	44,283,935	36,856,820	7,349,107	78,008
<b>10</b> Payroll taxes . . . . .	13,176,198	10,966,342	2,186,646	23,210
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	2,073,946		2,073,946	
<b>b</b> Legal . . . . .	319,539		319,539	
<b>c</b> Accounting . . . . .	362,059		362,059	
<b>d</b> Lobbying . . . . .	48,000	48,000		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	966,548		966,548	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,870,436	24,376,568	9,402,623	91,245
<b>12</b> Advertising and promotion . . . . .	161,358	134,461	26,750	147
<b>13</b> Office expenses . . . . .	5,409,791	4,508,112	896,757	4,922
<b>14</b> Information technology . . . . .	1,888,811	1,573,961	313,131	1,719
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	13,701,896	11,417,898	2,271,531	12,467
<b>17</b> Travel . . . . .	569,462	474,537	94,407	518
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,416,761	1,180,598	234,874	1,289
<b>20</b> Interest . . . . .	3,834,390	2,571,591	1,221,806	40,993
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	24,321,460	16,336,777	7,727,228	257,455
<b>23</b> Insurance . . . . .	7,613,688	6,344,546	1,262,214	6,928
<b>24</b> 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.)				
<b>a</b> Drugs/medical supplies	94,431,792	78,690,755	15,741,037	
<b>b</b> NH MET	24,279,074	24,279,074		
<b>c</b> Provision for bad debts	20,907,242	20,907,242		
<b>d</b> Repairs/maintenance	5,585,645	4,654,562	926,001	5,082
<b>e</b> All other expenses	8,307,849	7,954,767	238,703	114,379
<b>25</b> Total functional expenses. Add lines 1 through 24e	582,956,006	482,512,162	99,321,929	1,121,915
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		32,968,058	<b>1</b>	31,989,258
	<b>2</b>	Savings and temporary cash investments . . . . .		73,907,494	<b>2</b>	66,524,862
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		65,601,365	<b>4</b>	71,904,819
	<b>5</b>	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 . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		2,769,606	<b>8</b>	3,944,273
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		6,597,293	<b>9</b>	7,609,210
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 488,282,478			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 302,266,853	192,133,200	<b>10c</b>	186,015,625
	<b>11</b>	Investments—publicly traded securities . . . . .		133,628,876	<b>11</b>	207,061,871
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		164,923,589	<b>12</b>	195,111,013
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		5,508,866	<b>13</b>	6,442,532
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		19,339,473	<b>15</b>	14,218,978
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		697,377,820	<b>16</b>	790,822,441	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		71,062,538	<b>17</b>	74,520,896
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		121,741,320	<b>20</b>	160,770,378
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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		195,044,154	<b>25</b>	142,295,481
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		387,848,012	<b>26</b>	377,586,755
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		309,529,808	<b>27</b>	413,235,686
	<b>28</b>	Net assets with donor restrictions . . . . .			<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		309,529,808	<b>32</b>	413,235,686	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		697,377,820	<b>33</b>	790,822,441	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	622,809,517
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	582,956,006
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	39,853,511
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	309,529,808
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	49,302,058
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	14,550,309
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	413,235,686

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	
<b>3a</b> 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>b</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:** 22-2594672  
**Name:** Concord Hospital Inc

Form 990 (2020)

**Form 990, Part III, Line 4a:**

Various hospital services; see Schedule HIn FYE 2021, Concord Hospital invested almost \$79 million in community benefit programs, services, and other expenses. The largest areas of support were charitable care services, medical education and subsidized programs and services. Our investment enhances the Hospital's ability to provide quality patient care, respond to identified community health needs and address the Hospital's charitable mission overall.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert P Steigmeyer ..... President & CEO, Member Ex-Officio	56.00 ..... 7.00	X		X				1,208,058	0	258,370
David Stevenson MD ..... Trustee (end 1/2021)	50.00 ..... 1.00	X						238,340	0	80,949
Joseph Meyer MD ..... Trustee	50.00 ..... 0.00	X						313,408	0	85,883
Tanya Vanderlinde MD ..... Trustee	50.00 ..... 0.00	X						283,458	0	94,226
Sol Asmar ..... Trustee	1.00 ..... 6.00	X						0	0	0
Frederick Briccetti MD ..... Trustee	1.00 ..... 0.00	X						0	0	0
Charles Fanaras ..... Trustee	1.00 ..... 2.00	X						0	0	0
Rosemary M Heard ..... Trustee (end 12/2020)	1.00 ..... 0.00	X						0	0	0
Lucy Hodder ..... Trustee (eff. 7/2021)	1.00 ..... 1.00	X						0	0	0
Lucy Karl Esq ..... Trustee	1.00 ..... 1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda Lorden ..... Trustee	1.00 ..... 1.00	X						0	0	0
Peter Noordsij MD ..... Trustee	1.00 ..... 0.00	X						0	0	0
David Ruedig ..... Trustee (end 7/2021)	1.00 ..... 1.00	X						0	0	0
Muriel Schadee CPA ..... Trustee (end 1/2021)	1.00 ..... 4.00	X						0	0	0
Robert Segal ..... Trustee	1.00 ..... 4.00	X						0	0	0
Jeffrey Towle ..... Trustee	1.00 ..... 2.00	X						0	0	0
Don Welford ..... Trustee	1.00 ..... 1.00	X						0	0	0
Philip Emma ..... Chair	1.00 ..... 7.00	X		X				0	0	0
Manisha Patel DDS ..... Vice Chair	1.00 ..... 6.00	X		X				0	0	0
William Chapman Esq ..... Secretary	1.00 ..... 3.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Sloane ..... Treasurer	56.00 ..... 7.00			X				529,605	0	87,526
Matthew Gibb ..... Chief Clinical Officer	50.00 ..... 2.00				X			750,059	0	56,498
Nicola Francalancia MD ..... Physician	50.00 ..... 0.00					X		808,364	0	43,904
Moosavi Shahab MD ..... Physician	50.00 ..... 0.00					X		598,877	0	63,252
Adam Chodosh MD ..... Physician	50.00 ..... 0.00					X		598,028	0	70,211
Stephen Greer DDS ..... Physician	50.00 ..... 0.00					X		539,000	0	3,591
Michael Ferguson MD ..... Physician	50.00 ..... 0.00					X		517,696	0	57,340
Timothy Jones ..... Former VP/COO (ended 6/2020)	0.00 ..... 0.00						X	504,408	0	38,682



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Concord Hospital Inc

Employer identification number  
22-2594672

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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> 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>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> 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>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, 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>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> 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>		
<b>7</b>		
<b>8</b> 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>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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 <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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>		
<b>10a</b>		
<b>b</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>		
<b>10b</b>		

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? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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? 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.		
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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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 (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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-- explain in Part VI). 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Concord Hospital Inc	<b>Employer identification number</b> 22-2594672
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**Part I-A**

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
<b>2</b>	Political campaign activity expenditures (see instructions)	▶ \$
<b>3</b>	Volunteer hours for political campaign activities (see instructions)	

