

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning

10/1/2004

, and ending

9/30/2005

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

DARTMOUTH-HITCHCOCK CLINIC

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1 MEDICAL CENTER DRIVE

City or town

State or country

ZIP + 4

LEBANON

NH

03756

D Employer identification number

22-2519596

E Telephone number

603-650-5000

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ www.hitchcock.org**J Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 353,909,192**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

| | | | | | |
|---|----------------|-----------|-----------|-------------|--|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | | |
| a Direct public support | 1a | 144,685 | | | |
| b Indirect public support | 1b | | | | |
| c Government contributions (grants) | 1c | 46,907 | | | |
| d Total (add lines 1a through 1c) (cash \$ 51,117 noncash \$ 140,475) | 1d | | | 191,592 | |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | 287,163,288 | |
| 3 Membership dues and assessments | 3 | | | 0 | |
| 4 Interest on savings and temporary cash investments | 4 | | | 216,253 | |
| 5 Dividends and interest from securities | 5 | | | 284,756 | |
| 6a Gross rents | 6a | 2,111,078 | | | |
| b Less: rental expenses | 6b | 269,451 | | | |
| c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | | 1,841,627 | |
| 7 Other investment income (describe ▶) | 7 | | | 0 | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | 0 | (B) Other | 108,359 | |
| b Less: cost or other basis and sales expenses | 0 | 8a | | 45,380 | |
| c Gain or (loss) (attach schedule) . . . STMT 1 | -16,441 | 8b | | 62,979 | |
| d Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8c | | | | |
| 8d | | | | 46,538 | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/> | | | | | |
| a Gross revenue (not including \$ 144,685 of contributions reported on line 1a) | 9a | 0 | | | |
| b Less: direct expenses other than fundraising expenses | 9b | 0 | | | |
| c Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | 0 | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| b Less: cost of goods sold | 10b | | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | | 0 | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | 63,850,307 | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | | 353,594,361 | |
| 13 Program services (from line 44, column (B)) | 13 | | | 306,802,484 | |
| 14 Management and general (from line 44, column (C)) | 14 | | | 43,047,832 | |
| 15 Fundraising (from line 44, column (D)) | 15 | | | 199,025 | |
| 16 Payments to affiliates (attach schedule) | 16 | | | 0 | |
| 17 Total expenses (add lines 16 and 44, column (A)) | 17 | | | 350,049,341 | |
| 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | | 3,545,020 | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | | -37,304,755 | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | | -49,528,197 | |
| 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | | -83,287,932 | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990** (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--|-------------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) | 0 | 0 | | See STMT 23 |
| 23 | Specific assistance to individuals (attach schedule) | 0 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 0 | | | |
| 25 | Compensation of officers, directors, etc. STMT 16 | 2,477,840 | 789,686 | 1,688,154 | |
| 26 | Other salaries and wages | 179,478,326 | 158,982,016 | 20,496,310 | |
| 27 | Pension plan contributions | 32,653,016 | 28,668,005 | 3,985,011 | |
| 28 | Other employee benefits | 30,108,586 | 26,434,100 | 3,674,486 | |
| 29 | Payroll taxes | 12,961,161 | 11,379,366 | 1,581,795 | |
| 30 | Professional fundraising fees | 0 | | | |
| 31 | Accounting fees | 108,893 | | 108,893 | |
| 32 | Legal fees | 1,144,851 | | 1,144,851 | |
| 33 | Supplies | 14,752,870 | 14,752,870 | | |
| 34 | Telephone | 1,232,025 | 567,201 | 664,824 | |
| 35 | Postage and shipping | 1,578,415 | 215,309 | 1,363,106 | |
| 36 | Occupancy | 6,553,618 | 6,296,159 | 257,459 | |
| 37 | Equipment rental and maintenance | 2,049,398 | 1,196,944 | 852,454 | |
| 38 | Printing and publications | 173,772 | 131,738 | 42,034 | |
| 39 | Travel | 782,537 | 392,133 | 390,404 | |
| 40 | Conferences, conventions, and meetings | 0 | | | |
| 41 | Interest | 4,363,645 | 4,189,099 | 174,546 | |
| 42 | Depreciation, depletion, etc. (attach schedule) STMT 3 | 8,717,425 | 8,368,728 | 348,697 | |
| 43 | Other expenses not covered above (itemize). a STMT 4 | 50,912,963 | 44,439,130 | 6,274,808 | 199,025 |
| b | | 0 | | | |
| c | | 0 | | | |
| d | | 0 | | | |
| e | | 0 | | | |
| f | | 0 | | | |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15 | 350,049,341 | 306,802,484 | 43,047,832 | 199,025 |

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ SEE STMT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

| | | |
|---|--|------------------------------|
| a | SEE STMT 5 | |
| | (Grants and allocations \$) | 306,802,484 |
| b | | |
| | (Grants and allocations \$) | |
| c | | |
| | (Grants and allocations \$) | |
| d | | |
| | (Grants and allocations \$) | |
| e | Other program services (attach schedule) | (Grants and allocations \$) |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 306,802,484 |

Part IV Balance Sheets (See page 25 of the instructions.)

| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | (A) Beginning of year | | (B) End of year | |
|--|--|---------------------------------|-------------|---------------------------|-----------------------|
| Assets | 45 Cash—non-interest-bearing | | 45 | | |
| | 46 Savings and temporary cash investments | | 1,403,664 | 46 | 6,318,029 |
| | 47 a Accounts receivable | 47a | 101,541,514 | | |
| | b Less: allowance for doubtful accounts | 47b | 77,191,801 | 23,188,110 | 47c 24,349,713 |
| | 48 a Pledges receivable | 48a | 0 | | |
| | b Less: allowance for doubtful accounts | 48b | 0 | 0 | 48c 0 |
| | 49 Grants receivable | | 49 | | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) STMT 6 | | 8,846,288 | 50 | 9,581,502 |
| | 51 a Other notes and loans receivable (attach schedule) | 51a | 0 | | |
| | b Less: allowance for doubtful accounts | 51b | 0 | 0 | 51c 0 |
| | 52 Inventories for sale or use | | 1,160,982 | 52 | 764,727 |
| | 53 Prepaid expenses and deferred charges | | 22,238,143 | 53 | 24,363,437 |
| | 54 Investments—securities (attach schedule) STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | | 1,147,036 | 54 | 960,131 |
| | 55 a Investments—land, buildings, and equipment: basis STMT 8 | 55a | 4,854,898 | | |
| | b Less: accumulated depreciation (attach schedule) STMT 8 | 55b | 1,209,745 | 3,723,162 | 55c 3,645,153 |
| 56 Investments—other (attach schedule) STMT 9 | | 62,703,883 | 56 | 69,588,432 | |
| 57 a Land, buildings, and equipment: basis STMT 10 | 57a | 167,094,804 | | | |
| b Less: accumulated depreciation (attach schedule) STMT 10 | 57b | 89,966,288 | 76,780,257 | 57c 77,128,516 | |
| 58 Other assets (describe STMT 11) | | 52,729,417 | 58 | 43,393,185 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 253,920,942 | 59 | 260,092,825 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 47,917,627 | 60 | 40,863,949 |
| | 61 Grants payable | | | 61 | |
| | 62 Deferred revenue | | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 0 | 63 | 0 |
| | 64 a Tax-exempt bond liabilities (attach schedule) STMT 12 | | 75,099,768 | 64a | 73,680,555 |
| | b Mortgages and other notes payable (attach schedule) | | 0 | 64b | 0 |
| 65 Other liabilities (describe STMT 13) | | 168,208,302 | 65 | 228,836,253 | |
| 66 Total liabilities (add lines 60 through 65) | | 291,225,697 | 66 | 343,380,757 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | | -37,594,316 | 67 | -83,726,843 |
| | 68 Temporarily restricted | | 152,025 | 68 | 301,375 |
| | 69 Permanently restricted | | 137,536 | 69 | 137,536 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | 70 | |
| | 70 Capital stock, trust principal, or current funds | | | 71 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | | 72 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | | 73 | -83,287,932 |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) STMT 2 | | -37,304,755 | 74 | 260,092,825 | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | 253,920,942 | | | |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

| | | | | | | | |
|----------|--|----------|-------------|----------|--|----------|-------------|
| a | Total revenue, gains, and other support per audited financial statements . . . ▶ | a | 901,603,000 | a | Total expenses and losses per audited financial statements . . . ▶ | a | 842,935,872 |
| b | Amounts included on line a but not on line 12, Form 990: | | | b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Net unrealized gains on investments . . . \$ -83,968 | | | (1) | Donated services and use of facilities . . . \$ | | |
| (2) | Donated services and use of facilities . . . \$ | | | (2) | Prior year adjustments reported on line 20, Form 990 . . . \$ | | |
| (3) | Recoveries of prior year grants . . . \$ | | | (3) | Losses reported on line 20, Form 990 . . . \$ | | |
| (4) | Other (specify): | | | (4) | Other (specify): | | |
| STMT 14 | \$ 585,621,246 | | | STMT 15 | \$ 530,368,263 | | |
| | \$ | | | | \$ | | |
| | Add amounts on lines (1) through (4) ▶ | b | 585,537,278 | | Add amounts on lines (1) through (4) ▶ | b | 530,368,263 |
| c | Line a minus line b . . . ▶ | c | 316,065,722 | c | Line a minus line b . . . ▶ | c | 312,567,609 |
| d | Amounts included on line 12, Form 990 but not on line a : | | | d | Amounts included on line 17, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 . . . \$ | | | (1) | Investment expenses not included on line 6b, Form 990 . . . \$ | | |
| (2) | Other (specify): | | | (2) | Other (specify): | | |
| STMT 14 | \$ 37,528,639 | | | STMT 15 | \$ 37,481,732 | | |
| | \$ | | | | \$ | | |
| | Add amounts on lines (1) and (2) . . ▶ | d | 37,528,639 | | Add amounts on lines (1) and (2) . . ▶ | d | 37,481,732 |
| e | Total revenue per line 12, Form 990 (line c plus line d) . . . ▶ | e | 353,594,361 | e | Total expenses per line 17, Form 990 (line c plus line d) . . . ▶ | e | 350,049,341 |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|--|---|--|
| Name STMT 16 Str City ST ZIP | Title Hr/WK | 2,477,840 | 200,682 | 16,953 |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |
| Name Str City ST ZIP | Title Hr/WK | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☒ Yes ☐ No
If "Yes," attach schedule—see page 28 of the instructions. **STMT 17**

Part VI Other Information (See page 28 of the instructions.)