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5</b>	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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		44,744
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		48,000
<b>j</b>	Total. Add lines 1c through 1i .....			92,744
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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:	Concord Hospital was a member of the American Hospital Association & the New Hampshire Hospital Association in the fiscal year ended 9/30/2021. A portion of the dues paid to these organizations were available for lobbying expenditures on behalf of Concord Hospital and the other member organizations in furtherance of their exempt purposes. The portion of the dues used for lobbying by the American Hospital Association and the New Hampshire Hospital Association were \$11,068 and \$33,676, respectively. Concord Hospital hired outside consultants to perform services to further Concord Hospital's mission and communications. Concord Hospital paid \$48,000 to the firm Dennehy & Bouley LLC for such consulting services during the period covered by this tax return.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Concord Hospital Inc

Employer identification number  
22-2594672

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 . . . . .	275,536,256	264,211,724	277,852,367	272,756,311	239,892,180
b Contributions . . . . .					
c Net investment earnings, gains, and losses	65,833,936	11,916,474	-13,045,293	5,743,785	33,431,692
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	799,972	591,942	595,350	647,729	567,561
f Administrative expenses . . . . .					
g End of year balance . . . . .	340,570,220	275,536,256	264,211,724	277,852,367	272,756,311

2

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

a

Board designated or quasi-endowment ▶ 100.000 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0 %

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 . . . . .

(ii) Related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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 . . . . .		18,996		18,996
b Buildings . . . . .		219,998,454	105,729,459	114,268,995
c Leasehold improvements		4,640,533	3,468,736	1,171,797
d Equipment . . . . .		258,665,033	193,068,658	65,596,375
e Other . . . . .		4,959,462		4,959,462
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				186,015,625

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Alternative investments	195,111,013	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	195,111,013	

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 and other long-term liabilities	36,009,946
(3) Estimated third-party settlements	94,470,982
(4) Due to affiliates	6,233,576
(5) Reserve for insurance deductibles	5,580,977
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	142,295,481

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	664,171,080
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	49,302,058
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	56,761,505
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	106,063,563
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	558,107,517
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	966,548
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	63,735,452
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	64,702,000
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	622,809,517

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	560,465,202
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	560,465,202
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	966,548
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	21,524,256
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	22,490,804
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	582,956,006

**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:** 22-2594672  
**Name:** Concord Hospital Inc

**Supplemental Information**

Return Reference	Explanation
Part V, Line 4:	The intended use of the endowment funds is to fund capital expenditures for medical equipment/provide healthcare prevention and services for the uninsured population in the service area.

**Supplemental Information**

Return Reference	Explanation
Part X, Line 2:	<p>The Hospital, CH-Laconia, CH-Franklin, CRHCDC, CRHVC, and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. NHC is organized as a single member limited liability company and has elected to be treated as a disregarded entity for federal and state income tax reporting purposes. Accordingly, all income or losses and applicable tax credits are reported on the member's income tax returns, with the exception of taxes due to the State of New Hampshire. Management evaluated the System's tax positions and concluded the System 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 or disclosure in the accompanying consolidated financial statements. GSIE, NHC and CEC account for income taxes in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, Income Taxes. FASB ASC 740 is an asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of temporary differences between the tax and financial reporting basis of certain assets and liabilities. Resulting income tax expense and the temporary differences between the tax and financial reporting basis are not material.</p>

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Pension actuarial gain 56,761,505.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Equity transfers to affiliates 39,880,355. Provision for bad debts 20,907,242. Net periodic pension cost 2,330,841. Board designated spending 617,014.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Provision for bad debts 20,907,242. Board designated spending 617,014.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Concord Hospital Inc

Employer identification number  
22-2594672

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	0	0			81,947,000
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			81,947,000

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

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

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

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

**Part V**   **Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part III Accounting Method:	

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part IV, Line 3:	This organization did not have an ownership of any foreign corporation that would be greater than the 10% ownership filing threshold. Accordingly, IRS Form(s) 5471 is not required to be filed.

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part IV, Line 4:	The Organization meets the exception for tax-exempt organizations with respect to filing Form 8621. Form 8621 is not required to be filed for the Hospital.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2594672

**Name:** Concord Hospital Inc

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean - Cayman Islands	0	0	Investments - FMV as of 9/30/2021	None	72,139,000
Europe (Including Iceland & Greenland)	0	0	Investments - FMV as of 9/30/2021	None	9,808,000

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Concord Hospital Inc

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number  
22-2594672

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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 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: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 50000.0000000000 %  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	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
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) . . . . .	7	6,005	3,838,408		3,838,408	0.680 %
b Medicaid (from Worksheet 3, column a) . . . . .			76,553,870	48,998,946	27,554,924	4.900 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .	7	6,005	80,392,278	48,998,946	31,393,332	5.580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .	9	599,733	1,704,050	425,732	1,278,318	0.230 %
f Health professions education (from Worksheet 5) . . . . .	5	6,775	8,663,548	7,058,753	1,604,795	0.290 %
g Subsidized health services (from Worksheet 6) . . . . .	23	435,610	79,449,039	35,811,815	43,637,224	7.760 %
h Research (from Worksheet 7) . . . . .	1	16	61,813		61,813	0.010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	6		1,041,722	105,828	935,894	0.170 %
j Total. Other Benefits . . . . .	44	1,042,134	90,920,172	43,402,128	47,518,044	8.460 %
k Total. Add lines 7d and 7j . . . . .	51	1,048,139	171,312,450	92,401,074	78,911,376	14.040 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			2,999,373	747,902	2,251,471	0.400 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			2,999,373	747,902	2,251,471	0.400 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		6,107,544
<b>3</b> 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. . . . .	<b>3</b>		653,507
<b>4</b> 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**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	195,516,085
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	260,006,671
<b>7</b>	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-64,490,586
<b>8</b>	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:		
	<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)  
Concord Hospital**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
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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. . . . .	<b>6b</b>	No
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b> If "Yes" (list url): <u>See Part V, Section C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

Concord Hospital

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> 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 500.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
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): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V, Section C</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V, Section C</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V, Section C</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> 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</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

**Part V Facility Information** (continued)**Billing and Collections**

Concord Hospital

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

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

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

Concord Hospital

**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
<b>22</b>		
<b>23</b>		No
<b>24</b>		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? 62

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7:	Subsidized Health Services represents those activities that assure access to medical care and support for people with special medical needs and those who may be faced with chronic health conditions. Many of these activities also ensure access to needed health services, which might otherwise not be available without subsidized or special support.
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 \$ 20,907,242.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part II, Community Building Activities:	In 2021, Concord Hospital's Community Building Activities focused on responding to the pandemic.
Part III, Line 2:	<p>The amount reported on Part III, Line 2 was derived by applying the cost to charge ratio against the amount of bad debt expense reported on Form 990, Part IX, Line 25, and Column (A). Accounts Receivable: The allowance for doubtful accounts is provided based on an analysis by management of the collectability of outstanding balances. Management considers the age of outstanding balances and past collection efforts in determining the allowance for doubtful accounts. Accounts are charged against the allowance for doubtful accounts when deemed uncollectible. Charity Care: The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as community benefit. The amount on Line 3 is calculated by determining the revenue for all patients that have completed an application for financial assistance and only reporting the amount for those that did not complete the financial assistance process for any number of reasons and were then transferred to bad debt.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 3:	See narrative for Part III, Line 2.
Part III, Line 4:	See page 12 of the attached audited financial statements.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8:	The Medicare shortfall of \$64,490,586 represents the costs of unreimbursed services. In addition, many of the subsidized health services reported on line 7g include some revenue and expenses from services to Medicare patients, Medicare allowable costs on line 5 were determined using the cost to charge ratio methodology. The Hospital has not included its Medicare shortfall as a community benefit in Part I.
Part III, Line 9b:	The Hospital has a Financial Assistance policy in addition to, and complementing, the bad debt collection policy. The policy describes the Hospital's program of financial assistance for medically necessary services to individuals and families who are uninsured, underinsured, or who experience a catastrophic healthcare event and do not qualify for any other state or federal assistance programs. Patient education of eligibility for assistance is described below in the statement for Part VI, Line 3.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	<p>Every three years, the Hospital conducts a comprehensive community health needs assessment, engaging numerous community organizations and health partners in the process, to identify far-reaching health needs faced by people in the communities served by the Hospital. Assessment methodologies address both quantitative and qualitative data and include stakeholder interviews, focus groups, community listening sessions, web survey, written surveys, telephone surveys and analysis of various data sets. Assessment results are shared with community members and serve as the basis to develop new or expanded services in response to need. The most recent assessment covered by this tax return was completed in the tax year of 2018. Both the 2018 Community Health Needs Assessment and the 2019-2021 Implementation Plan are more specifically addressed in the Hospital's 2018 Form 990, Schedule H and are available on the Hospital's website at: <a href="http://www.concordhospital.org/about-us/charitable-achievements/">www.concordhospital.org/about-us/charitable-achievements/</a> In 2021, the Hospital conducted another health needs assessment. The CHNA for 2021 was finalized in FY 2022, and is available at the below link. The Implementation Strategy related to this CHNA is in development and will be available at the Hospital facility's website once approved, at the below link: <a href="https://www.concordhospital.org/about-us/charitable-achievements-and-health-needs-assessment/">https://www.concordhospital.org/about-us/charitable-achievements-and-health-needs-assessment/</a></p>
Part VI, Line 3:	<p>The Hospital actively meets with all people who indicate that they do not have insurance or will have difficulty paying their obligations to inform and work with them to understand what local programs are available to them, including how they can benefit from the Hospital's Financial Assistance program.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Concord defines its Primary Service Area as 28 communities to which it has close geographic proximity and significant market share. According to the State of New Hampshire's "Concord Healthcare Service Area Regional Health Profile, 2001," the 28 communities that comprise the Hospital's PSA represent, in terms of square miles, the largest hospital service area in the State. Together, these communities cover an area of nearly 900 square miles. The Hospital serves all the residents of these towns as well as many others from across the State of New Hampshire through its regional and statewide referral for specialty care, including orthopaedic, cardiology, oncology, and urological care.</p>
Part VI, Line 5:	<p>Concord Hospital develops programs and services to address community health needs and invests annually in initiatives that align with the Hospital's charitable mission. A reasonable amount of Concord Hospital's community benefit investment remains in the area of charitable care to ensure that those without insurance or with limited insurance have access to needed medical care. The Hospital strives to address the needs of vulnerable populations, including our low-income neighbors and other vulnerable populations. The Hospital's Family Health Centers ensure access to primary, behavioral health, and dental care for our region's most vulnerable residents, which address identified community health needs. Those achievements are at the heart of our community benefit activity. Beyond that focus are programs and services that benefit every resident and support that far reaching goal of a healthier community. The Hospital continued its efforts toward promoting the health of the community by investing its surplus funds in new medical facilities to enhance patient care, by providing funding support to Capital Region Healthcare affiliates through the Community Services Fund for programs that address identified community needs and serve vulnerable populations, and by continuing to recruit new primary care physicians to enhance access in the community. Finally, per the IRS instructions to Schedule H, Part I, the Hospital has not included its \$64,490,586 Medicare shortfall as a community benefit in Part I. However, we believe that this shortfall provides a tremendous benefit to the community in that it enables the Hospital to provide essential services to a vast number of patients who otherwise would not have access to the Hospital's care.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	<p>Concord Hospital, Inc., (the Hospital) located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. During the year ending September 30, 2021, the Hospital completed several acquisitions to expand its affiliated health care system. Subsidiaries of the Hospital, including those acquired in 2021, are as follows:- Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.- Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities independently and in cooperation with other entities.- NH Cares ACO, LLC (NHC) is a single member limited liability company that engages in providing medical services to Medicare beneficiaries as an accountable care organization. NHC has a perpetual life and is subject to termination in certain events.- Concord Hospital - Laconia (CH-Laconia) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Laconia, New Hampshire. The CH-Laconia facility includes 137 acute care beds and was designated a Rural Referral Center in 1986, and a Sole Community Hospital in 2009. Admitting physicians are primarily practitioners in the local area. CH-Laconia is controlled by the Hospital, and was acquired by the Hospital in 2021.- Concord Hospital - Franklin (CH-Franklin) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Franklin, New Hampshire. The CH-Franklin facility was designated a Critical Access Hospital effective July 1, 2004, and includes 25 acute care beds. CH-Franklin also operates a 10 bed designated psychiatric receiving facility. Admitting physicians are primarily practitioners in the local area. CH-Franklin is controlled by the Hospital, and was acquired by the Hospital in 2021.- Granite Shield Insurance Exchange and Subsidiaries (GSIE) was formed on December 20, 2010, in the State of Vermont as an industrial insured reciprocal insurance entity and unincorporated association. GSIE commenced underwriting activities on January 1, 2011. GSIE was formed to provide healthcare professional liability, general liability and medical stop loss insurance to its subscribers through GSI Services, LLC (GSI), the attorney-in-fact. GSI was formed in the State of Vermont as a limited liability company on December 14, 2010, and acts as an agent to enable the subscribers of GSIE to exchange insurance contracts. Through December 31, 2020, GSI was equally controlled by each of the subscribers of GSIE, all of which were health systems located in the State of New Hampshire, inclusive of the Hospital. Effective January 1, 2021, the Hospital became the sole voting member of GSIE.- Concord Endoscopy Center, LLC (CEC) is a New Hampshire limited liability company that engages in providing gastrointestinal services, including the diagnosis and treatment of digestive and liver diseases. CEC has a perpetual life, is subject to termination in certain events. In 2021, CRHVC increased its ownership in CEC from 30% to 70%.The Hospital, its subsidiaries and the Trust are collectively referred to as the System.</p>
Part VI, Line 7, Reports Filed With States	NH

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2594672

**Name:** Concord Hospital Inc

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	Concord Hospital 250 Pleasant Street Concord, NH 03301 01098	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
Concord Hospital	Part V, Section B, Line 5: See the narrative for Schedule H, Part VI, line 2.

**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
Concord Hospital	Part V, Section B, Line 7d: The Community Benefits Report (2021 Charitable Achievements) was included in Concord Hospital's Annual Report that was mailed to nearly 25,000 households within the communities that the Hospital serves. Community members were sent a postcard inviting them to view on the Hospital's website or request a printed copy. The Report's availability was also promoted through newspaper ads. It is also available on the State of New Hampshire's Department of Justice, Office of the Attorney General, Charitable Trusts Unit website. The Hospital's 2018 and 2021 Health Needs Assessments are on the Hospital's website with instructions on how to obtain a printed copy.