| | | Yes | No |
|-------------|--|------------|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | X |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization ▶ STMT 18 | | |
| | and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | |
| 81 a | Enter direct and indirect political expenditures. See line 81 instructions 81a NONE | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b Not readily determinable | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | N/A |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85b | N/A |
| c | Dues, assessments, and similar amounts from members 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b N/A | | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE | | |
| 90 a | List the states with which a copy of this return is filed ▶ NEW HAMPSHIRE | | |
| b | Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 3,185 | | |
| 91 | The books are in care of ▶ Name Richard H. Showalter, Jr. Telephone no. ▶ (603) 650-5000 Located at ▶ One Medical Center Drive, City Lebanon ST NH ZIP + 4 ▶ 03756 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 NONE | | |

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a Net Patient Service Revenue | | | | | 284,210,419 |
| b Managed Care Revenue | | | | | 2,952,869 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 216,253 | |
| 96 Dividends and interest from securities | | | 14 | 284,756 | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | 531120 | 112,415 | 16 | 1,729,213 | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 46,538 | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b STMT 19 | 621110 | 139,861 | 3 | 1,791,089 | 61,919,356 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 252,276 | | 4,067,849 | 349,082,644 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 353,402,769 |

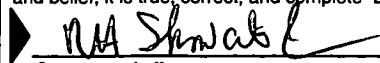
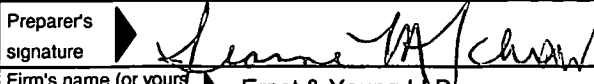
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No. ▼ | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|---------------|---|
| STMT 20 | |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| STMT 21 | | | 133,587,652 | 71,558,936 |
| | | | | |
| | | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

| | | |
|--------------------------|---|---|
| Please Sign Here | 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 knowledge. | |
| |  Signature of officer RICHARD H. SHOWALTER, JR. SENIOR V.P. F Type or print name and title | |
| Paid Preparer's Use Only | Preparer's signature |  |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | Ernst & Young LLP 200 Clarendon Street, Boston, MA |

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

2004**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

DARTMOUTH-HITCHCOCK CLINIC

Employer identification number

22-2519596

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|---|--------------------|---|--|
| Name D. Glass, M.D. Str One Medical Center Drive City Lebanon ST NH Zip 03756 Country | Chairman, Dept of Anesthesiology Title Avg hr/wk 40-60 | 611,813 | * 21,417 | * 1,512 |
| Name P.M. Bernini, M.D. Str One Medical Center Drive City Lebanon ST NH Zip 03756 Country | Orthopaedic Surgery Title Avg hr/wk 40-60 | 549,560 | * 37,926 | - |
| Name P.K. Spiegel, M.D. Str One Medical Center Drive City Lebanon ST NH Zip 03756 Country | Chairman, Dept of Radiology Title Avg hr/wk 40-60 | 525,344 | * 22,562 | * 4,944 |
| Name W.C. Nugent, M.D. Str One Medical Center Drive City Lebanon ST NH Zip 03756 Country | Section Chief, Cardiothoracic Surgery Title Avg hr/wk 40-60 | 477,625 | * 37,247 | * 2,280 |
| Name D.W. Roberts, M.D. Str One Medical Center Drive City Lebanon ST NH Zip 03756 Country | Section Chief, Neurosurgery Title Avg hr/wk 40-60 | 476,921 | * 38,559 | * 1,539 |
| Total number of other employees paid over \$50,000 | 1,193 | * See Statement 22 | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|--------------------------------|------------------|
| Name Quest Diagnostics, Inc. Check here if a business <input checked="" type="checkbox"/> Str 415 Massachusetts Avenue City Cambridge ST MA ZIP 02139 Country | Lab services | 2,359,663 |
| Name Watson Wyatt & Company Check here if a business <input checked="" type="checkbox"/> Str PO Box 277665 City Atlanta ST GA ZIP 30384-7665 Country | Consulting | 750,394 |
| Name Hinckley, Allen & Snyder, LLP Check here if a business <input checked="" type="checkbox"/> Str 28 State Street City Boston ST MA ZIP 02109-1775 Country | Legal services | 613,526 |
| Name Concord Gastroenterology, PA Check here if a business <input checked="" type="checkbox"/> Str 246 Pleasant St City Concord ST NH ZIP 3301 Country | Gastroenterology services | 471,103 |
| Name NH Cardiology Consultants, PC Check here if a business <input checked="" type="checkbox"/> Str 4 Elliot Way City Manchester ST NH ZIP 03104 Country | Cardiology consulting services | 283,334 |
| Total number of others receiving over \$50,000 for professional services | 12 | |

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

Schedule A (Form 990 or 990-EZ) 2004

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

| | Yes | No |
|--|------|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>60,825</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) STMT 24 | 1 X | |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? STMT 25 | 2c X | |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990 | 2d X | |
| e Transfer of any part of its income or assets? | 2e | X |
| 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | 3a | X |
| b Do you have a section 403(b) annuity plan for your employees? | 3b X | |
| 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? STMT 25 | 4a | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? STMT 25 | 4b X | |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____ City _____ ST _____ Country _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---|---------------|--------------------|-------------|-------------|--------------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 490,580 | 144,386 | 101,481 | 99,923 | 836,370 |
| 16 Membership fees received | | | | | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 340,431,769 | 301,192,705 | 283,063,435 | 266,097,574 | 1,190,785,483 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 2,803,617 | 3,692,406 | 4,850,640 | 5,085,844 | 16,432,507 |
| 19 Net income from unrelated business activities not included in line 18 | 365,100 | 199,867 | 263,365 | 524,889 | 1,353,221 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0 |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0 |
| 23 Total of lines 15 through 22 | 344,091,066 | 305,229,364 | 288,278,921 | 271,808,230 | 1,209,407,581 |
| 24 Line 23 minus line 17 | 3,659,297 | 4,036,659 | 5,215,486 | 5,710,656 | 18,622,098 |
| 25 Enter 1% of line 23 | 3,440,911 | 3,052,294 | 2,882,789 | 2,718,082 | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c |
| d Add: Amounts from column (e) for lines: | | | | | |
| 18 | | 19 | | | |
| 22 | | 26b | | | 26d |
| e Public support (line 26c minus line 26d total) | | | | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f |
| 27 Organizations described on line 12: | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: | | | | | |
| (2003) | 143,850 | (2002) | 137,303 | (2001) | 83,973 |
| | | | | (2000) | 40,836 |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | | | | | |
| (2003) | 0 | (2002) | 0 | (2001) | 0 |
| | | | | (2000) | 0 |
| c Add: Amounts from column (e) for lines: | | | | | |
| 15 | 836,370 | 16 | 0 | | |
| 17 | 1,190,785,483 | 20 | 0 | 21 | 0 |
| d Add: Line 27a total | 405,962 | and line 27b total | | 0 | 27c 1,191,621,853 |
| e Public support (line 27c total minus line 27d total) | | | | | 27d 405,962 |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27e 1,191,215,891 |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27f 1,209,407,581 |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27g 98.50% |
| | | | | | 27h 1.36% |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | Yes | No |
|--|------------|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31 | |
| 32 Does the organization maintain the following. | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)**N/A**Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

| | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|----|---|-----------------------------------|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— Not over \$500,000 20% of the amount on line 40 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 | 41 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ► | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers | X | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | X | | |
| c Media advertisements | X | | |
| d Mailings to members, legislators, or the public | X | | |
| e Publications, or published or broadcast statements | X | | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | X | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h.) STMT 24 | | | 60,825 |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part I, Line 8 - Sale of Assets

Sale of Assets

(A) SECURITIES

Realized gains (losses) on sale of bonds and US Treasury notes * \$ **(16,441)**

(B) OTHER

| <u>Sale or disposal of fixed assets:</u> | <u>Cost</u> | <u>Accumulated depreciation</u> | <u>Net asset value</u> | <u>Less Proceeds</u> | <u>Gain on sale of assets other than inventory</u> |
|--|-------------------|---------------------------------|------------------------|----------------------|--|
| Clinic site | \$ 131,396 | 86,015 | 45,380 | 107,159 | 61,779 |
| Medical & Office Equipment | 47,482 | 47,482 | - | - | - |
| Microcomputers | 54,679 | 54,679 | - | 1,200 | 1,200 |
| Total Other | \$ 233,557 | 188,176 | 45,380 | 108,359 | 62,979 |

TOTAL GAIN (LOSS) \$ **46,538**

*** Due to large volume, individual transaction detail to every sale is too voluminous to provide. Further, these securities are part of a portfolio for which costs and proceeds are not readily available.**

Dartmouth-Hitchcock Clinic
 EIN: 22-2519596
 Fiscal Year Ended September 30, 2005
 Form 990, Part I, Line 20 - Other Changes in Net Assets

| | UNRESTRICTED | DONOR RESTRICTED | | |
|---|-----------------------|------------------------------------|------------------------------------|--------------|
| | Unrestricted Funds | Temporarily Restricted Funds | Permanently Restricted Funds | Total |
| Beginning Balance | \$ (37,594,316) | 152,025 | 137,536 | (37,304,755) |
| Excess (deficit) of revenues over expenses | 3,395,670 | 149,350 | - | 3,545,020 |
| subtotal | (34,198,646) | 301,375 | 137,536 | (33,759,735) |
| Other Changes: | | | | |
| Recognize current year unrealized gains/(losses) on securities (SFAS 124) | (83,968) | - | - | (83,968) |
| Minimum pension liability charge | (49,528,413) | - | - | (49,528,413) |
| Interest accrued on swap agreement | (1,755,884) | - | - | (1,755,884) |
| Unrealized gain (loss) on hedge | 84,184 | - | - | 84,184 |
| Reclass of interest to earnings (1) | 1,755,884 | - | - | 1,755,884 |
| Other Changes reported on line 20 | (49,528,197) | - | - | (49,528,197) |
| Ending Balance (2) | \$ (83,726,843) | 301,375 | 137,536 | (83,287,932) |

(1) Reclassification of interest to earnings is done in order to obtain a net cost (on the debt obligation involved in the interest rate swap) equivalent to the fixed rate cost of the debt.