**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
Concord Hospital	Part V, Section B, Line 11: See the 2019-2021 Community Benefits Action Plan, which is available at: <a href="https://www.concordhospital.org/app/files/public/dadc7553-f0ba-4570-9a2b-cea310cc69cd/Community-Benefits-Action-Plan-2019-2021.pdf">https://www.concordhospital.org/app/files/public/dadc7553-f0ba-4570-9a2b-cea310cc69cd/Community-Benefits-Action-Plan-2019-2021.pdf</a> . The Plan outlines how Concord Hospital is addressing the significant needs identified in its most recently conducted CHNA covered by this tax filing.

**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
Concord Hospital	Part V, Section B, Line 16j: The Hospital includes information about charitable care services in many publications that go to the community. In addition, we collaborate with many community organizations that support vulnerable populations, including low-income individuals and families; our financial assistance program is well understood by those agencies who often refer people to the program. The Hospital's Financial Assistance Policy is available online in English, and is able to be translated to other languages on the Concord Hospital website.

**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
Concord Hospital	<p>Part V, Section B, Line 20e: Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the community it serves. It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services. As such, patients requiring urgent or emergent services shall not be denied those services based on ability to pay. Concord Hospital has a generous financial assistance program. Individuals who cannot afford to pay for their medical care are encouraged to apply for financial assistance. Financial assistance is available to individuals who are uninsured and for those individuals who have insurance, but cannot afford their out-of-pocket costs such as co-payments, co-insurance, and deductibles. In addition to the efforts taken as indicated in Schedule H, Part V, Lines 20a through 20c, the Hospital also takes additional measures to ensure that patients eligible for financial assistance do not have an Extraordinary Collection Action (ECA) levied against them. Each month, Concord Hospital reviews accounts prelisted for bad debt for potential referral to a collection attorney. Concurrent to referring the account(s) to the collection attorney, the manager of customer service or designee will provide the financial assistance supervisor a copy of the list of individuals and accounts to be referred. The financial assistance supervisor or designee will attempt to orally notify each responsible party of the availability of financial assistance and the application process. The financial assistance supervisor or designee will record in account notes the date and outcome of the call. Concurrent to referring the account(s) to a collection attorney, the supervisor of customer service or designee will send a written notice to the responsible party. This notice will include the following information:- Statement that account(s) are being placed with collection attorney- Statement of the ECA(s) that may be initiated- Deadline that the ECA(s) may be initiated, which will be no sooner than 120 days passed the mailing date of the first statement or 30 days passed the mailing date of the initiation notice, whichever is later- Statement that financial assistance is available and where to find the financial assistance policy and application The supervisor of customer service or designee will record in account notes the date the notice was mailed. He or she will also send a copy of the notice to be scanned to the patient's account(s). Prior to engaging in any legal or collection action, the collection attorney must receive written approval from the supervisor of customer service, manager of customer service, or director of patient financial services. These individuals may only authorize legal</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
Concord Hospital	action if all of the following conditions are met: - The collection attorney has no reason to believe the responsible party is unable to pay the debt.- AND at least 120 days have passed since the mailing date of the first statement- AND at least 30 days have passed since the mailing date of the initiation notice- AND account notes indicate that CH has made at least one attempt to orally notify the individual about the financial assistance policy .

**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 7a & 10a:	The CHNA is available at the Hospital facility's website: <a href="https://www.concordhospital.org/app/files/public/836/Capital-Region-Health-Needs-Assessment-2018.pdf">https://www.concordhospital.org/app/files/public/836/Capital-Region-Health-Needs-Assessment-2018.pdf</a> Implementation Strategy (2019-2021): <a href="https://www.concordhospital.org/app/files/public/838/Community-Benefits-Action-Plan-2019-2021.pdf">https://www.concordhospital.org/app/files/public/838/Community-Benefits-Action-Plan-2019-2021.pdf</a>

**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-c:	The Hospital's Financial Assistance Policy, Application, and Plain Language Summary can be found online at: Financial Assistance Policy: <a href="https://www.concordhospital.org/app/files/public/614/Financial-Assistance-Policy.pdf">https://www.concordhospital.org/app/files/public/614/Financial-Assistance-Policy.pdf</a> Financial Assistance Application: <a href="https://www.concordhospital.org/app/files/public/1036/Financial-Assistance-Application.pdf">https://www.concordhospital.org/app/files/public/1036/Financial-Assistance-Application.pdf</a> Plain Language Summary: <a href="https://www.concordhospital.org/app/files/public/eab7d7b2-fdc7-471c-b1f3-dbd157ca5231/Plain%20Language%20Summary%20of%20Financial%20Assistance%20Policy.pdf">https://www.concordhospital.org/app/files/public/eab7d7b2-fdc7-471c-b1f3-dbd157ca5231/Plain%20Language%20Summary%20of%20Financial%20Assistance%20Policy.pdf</a> You can also visit the Concord-Hospital's Patient Financial Services page at the URL below, and select the link to the Financial Assistance Policy, Financial Assistance Application, or the Plain Language Summary on the right. <a href="https://www.concordhospital.org/patients-visitors/billing-insurance-financial-assistance/financial-assistance-plain-language-summary/">https://www.concordhospital.org/patients-visitors/billing-insurance-financial-assistance/financial-assistance-plain-language-summary/</a>