(2) Effective September 1, 2003, the Boards of Trustees of Dartmouth-Hitchcock Clinic (the Clinic) and Mary Hitchcock Memorial Hospital (the Hospital) approved an enhanced affiliation agreement which evidences a commitment to a common mission and purpose, integrated governance, integrated management, continued clinical integration and full financial integration. Full financial integration equates to the monthly calculation/apportionment of the combined operating margins of the Clinic and the Hospital, and agreeing to be jointly and severally liable for all of each other's existing and future liabilities and obligations.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part II, Line 42 - Statement of Functional Expenses

Depreciation and Amortization Expense

| | | |
|--------------------------------------|----|------------------|
| Current depr. expense - Fixed assets | \$ | 8,624,393 |
| Current amortization expense | | <u>93,032</u> |
| Current Depr. and Amort. Expense | \$ | <u>8,717,425</u> |

The provisions for depreciation and amortization have been determined using the straight-line method at rates which are intended to amortize the costs of assets over their estimated useful lives which are 5-40 years for buildings and improvements, and 3-20 years for equipment.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part II, Line 43 - Other Expenses

| <u>Description</u> | <u>Total</u> | <u>Program Services</u> | <u>Management and General</u> | <u>Fundraising</u> |
|--|----------------------|-------------------------|-----------------------------------|--------------------|
| Purchased services | \$ 18,412,969 | 15,641,838 | 2,771,131 | |
| Insurance | 9,350,655 | 8,955,209 | 395,446 | |
| Fundraising Expense Associated with Annual Fund | 199,025 | | | 199,025 |
| Provision for Bad Debt | 15,275,033 | 15,275,033 | | |
| Other educational costs | 166,472 | 128,255 | 38,217 | |
| Recruitment costs | 3,022,763 | 1,265,009 | 1,757,754 | |
| Other Operating Expense | 4,486,046 | 3,173,786 | 1,312,260 | |
| Totals | \$ 50,912,963 | 44,439,130 | 6,274,808 | 199,025 |

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part III - Statement of Program Services Accomplishments

Dartmouth Hitchcock Clinic (the Clinic) is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Clinic operates multi specialty group clinics throughout New Hampshire and Vermont and provides, among other things, medical services to patients, medical education, and research. The Clinic provides health care services, medical education, clinical research, and community information services at more than forty communities across New Hampshire and eastern Vermont. Health care services in 2005 resulted in over 1,679,776 office visits recorded by Clinic personnel.

The promotion of health through the medical practice activities of the Clinic provides the basis for the organization's tax exempt activities. The Clinic operates as an integral component of the Dartmouth Hitchcock Medical Center (DHMC), a New Hampshire non-profit corporation formed in 1983 to provide a forum for joint planning development and other services among the DHMC affiliates, including Mary Hitchcock Memorial Hospital (the Hospital) and Dartmouth Medical School (DMS). The Clinic provides the physician staff to the Hospital and the sophistication essential for the development of the Hospital as the largest and only teaching hospital in New Hampshire and the designation by the federal government as a Rural Referral Center for northern New England.

The Clinic operates on a nondiscriminatory basis regardless of race, color, sex, religion, national origin or ability to pay.

The mission of the Clinic is to provide high quality health care and comfort to the ill, to prevent illness among the well, and to advance health care through education, research, community service and the improvement of clinical practice.

Consistent with this mission, and in partnership with the Hospital, the Clinic provides high quality, cost effective, comprehensive, and integrated health care to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Clinic actively supports community-based health care and promotes the coordination of services among health care providers and social service organizations. The Clinic also seeks to work collaboratively with other area health care providers to improve the health status of the region. As a component of an integrated academic medical center, the Clinic provides significant support for academic and research programs. Characteristic of the large rural area in which the Clinic operates, many communities face problems in the recruitment and retention of physicians or access to needed medical services in general. In response to requests from leaders in several of these communities, the Clinic has recruited physicians to work full time in these communities. In addition, Clinic specialists based at DHMC travel to care for patients at these outlying rural locations, improving access to care and enabling the local hospitals or health centers to continue to operate. These rural community-based programs are provided in response to community needs, and often operate with an excess of expenses over revenues.

Effective with fiscal year 2000, the Clinic and the Hospital began filing an annual Community Benefit Report with the State of New Hampshire which outlines the community and charitable benefits they provide. The complete Community Benefit Report is available upon request or can be found on Dartmouth-Hitchcock's web site (www.hitchcock.org). The broad categories used in the Community Benefit Report to summarize these benefits are as follows:

Financial assistance, formerly called "charity care", represents services provided to patients who cannot

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part III - Statement of Program Services Accomplishments

afford health care services due to inadequate financial resources which result from being uninsured or underinsured. For the years ended September 30, 2005 and 2004, the Clinic provided financial assistance to patients in the amount of \$13,292,000 and \$10,957,000, respectively, as measured by gross charges. The estimated cost of providing this care for the years ended September 30, 2005 and 2004 was \$6,890,000 and \$5,915,000, respectively.

The Clinic, in conjunction with the Hospital and DMS, provides financial support to Dartmouth Medical School every year to support the costs of operations. Physicians' unpaid teaching time consists of the time physicians spend providing clinical supervision and education for residents and medical students.

The Clinic provides subsidies of unique and exceptional services to the community it serves. These services range from new technologies to routine care for medically underserved rural communities. The Clinic operates a mobile intensive care unit, mobile trauma care, kidney transplants, a neonatal intensive care unit and coordinates nearly all of the HIV/AIDS treatment in New Hampshire. The Norris Cotton Cancer Center, at DHMC, is the only comprehensive cancer center in the region.

Community health gifts, subsidies and activities includes the cost or value of several different types of programs including the cost of community based education, health fairs, health screenings, support groups, and programs and materials that promote wellness and prevent illness. Examples of these types of efforts include: Granite State FitKids health program for elementary schools, the Women's Health Resource Centers in Manchester and Lebanon, NH, and smoking prevention and cessation. This category also includes financial contributions and the contribution of time and services to community programs, hospitals and agencies. Other community benefit initiatives include the costs of providing medical and clinical education to professionals across New Hampshire, Vermont and beyond and the uncompensated costs of research.