**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)
<b>1</b> 1 - Concord Imaging Center 248 Pleasant Street Suite 102 Concord, NH 03301	Imaging Services
<b>1</b> 2 - Concord Hospital Cardiac Associates 246 Pleasant Street Suite 103 Concord, NH 03301	Outpatient Physician Services
<b>2</b> 3 - Concord Endoscopy Center 60 Commercial Street Suite 201 Concord, NH 03301	Outpatient Endoscopy Services
<b>3</b> 4 - Concord Imaging Center 60 Commercial Street Suite 101 Concord, NH 03301	Imaging Services
<b>4</b> 5 - Concord Obstetrics and Gynecology 246 Pleasant St Floor 1 Concord, NH 03301	Outpatient Physician Services
<b>5</b> 6 - Concord Surgical Associates 246 Pleasant Street Suite 205 Concord, NH 03301	Outpatient Physician Services
<b>6</b> 7 - Capital Orthopaedic Srgry Ctr-Derry 14 Tsienneto Road Suite 100 Derry, NH 03838	Outpatient Surgery
<b>7</b> 8 - Concord Hospital Family Health Center 250 Pleasant Street Concord, NH 03301	Outpatient Physician Services
<b>8</b> 9 - Concord PulmonaryCrit Care Medicine 246 Pleasant Street Concord, NH 03301	Outpatient Physician Services
<b>9</b> 10 - Center for Sports Med & Ortho Rehab 264 Pleasant Street Concord, NH 03301	Rehabilitation Services
<b>10</b> 11 - Rehabilitation Services - Warner 2 East Main Street Warner, NH 03278	Rehabilitation Services
<b>11</b> 12 - Rehabilitation Services - Hillsboro 15 Antrim Road Hillsboro, NH 03244	Rehabilitation Services
<b>12</b> 13 - Concord Family Medicine 18 Foundry Street Suite 201 Concord, NH 03301	Outpatient Physician Services
<b>13</b> 14 - Concord Hospital Sleep Center 18 Foundry Street Suite 103 Concord, NH 03301	Outpatient Sleep Services
<b>14</b> 15 - Concord Plastic Surgery 246 Pleasant Street Suite 210 Concord, NH 03301	Outpatient Physician 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)
<b>16</b> 16 - Concord Hospital Urgent Care 60 Commercial Street Suite 102 Concord, NH 03301	Walk-in Urgent Care
<b>1</b> 17 - Concord Hosp Cardiac Assoc-Laconia 85 Spring Street Suite 2A1 Laconia, NH 03246	Outpatient Physician Services
<b>2</b> 18 - Penacook Family Physicians 4 Crescent Street Peacock, NH 03303	Outpatient Physician Services
<b>3</b> 19 - Concord Hospital Neurology 246 Pleasant St Ground Floor Concord, NH 03301	Outpatient Physician Services
<b>4</b> 20 - Family Tree Health Care - Hopkinton 19 Farrington Corner Road Hopkinton, NH 03229	Outpatient Physician Services
<b>5</b> 21 - Pleasant Street Family Medicine 280 Pleasant Street Concord, NH 03301	Outpatient Physician Services
<b>6</b> 22 - Epsom Family Medicine 1990 Dover Road Suite 201 Epsom, NH 03234	Outpatient Physician Services
<b>7</b> 23 - Rehab Serv CH Med Off-Horseshoe Pnd 60 Commercial Street Suite 403 Concord, NH 03301	Rehabilitation Services
<b>8</b> 24 - Rehab Services CH Med Office-North 18 Foundry Street Suite 101 Concord, NH 03301	Rehabilitation Services
<b>9</b> 25 - Concord Hosp Cardiothoracic Surgery 246 Pleasant St Ground Floor Concord, NH 03301	Outpatient Physician Services
<b>10</b> 26 - Family Physicians of Pembroke 121 Pembroke Street Pembroke, NH 03275	Outpatient Physician Services
<b>11</b> 27 - Concord Hosp Fam Hlth Ctr-Hillsboro 15 Antrim Road Hillsboro, NH 03244	Outpatient Physician Services
<b>12</b> 28 - Rehab Services CH Medical Office-East 1990 Dover Road Suite 201 Epsom, NH 03234	Rehabilitation Services
<b>13</b> 29 - International Travel Clinic 246 Pleasant Street Suite 104 Concord, NH 03301	Outpatient Physician Services
<b>14</b> 30 - Internal Medicine at Horseshoe Pond 60 Commercial Street Suite 401 Concord, NH 03301	Outpatient Physician 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)
<b>31</b> 31 - Family Tree Health Care - Warner 2 East Main Street Unit 2 Warner, NH 03278	Outpatient Physician Services
<b>1</b> 32 - Rehabilitation Services - Pembroke 121 Pembroke Street Pembroke, NH 03275	Rehabilitation Services
<b>2</b> 33 - Lab-Memorial Medical Office Building 246 Pleasant Street Suite 102 Concord, NH 03301	Outpatient Laboratory Services
<b>3</b> 34 - Concord Hosp Fam Hlth Ctr Behav Hlth 250 Pleasant Street Yeaple Building Concord, NH 03301	Outpatient Counseling Services
<b>4</b> 35 - Capital Region Palliative Care & Hosp 246 Pleasant Street Suite 206 Concord, NH 03301	Outpatient Physician Services
<b>5</b> 36 - Anti-Coagulation Clinic Internal Med 248 Pleasant Street Suite 2800 Concord, NH 03301	Outpatient Physician Services
<b>6</b> 37 - Lab CH Medical Off at Horseshoe Pond 60 Commercial Street Concord, NH 03301	Outpatient Laboratory Services
<b>7</b> 38 - CH Family Hlth Ctr Dental Clinic 250 Pleasant Street Yeaple Building Concord, NH 03301	Dental Services
<b>8</b> 39 - Lab CH Medical Offices-East 1990 Dover Road Suite 1A Epsom, NH 03234	Outpatient Laboratory Services
<b>9</b> 40 - Breast Care Center 248 Pleasant Street Suite 206 Concord, NH 03301	Imaging & Counseling Services
<b>10</b> 41 - Family Health Center Lab 250 Pleasant Street Yeaple Building Concord, NH 03301	Outpatient Laboratory Services
<b>11</b> 42 - Lab Penacook Family Physicians 4 Crescent Street Suite 1B Penacook, NH 03303	Outpatient Laboratory Services
<b>12</b> 43 - Lab Heritage Heights 149 East Side Drive Concord, NH 03301	Outpatient Laboratory Services
<b>13</b> 44 - Lab Family Tree Warner 2 East Main Street Warner, NH 03278	Outpatient Laboratory Services
<b>14</b> 45 - Lab Family Physicians of Pembroke 121 Pembroke Street Pembroke, NH 03275	Outpatient Laboratory 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)
46 46 - Anti-Coag Clinic Concord Fam Med 18 Foundry Street Suite 201 Concord, NH 03301	Outpatient Physician Services
1 47 - Concord Dermatology 248 Pleasant St Suite 103 Concord, NH 03301	Outpatient Physician Services
2 48 - Concord Endocrinology 18 Foundry Street Suite 102 Concord, NH 03301	Outpatient Physician Services
3 49 - Concord Hospital Record Center 10 Ferry Street Concord, NH 03301	Outpatient Services
4 50 - Concord Hosp Urologic Care-New London 273 County Road New London, NH 03257	Urology Services
5 51 - Concord Hosp Urologic Care-Plymouth 103 Boulder Point Road Plymouth, NH 03264	Urology Services
6 52 - Concord Hosp Urologic Care-Wolfeboro 240 South Main Street Wolfeboro, NH 03894	Urology Services
7 53 - Concord Otolaryngology 60 Commercial St Suite 401 Concord, NH 03301	Outpatient Physician Services
8 54 - Occupational Health 248 Pleasant St Suite 202 Concord, NH 03301	Outpatient Physician Services
9 55 - CH Vascular Surgery - Laconia 85 Spring Street Suite 401 Laconia, NH 03242	Outpatient Physician Services
10 56 - Concord Hospital Vascular Surgery 246 Pleasant St Ground Floor Concord, NH 03301	Outpatient Physician Services
11 57 - Neighboring Emergency Health Clinic 248 Pleasant St Suite G100 Concord, NH 03301	Outpatient Services
12 58 - Concord Hospital Urologic Institute 246 Pleasant St Floor 1 Concord, NH 03301	Urology Services
13 59 - Capital Orthopaedic Srgry Ctr-Concord 116 Langley Parkway Unit LG-1 Concord, NH 03301	Outpatient Surgery
14 60 - Concord Ambulatory Surgery Center 60 Commercial Street Concord, NH 03301	Outpatient Surgery

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>61</b> 61 - Granite Ledges 151 Langley Parkway Concord, NH 03301	Genesis Healthcare Facility
<b>1</b> 62 - Concord Eye Center 248 Pleasant St Suite 1600 Concord, NH 03301	Outpatient Surgery

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Concord Hospital Inc

Employer identification number  
22-2594672

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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		<b>1b</b>	
<b>2</b> 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?		<b>2</b>	
<b>3</b> 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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.		<b>7</b>	Yes
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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, Lines 4a-b	<p>Schedule J, Line 4a, Severance Payments: Effective in June of 2020 and during the Hospital's previous fiscal year, Timothy Jones ceased employment with Concord Hospital. As per the terms of his separation agreement, he was paid his regular salary for 26 weeks during a period starting in 2020 and ending in 2021. In accordance with IRS Instructions, these payments will therefore be reflected in Schedule J, Part II in 2020 and 2021. Timothy Jones's total severance payments of \$251,973 and \$215,977 are reported in his 2020 and 2021 Form W-2, as applicable, as part of his Box 5 taxable wages. As Timothy Jones did not serve the organization as an active or current Key Employee at any time during the period covered by this tax return, he has been designated as a Former Key Employee on this year's Form 990, Part VII, and Schedule J. Schedule J, Line 4b, Supplemental Non-Qualified Retirement Plans: Robert P. Steigmeyer, President &amp; CEO, participated in a 457(f) plan with Concord Hospital during the fiscal year. Under the terms of the plan, after a three-year vesting period a 457(f) amount is included in taxable W-2 wages for Mr. Steigmeyer. The calendar year ending within the Hospital's current reporting period ending September 30, 2021 (tax year 2020) was the fourth year where amounts previously set aside as deferred under his 457(f) plan had vested. Accordingly, \$151,044 was included in Mr. Steigmeyer's 2020 W-2 taxable wage which was previously reported on Schedule J, Part II, Column C of the Hospital's Form 990 filing for fiscal years ending September 30, 2017, 2018, and 2019. In accordance with IRS instructions, this amount has been included in Schedule J, Part II, Column B(iii) and Column F. There were additional contributions to Mr. Steigmeyer's 457(f) plan for fiscal years ended September 30, 2015, 2016, 2017, 2018, 2019, 2020, and 2021 of \$115,000, \$120,000, \$125,000, \$130,000, \$140,000, \$150,000, and \$156,800, respectively. Each contribution plus earnings will be reported in Mr. Steigmeyer's W-2 after a three-year vesting period. The amount included in Mr. Steigmeyer's deferred compensation amounts in Schedule J, Part II, Column C include the \$150,000 contribution to his 457(f) plan plus \$37,779 of earnings. During this fiscal year, the Hospital established a Supplemental Executive Retirement Plan (SERP) for the Senior Vice Presidents of Concord Hospital. Scott Sloane, Senior VP, CFO and Treasurer, and Matthew Gibb Chief Clinical Officer, began participating in this plan effective January 1, 2021. Under the terms of this SERP, the Hospital credits the Senior Executive's account at the end of each fiscal year, and the credit shall vest and become payable on the third anniversary of the date such hospital credit is credited to the account, provided the Senior Executive remains continuously employed through the applicable vesting date. The three-year vesting period SERP amount will be included in taxable W-2 wages upon vesting and payment. As this plan was effective January 1, 2021, partial credits of \$26,462 were contributed to Scott Sloane's SERP for fiscal year 2021, and partial credits of \$36,900 were contributed to Matthew Gibb's SERP for fiscal year 2021. Each contribution, plus earnings, will be reported in their respective W-2s after a three-year vesting period.</p>
Part I, Line 7	<p>Incentive Pay: The primary purpose of the incentive pay is to recognize the quality of the performance of the CEO, CFO, COO, and CMO during the preceding fiscal year. The amount of the incentive pay bonus is based on performance relative to strategic goals and measurable objectives. When the executive's performance excels, the incentive pay should reflect the accomplishment and allow for the sum of base salary and incentive pay to reach as high as the 75th percentile of peer institutions.</p>

Additional Data

Software ID:  
Software Version:  
EIN: 22-2594672  
Name: Concord Hospital Inc

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				
1Robert P Steigmeyer President & CEO, Member Ex-Officio	(i)	777,907	258,000	172,151	222,419	35,951	1,466,428	151,044
	(ii)	0	0	0	0	0	0	0
1Nicola Francalancia MD Physician	(i)	746,148	53,862	8,354	27,315	16,589	852,268	0
	(ii)	0	0	0	0	0	0	0
2Matthew Gibb Chief Clinical Officer	(i)	621,705	120,000	8,354	27,315	29,183	806,557	0
	(ii)	0	0	0	0	0	0	0
3Adam Chodosh MD Physician	(i)	473,331	99,310	25,387	31,824	38,387	668,239	0
	(ii)	0	0	0	0	0	0	0
4Moosavi Shahab MD Physician	(i)	543,248	30,636	24,993	24,927	38,325	662,129	0
	(ii)	0	0	0	0	0	0	0
5Scott Sloane Treasurer	(i)	416,838	92,407	20,360	56,630	30,896	617,131	0
	(ii)	0	0	0	0	0	0	0
6Michael Ferguson MD Physician	(i)	481,488	29,316	6,892	31,824	25,516	575,036	0
	(ii)	0	0	0	0	0	0	0
7Timothy Jones Former VP/COO (ended 6/2020)	(i)	221,568	0	282,840	24,700	13,982	543,090	0
	(ii)	0	0	0	0	0	0	0
8Stephen Greer DDS Physician	(i)	539,000	0	0	3,591	0	542,591	0
	(ii)	0	0	0	0	0	0	0
9Joseph Meyer MD Trustee	(i)	273,582	20,000	19,826	63,004	22,879	399,291	0
	(ii)	0	0	0	0	0	0	0
10Tanya Vanderlinde MD Trustee	(i)	261,873	17,970	3,615	63,164	31,062	377,684	0
	(ii)	0	0	0	0	0	0	0
11David Stevenson MD Trustee (end 1/2021)	(i)	222,767	12,183	3,390	44,422	36,527	319,289	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  
Concord Hospital Inc

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number  
22-2594672

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NH Health & Education Facilities Authority	02-0279866	644614Z85	02-01-2013	48,631,000	Facility Improvement Project & Advance Refund Series 2001 NHHEFA Bonds	X			X		X
B	NH Health & Education Facilities Authority	02-0279866		12-01-2017	62,004,272	New Construction and Renovations		X		X		X
C	NH Health & Education Facilities Authority	02-0279866		03-17-2020	12,520,000	Advance Refund Series 2011 NHHEFA Revenue Bonds		X		X		X
D	NH Health & Education Facilities Authority	02-0279866		07-14-2021	51,498,124	Facility Improvement & Equipment		X		X		X