The Clinic also provides a significant amount of uncompensated care to its patients that is reported as provision for bad debts, which is not included in the amounts reported above. During the years ended September 30, 2005 and 2004, the Clinic reported a provision for bad debts of approximately \$15,275,000 and \$14,873,000, respectively. The Clinic also routinely provides services to Medicare and Medicaid patients at reimbursement levels that are below the costs of the care provided.

SEE COMMUNITY BENEFITS REPORT - STATEMENT 26

Dartmouth-Hitchcock Clinic

EIN: 22-2519596

Fiscal Year Ended September 30, 2005

Form 990, Part IV, Line 50 - Receivables from officers, directors, trustees and key employees

Dartmouth-Hitchcock Clinic offers a collateral assignment split dollar life insurance program to certain management personnel and staff. Split dollar life insurance is an arrangement in which the individual is the owner of the life insurance policy, however, the premiums are paid by both the employer and the employee. Pursuant to the collateral assignment, the employer's share of the premiums paid is recovered upon either termination of employment or death of the participant.

Receivable

\$ 9,581,502

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 54 - Investments-Securities

| <u>Description</u> | |
|---|--|
| Short-term investments & accrued income | \$ 20,529 |
| U.S. government and agency obligation | 293,231 |
| Corporate bonds | <u>646,371</u> |
| Total | \$ 960,131 |

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 55 - Investment in Land, Buildings and Equipment

91726.65

Investment in Land, Building, and Equipment

Description

| | | |
|--|-----------|-------------------------|
| Real estate held for investment | \$ | 2,402,172 |
| Improvements on Real estate held for investment | | 7,400 |
| Building Commercial | | 2,000,127 |
| Building Improvements Commercial | | 445,200 |
| Totals | | <u>4,854,898</u> |

Accumulated Depreciation

Description

| | |
|---|-------------------------|
| Building Commercial | 1,005,501 |
| Building Improvements Commercial | 204,244 |
| Totals | <u>1,209,745</u> |

| | | |
|-------------------------|-----------|-------------------------|
| Net Fixed Assets | \$ | <u>3,645,153</u> |
|-------------------------|-----------|-------------------------|

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 56 - Investments - Other

Description

Investment in Captive - Hamden

\$ 69,588,432

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 57 - Land, Buildings & Equipment

Description

| | | |
|--|----|--------------------|
| Land | \$ | 4,537,622 |
| Land Improvements | | 2,908,734 |
| Building | | 59,691,650 |
| Building Improvements | | 15,337,651 |
| Capital Lease and Leasehold Improvements | | 26,563,195 |
| Equipment | | 54,934,903 |
| Construction in Progress | | 3,121,049 |
| Total Fixed Assets | | <u>167,094,804</u> |

Accumulated Depreciation

| | | |
|--|----|-------------------|
| Land Improvements | \$ | 522,012 |
| Building | | 19,592,216 |
| Building Improvements | | 4,019,504 |
| Capital Lease and Leasehold Improvements | | 20,178,599 |
| Equipment | | 45,653,958 |
| Total Accumulated Depreciation | | <u>89,966,288</u> |

| | | |
|------------------------|----|-------------------|
| Total Net Fixed Assets | \$ | <u>77,128,516</u> |
|------------------------|----|-------------------|

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 58 - Other assets

Description

| | | |
|--|-----------|-------------------|
| Due From Affiliates | \$ | 26,948,183 |
| Bond Issuance Costs, net | | 2,425,022 |
| Pension - Unrecognized Prior Service Cost | | 1,218,000 |
| Other | | 12,801,980 |
| | \$ | 43,393,185 |

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 64a - Tax-Exempt Bond Liabilities

Obligated Group Financings
New Hampshire Higher Educational and Health Facilities
Authority Revenue Bonds:

Series 2001A, principal maturing in varying annual amounts through August 2031. Interest payments at variable rates ranging from 1.42 % to 3.00 % for the year ended September 30, 2005.

\$

| |
|------------|
| 73,680,555 |
|------------|

The purpose of the Series 2001A Revenue Bonds was to refund the DHC 1994 and DHC 1997 Series Revenue Bonds. Currently, less than 1.0% of the financed facilities are being used by third parties.

There were no unexpended bond proceeds at year end.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV, Line 65 - Other Liabilities

Description

| | | |
|--|----|---|
| Minimum Pension Liability * | \$ | 97,348,465 |
| Obligations Under Capital Lease | | 25,437,212 |
| Reserves for Managed Care Contracts | | 2,631,365 |
| Accrued Postretirement Benefits | | 28,791,672 |
| Insurance Deposits and Related Liabilities | | 66,050,182 |
| Interest Rate Swap | | 8,577,357 |
| | \$ | 228,836,253 |

* A minimum pension liability is required when the actuarial present value of accumulated benefits exceeds plan assets and accrued pension liabilities. This amount is also reflected as a change in unrestricted net assets (see Stmt 2).

Dartmouth-Hitchcock Clinic

EIN: 22-2519596

Fiscal Year Ended September 30, 2005

Form 990, Part IV-A, Line d(2) - Other Revenue on Return, Not on Books

| <u>Description</u> | <u>Amount</u> |
|---|----------------|
| Line b (4) Other amounts included on line a but not on line 12, Form 990: | |
| To eliminate revenue of other entity in consolidation | \$ 585,621,246 |
| Line d (2) Other amounts included on line 12, Form 990 but not on line a: | |
| Non Operating Revenues | |
| Netted Against Non Operating Expenses | \$ 247,832 |
| Grant income, netted against grant expenses | 46,907 |
| Enhanced Affiliation Agreement * | 37,233,900 |
| Total | \$ 37,528,639 |

* The value above includes DHC's revenue as it relates to the total enhanced affiliation agreement apportionment for fiscal year 2005. Refer to Statement 2 for details.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IV-b - Other Expenses on Return, Not on Books

| <u>Description</u> | <u>Amount</u> |
|---|--|
| Line b (4) Amounts included on line a but not on line 17, Form 990: | |
| To eliminate expenses of other entity in consolidation | \$ 530,415,171 |
| Grant income, netted against grant expenses | (46,908) |
| | \$ 530,368,263 |
| Line d (2) Amounts included on line 17, Form 990 but not on line a: | |
| Non Operating Revenues | |
| Netted Against Non Operating Expenses | \$ 247,832 |
| Enhanced Affiliation Agreement - see Statement 14 | 37,233,900 |
| Total | \$ 37,481,732 |

Dartmouth-Hitchcock Clinic

EIN: 22-2519596

Fiscal Year Ended September 30, 2005

Form 990, Part V - List of Officers, Directors, Trustees and Key Employees

| <u>List of Trustees and Officers</u> | <u>Avg Hours Per Week Devoted to Position</u> | <u>Compen- sation</u> | <u>Contributions to Employee Benefit Plans Deferred Compensation</u> | <u>Expense Account & Other Allowances</u> |
|--|---|---------------------------|--|---|
| Emily R. Baker, M.D. | 40-60 | \$ 275,412 | 23,152 * | 1,170 * |
| Stephen P. Barba | 1 | - | - | - |
| Stephen F. Christy | 2 | - | - | - |
| Thomas A. Colacchio, M.D. | 55-70 | 596,505 | 38,480 * | - ^ |
| John C. Collins (DHC Treasurer/Secretary) | 40-60 | 558,018 | 40,060 * | 5,100 * ^ |
| Lawrence J. Dacey, MD | 40-60 | 407,970 | 21,560 * | 270 * |
| Carol J. Descoteaux, CSC, Ph.D. | 1 | - | - | - |
| William H. Edwards, M.D. | 1 | 2,775 | - | - |
| Robert C. Fuehrer | 1 | - | - | - |
| Wayne G. Granquist | 2 | - | - | - |
| Alfred L. Griggs (Chair) | 1 | - | - | - |
| Alan C. Keiller | 1 | - | - | - |
| J. Brian Quinn | 1 | - | - | - |
| Carolyn H. Sands | 1 | - | - | - |
| Alan D. Sessler, M.D. (Chair) | 1 | - | - | - |
| Richard H. Showalter, Jr. (Asst Treasurer) | 30-45 | - | - | - ^ |
| Stephen P. Spielberg, MD, PhD | 1 | - | - | - |
| Diana J. Weaver | 1 | - | - | - |
| William W. Wyman | 1 | - | - | - |
| Robert H. Young | 1 | - | - | - |
| Paul B. Gardent (Executive VP) | 40-60 | - | - | - ^ |
| | | <u>1,840,681</u> | <u>123,252</u> | <u>6,540</u> |
| Key Employees | | | | |
| Carl S. DeMatteo, M.D. | 40-60 | 354,347 | 35,560 | 5,286 * ^ |
| Stephen J. LeBlanc | 40-60 | 282,811 | 41,870 | 5,127 * ^ |
| James W. Varum | 15-20 | - | - | - ^ |
| Total | | <u>\$ 2,477,840</u> | <u>200,682</u> | <u>16,953</u> |

The business address for all trustees is:

Dartmouth-Hitchcock Clinic

One Medical Center Drive

Lebanon, NH 03756

^ This individual is a member of the joint Executive Council of
Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic.

* See STATEMENT 22.

Dartmouth-Hitchcock Clinic

EIN: 22-2519596

Fiscal Year Ended September 30, 2005

Form 990, Part V, Line 75 - Officers, Directors, Trustees, and Key Employees Receiving Aggregate Compensation of more than \$100,000 from DHC and all related organizations, of which more than \$10,000 was provided by related organizations.

| <u>Name and Address ~</u> | <u>Title and Time Devoted to Position</u> | <u>Entity</u> | <u>Compensation</u> | <u>Contributions to Employee Benefit Plans & Deferred Comp</u> | <u>Exp Acct and Other Allowances</u> | <u>Compensation Received From</u> |
|---------------------------|--|---|---------------------|--|--------------------------------------|--|
| P. Gardent ^ | Exec VP 40-60 hrs/wk | MHMH DHC | 439,926 | 429,607 * | - | Mary Hitchcock Memorial Hosp EIN 02-0222140 |
| R. Showalter, Jr. ^ | CFO-SR VP Fin Asst Treasurer CFO-SR VP Fin Asst Treasurer Treasurer CFO-SR VP Fin Asst Treasurer 40-60 hrs/wk | MHMH MHMH DHC DHC DHMC DHA DHA | 358,530 | 155,839 * | 3,213 * | Mary Hitchcock Memorial Hosp EIN 02-0222140 |
| J. Varnum ^ | President Trustee Asst Secretary Secretary Trustee President Trustee Asst Secretary 40-60 hrs/wk | MHMH MHMH MHMH DHMC DHMC DHA DHA DHA | 640,467 | 194,299 * | 10,218 * | Mary Hitchcock Memorial Hosp EIN 02-0222140 |

~ The address for all individuals is:

Dartmouth-Hitchcock Clinic
One Medical Center Drive
Lebanon, NH 03756

^ Compensation for this individual is for services rendered in the capacity specified on STATEMENT 16.