Part II

Proceeds

	A	B	C	D
1 Amount of bonds retired . . . . .				
2 Amount of bonds legally defeased . . . . .	33,875,000			
3 Total proceeds of issue . . . . .	48,631,000	62,004,272	12,520,000	51,498,124
4 Gross proceeds in reserve funds . . . . .				32,137,953
5 Capitalized interest from proceeds . . . . .				
6 Proceeds in refunding escrows . . . . .				
7 Issuance costs from proceeds . . . . .	561,439	670,083	65,206	717,985
8 Credit enhancement from proceeds . . . . .				
9 Working capital expenditures from proceeds . . . . .				
10 Capital expenditures from proceeds . . . . .				12,607,328
11 Other spent proceeds . . . . .				
12 Other unspent proceeds . . . . .				
13 Year of substantial completion . . . . .	2014		2020	
	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
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
16 Has the final allocation of proceeds been made? . . . . .	X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	X

Part III

Private Business Use

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



Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		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		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		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		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		X	

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

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
<b>b</b> Name of provider . . . . .	Naxis Funding Corp							
<b>c</b> Term of GIC . . . . .	180.0000000000 %							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .		X						
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

<b>Return Reference</b>	<b>Explanation</b>
Date Rebate Computation Performed	Issuer Name: NH Health & Education Facilities Authority Date the Rebate Computation was Performed: 02/06/2018 Issuer Name: NH Health & Education Facilities Authority Date the Rebate Computation was Performed: 11/30/2018

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Concord Hospital Inc

Employer identification number  
22-2594672

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) Frederick Briccetti MD	Trustee	311,921	Dr. Frederick Briccetti is a trustee on Concord Hospital's Board of Trustees. Dr. Briccetti is also a partner in New Hampshire Oncology Hematology (NHOH). NHOH pays Concord Hospital rent for access to the Hospital Cancer Center's space and equipment, as well as for certain medical services to aid in its regular operations. Total payments made from NHOH to Concord Hospital for use of the Cancer Center and to cover director fees in the 2021 fiscal year were \$311,921.		No
(2) Scott Sloane	Daughter of Officer	33,287	Scott Sloane serves Concord Hospital as the Organization's Treasurer and is an Officer on the Hospital's Board of Directors. The daughter of Scott Sloane is employed by the Hospital. Her calendar year 2020 compensation, as based on her 2020 Form W-2 filings, was \$33,287, an amount which is commensurate with the salary and benefits of similar persons in her position with her experience at the Hospital.		No
(3) Lucy Hodder	Trustee	525,338	Lucy Hodder serves on the Hospital's Board of Directors. The husband of Lucy Hodder is employed by the Hospital. His calendar year 2021 compensation, as based on his 2021 Form W-2 filings, was \$525,338, an amount which is commensurate with the salary and benefits of similar persons in his position with his experience at the Hospital. Lucy Hodder's husband did not begin his employment with the Hospital until January, 2021; accordingly, he was not issued a 2020 Form W-2. His 2021 Form W-2 compensation has been reported here instead for transparency purposes.		No

**Part V Supplemental Information**

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

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
Concord Hospital Inc

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**Employer identification number**

22-2594672

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 2	<p>On October 19, 2020, the Hospital entered into an asset purchase agreement (the Agreement) with LRGHealthcare (the Seller) to acquire certain assets and assume certain liabilities of Lakes Region General Hospital in Laconia, New Hampshire, and Franklin Regional Hospital in Franklin, New Hampshire. Upon execution of the Agreement, the Seller filed a voluntary case under Chapter 11 of the United States bankruptcy code. As a result, the Agreement was subject to bankruptcy proceedings, including a formal bid process and auction, as well as subsequent regulatory approvals. The Hospital's bid was accepted and approved by the State of New Hampshire during 2021. The transaction was completed effective May 1, 2021. As a result of the acquisition, two new Hospitals were licensed and began operations out of the previous LRGH facilities: Concord Hospital - Laconia and Concord Hospital - Franklin. Concord Hospital Inc. is the sole member of these two organizations.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Capital Region Health Care Corporation, a charitable corporation, acting through its board of trustees, is the sole Member of the Hospital.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Board of Trustees shall be composed of not less than fourteen nor more than nineteen persons excluding ex-officio Trustees, the number to be established and elected by the Member.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>The affairs of the Hospital shall be managed by the Trustees who shall have and may exercise all the powers of the Hospital except those reserved to the Member by law, the Articles of Agreement, or the Bylaws. In addition: -Any voluntary dissolution, merger or consolidation of the Hospital or the sale or transfer of all or substantially all of the Hospital's assets or the creation or acquisition of any subsidiary or affiliate corporation shall be subject to approval by the Member. -Any amendment of the Hospital's Bylaws or Articles of Agreement shall be subject to approval by the Member. -Any changes in the Hospital's non-profit status shall be subject to approval by the Member.</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The 990 is reviewed in detail with the Audit Committee of the Board of Trustees. All board members receive a copy of the 990 to review prior to filing the report.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Each Trustee, officer and committee member, upon entering the duties of his/her office and annually thereafter, will be advised of this policy and shall sign a statement acknowledging his/her understanding of and agreement to this policy. Annual reviews will adhere to state regulations that require public notice for any significant pecuniary transaction.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The evaluation of the performance of the Chief Executive Officer ("CEO") of Concord Hospital and its subsidiaries (collectively the "Hospital") is an important responsibility of the Board of Trustees (the "Board") and is vital in ensuring that the Hospital meets its mission. The Board has delegated the responsibility of initiating the process of conducting the CEO's performance evaluation and initiating the process of setting the CEO's compensation to the Board's Compensation Committee. The Compensation Committee also is charged with the responsibility of reviewing the appropriateness of the compensation of the Hospital's Chief Operating Officer (COO), Chief Financial Officer (CFO), and Chief Medical Officer (CMO) as proposed by the CEO. The Compensation Committee shall present its report of the CEO's annual performance to the Board for its further input and consideration. The Compensation Committee shall also make its recommendation to the Board concerning the CEO's compensation. Finally, the Compensation Committee shall make its recommendation to the Board concerning the compensation of the COO, CFO, and CMO. The Board shall review the recommendations of the Compensation Committee as to the compensation of the Hospital's CEO, COO, CFO, and CMO and shall set their compensation as the Board deems appropriate. Although the Hospital continues to value the role of Capital Region Health Care Corporation ("CRHC") and the Hospital's participation in that organization, the Board acknowledges that it is not the responsibility of the Board to evaluate or set the compensation of the Chief Executive Officer of CRHC. Neither is it the role of the Board of Trustees of CRHC to evaluate, or set the compensation of, the Hospital's CEO. Accordingly, CRHC's Board of Trustees is not involved in evaluating or setting the compensation of the Hospital's CEO. The Board acknowledges that the Hospital's CEO may also serve as the Chief Executive Officer of CRHC and that the Hospital may charge CRHC for these services. The Board may consider the comments of the Board of Trustees of CRHC, as outlined herein, when deemed relevant in evaluating the performance of the Hospital's CEO. The Board directs that the Compensation Committee and the Board itself, in their respective undertakings of recommending and setting the compensation of the Hospital's CEO, COO, CFO, and CMO, avoid conflicts of interest and be guided by the "rebuttable presumption of reasonableness" regulations under the so-called "Excess Benefit Transaction" provisions of the Internal Revenue Code ("IRC"). The Board authorizes the Compensation Committee to use such financial and advisory (e.g., legal counsel, consultant) resources as it reasonably deems appropriate to fulfill its duties in evaluating the CEO's performance and in making its recommendations to the Board regarding compensation for the CEO, COO, CFO, and CMO.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Yes, the organization makes all of this information available to the public. Audited financial statements and the most recent quarter ended financial statements are posted to the Electronic Municipal Market Access (EMMA) website. In addition to this, the Hospital sends its annual report, including a financial summary, to members of the community via the US Postal service. Governing documents and conflicts of interest filings adhere to state regulations that require public notice for any significant pecuniary transaction.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Pension actuarial gain 56,761,505. Equity transfer to affiliates -39,880,355. Net periodic pension cost -2,330,841.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XII, Line 2c:	There was no change in the process for oversight of the audit of financial statements for the fiscal year. The Board has a finance committee, which reviews the financial statements monthly. There is also an audit committee of the Board, which reviews the annual audit process and the selection of the independent accountant. The same independent firm of accountants performed the audit for the fiscal years ending 9/30/2020 and 9/30/2021.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII:	<p>Dr. David A. Stevenson is listed in Form 990, Part VII as a voting member of the Hospital's governing body through January 2021. Dr. Stevenson was also employed by the Hospital as a full-time physician and received compensation and benefits related to his services to the Hospital in his capacity as a physician. None of his compensation and benefits reflect remuneration in his capacity as a board member of the Hospital. In accordance with IRS instructions, he has not been listed as an independent board member in Form 990, Part VI, Line 1b.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, Column D:	<p>Although the Hospital is reporting contribution income on Form 990, Part VIII, Line 1, predominantly all direct philanthropic activities and fundraising events are conducted and hosted by the Hospital's affiliate, Concord Hospital Trust. Historically, all contribution revenue that enters the Concord Hospital system is first received by the Trust and is then granted to the Hospital (for its year ending September 30, 2021, the Hospital also received direct grants through the State of New Hampshire for Federal Emergency Management Agency (FEMA), for funding related to COVID-19). Concord Hospital Trust is responsible for the majority of the system's fundraising expenditures, as the generation and maintenance of grants for the Hospital is the Trust's primary function. A portion of the expenses incurred directly by the Hospital, as well as some of the other Concord Hospital affiliated entities, also aid in general fundraising processes and operations. Therefore, a portion of the Hospital's annual expenses have been allocated to Form 990, Part IX, Column D.</p>



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Concord Hospital Inc

Employer identification number  
22-2594672

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NH Cares ACO LLC 250 Pleasant Street Concord, NH 03301 83-0777970	To provide medical services to Medicare beneficiaries.	NH	4,073,187	16,175	Concord Hospital Inc
(2) Concord Hospital ACO LLC 250 Pleasant Street Concord, NH 03301 87-0880602	Operation of an accountable care organization	NH	0	0	Concord Hospital Inc

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	
<b>(1)</b> Concord Imaging Center LLC 2 1/2 Beacon Street Concord, NH 03301 02-0436605	Provide radiology services to community	NH	N/A					No			No	
<b>(2)</b> Capital Orthopedic Surgery Center 250 Pleasant Street Concord, NH 03301 02-0522860	Provide medical care to community	NH	N/A					No			No	
<b>(3)</b> Concord Endoscopy Center LLC 60 Commerical Street Concord, NH 03301 20-1184756	Provide medical care to community	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
<b>(1)</b> Capital Region Health Services Corporation 250 Pleasant Street Concord, NH 03301 02-0428631	Medical services	NH	N/A	C					No
<b>(2)</b> Capital Region Primary Care Corporation 250 Pleasant Street Concord, NH 03301 02-0495275	Inactive	NH	Concord Hospital	C			100.000 %	Yes	
<b>(3)</b> Lakes Region Medical Office Building 250 Pleasant Street Concord, NH 03301 02-0409867	Rental properties and condominiums	NH	N/A	C					No
<b>(4)</b> Hillside Medical Park Condo Association 250 Pleasant Street Concord, NH 03301 86-3920257	Rental properties and condominiums	NH	N/A	C					No
<b>(5)</b> CH Memorial West Condominium Association 250 Pleasant Street Concord, NH 03301 37-2006095	Rental properties and condominiums	NH	Concord Hospital	C			100.000 %		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

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

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

See Additional Data Table

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



**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part III:	In accordance with IRS instructions, the partnerships listed in Part III are being reported due to their control relationship with Capital Region Health Ventures Corp and the Hospital's control relationship with Capital Region Health Ventures Corp.

Return Reference	Explanation
Schedule R, Part V, Transaction Type A:	On its Form 990, Schedule R, Part V, Line 1a and 2, Concord Hospital is reporting \$1,441,709 for transaction type "A", receipt of interest, annuities, royalties, or rents from a controlled organization. Capital Region Health Care Development Corp, the controlled organization, does not have any unrelated business income (UBI) reportable on Form 990-T. Accordingly, the interest payments made by the controlled entity to the Hospital are not being used to offset taxable UBI of Capital Region Health Care Development Corp. Therefore, in accordance with 512(b)(13) these interest receipts do not need to be reported as UBI to the Hospital.

Additional Data

Software ID:  
Software Version:  
EIN: 22-2594672  
Name: Concord Hospital Inc

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
250 Pleasant Street Concord, NH 03301 02-0222123	Promote comprehensive health service system	NH	501(c)(3)	Line 12a, I	N/A		No
250 Pleasant Street Concord, NH 03301 02-0438264	Provide medical care to community	NH	501(c)(3)	Line 12b, II	Concord Hospital	Yes	
250 Pleasant Street Concord, NH 03301 02-0429749	Support Concord Hospital & other affiliates	NH	501(c)(2)		Concord Hospital	Yes	
PO Box 1797 Concord, NH 033021797 02-0222122	Home health care & hospice services	NH	501(c)(3)	Line 10	N/A		No
3-5 North State Street Concord, NH 033022032 02-0264383	Multi-service team	NH	501(c)(3)	Line 7	N/A		No
250 Pleasant Street Concord, NH 03301 26-0378710	Fundraising	NH	501(c)(3)	Line 12a, I	Concord Hospital	Yes	
250 Pleasant Street Concord, NH 03301 85-1433123	Hospital	NH	501(c)(3)	Line 3	Concord Hospital	Yes	
250 Pleasant Street Concord, NH 03301 85-1443782	Hospital	NH	501(c)(3)	Line 3	Concord Hospital	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Capital Region Health Care Development Corp	A	1,441,709	Actual per books
Concord Hospital Trust	C	4,240,384	Actual per books
Capital Region Healthcare Development Corp	J	1,741,929	Actual per books
Capital Region Healthcare Development Corp	O	584,241	Actual per books
Capital Region Healthcare Ventures Corp	O	1,509,927	Actual per books
Concord Hospital Trust	O	785,743	Actual per books
Capital Region Healthcare Ventures Corp	Q	1,452,598	Actual per books
Capital Region Healthcare Services Corp	Q	156,255	Actual per books
Capital Region Health Care Development Corp	Q	992,533	Actual per books
Concord Hospital Trust	Q	2,134,506	Actual per books
Concord Hospital - Laconia	R	40,000,000	Actual per books
Capital Region Health Care Development Corporation	R	4,027,306	Actual per books