* See STATEMENT 22.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part VI, Line 80 - Names of Related Organizations

| | |
|--|-------------------|
| Mary Hitchcock Memorial Hospital | Exempt |
| Dartmouth-Hitchcock Medical Center | Exempt |
| Pompanoosuc Investment Corp. | Non-Exempt |
| Atlantic Risk Management Services, Inc. | Non-Exempt |
| Hamden Assurance Company, Limited | Non-Exempt |
| The Hitchcock Foundation | Exempt |
| Dartmouth-Hitchcock Pension Group Trust | Exempt |

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part VII, Line 103 - Other Revenue

| <u>Description</u> | <u>Business Code</u> | <u>Amount</u> | <u>Exclusion Code</u> | <u>Amount</u> | <u>Related or Exempt Function Income</u> |
|----------------------------------|----------------------|-------------------|-----------------------|------------------|--|
| Consulting Svcs | 621110 | \$ 139,861 | | | |
| Cafeteria | | | 3 | 277,134 | |
| Misc. income | | | 3 | 1,513,955 | |
| Contracted Revenue * | | | | | 24,371,396 |
| Enhanced Affiliation Agreement ^ | | | | | 37,233,900 |
| Patient Care Management | | | | | 314,060 |
| Total Other Revenue | | \$ 139,861 | | 1,791,089 | 61,919,356 |

* Includes revenue from the Keene Health Alliance, a joint operating partnership with The Cheshire Medical Center. The purpose of the joint operating partnership agreement is to provide a more extensive and effective health care delivery system to the communities in the Monadnock Region by establishing joint planning and decision making processes, integrating health care services and establishing mechanisms for the reinvestment of resources to improve community health. The financial results of the joint operating partnership are reported annually on Form 1065, US Partnership Return of Income. A copy of Dartmouth-Hitchcock Clinic's Form K-1 from the joint operating partnership's Form 1065 for December 31, 2004 is attached to this return.

^ See Statement 14

Dartmouth-Hitchcock Clinic

EIN: 22-2519596

Fiscal Year Ended September 30, 2005

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes

Line 93

Fees for providing patient care - one of our exempt purposes

Net Patient Service Revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. **\$ 284,210,419**

Managed Care Revenue consists of revenue from patient care provided under contract with various organizations for subscribing participants. The Clinic receives capitation payments based on the number of participants, regardless of services actually performed. Fee for service payments are also made by the contracting organizations for certain covered services based upon discounted fee schedules. **\$ 2,952,869**

\$ 287,163,288

Line 103

Fees for contracted revenue for services provided to Cheshire Medical Center and Nashua Gastroenterology, in accordance with partnership agreements; and Concord Hospital in accordance with a professional services agreement pursuant to which Dartmouth-Hitchcock Clinic provides personnel exclusively for charitable, educational, scientific and research purposes.

\$ 24,371,396

See Statement 14 regarding the Enhanced Affiliation Agreement

\$ 37,233,900

Fees for facilitating patient care management programs that provide patient education, comprehensive health care and the prevention thereof to various members of the community.

\$ 314,060

\$ 61,919,356

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part IX - Information Regarding Taxable Subsidiaries

| Name of corporation or partnership Address of corporation or partnership <u>Federal identification number</u> | Percentage of ownership <u>interest</u> | Nature of Business <u>Activities</u> | Total <u>Income</u> | End of Year <u>Assets</u> |
|--|--|---|--------------------------------|--|
| Pompanoosuc Investment Corp One Medical Center Dr., Lebanon, NH 03756 02-0352330 | 100 % | Real estate holding company | \$ - | 75,632 |
| Atlantic Risk Management, Inc. 590 Court Street, Keene, NH 03431 02-0216668 | 100 % | Inactive | - | - |
| Hamden Assurance Limited Victoria Hall, 11 Victoria St. Hamilton, Bermuda HM HX 98-0121409 See Form 5471 attached | 70.17 % | Professional liability insurance company | - | 69,588,432 |
| FMP-DHC LLP 8 Prospect Street, Nashua, NH 03060 02-0517881 | ~ 50 % | Cardiology outpatient care center | 3,957,423 | 1,296,482 |
| DHC-FMP II, LLP 21 East Hollis Street, Nashua, NH 03061 03-0460462 | * 50 % | Physician services | 8,656 | - |
| OBNET Services, LLC One Medical Center Dr., Lebanon, NH 03756 04-03746287 | 50 % | Develop and operate database software | 58,573 | 598,390 |
| Keene Health Alliance 580 Court Street, Keene, NH 03431 30-0179297 | 50 % | Physician services | 129,563,000 | - |
| Total (Part IX) | | | \$ 133,587,652 | 71,558,936 |

~ This entity will discontinue operations in July, 2006.

* This entity discontinued operations in December, 2005.

Dartmouth-Hitchcock Clinic

EIN: 22-2519596

Fiscal Year Ended September 30, 2005

Form 990, Part V - Statement regarding benefits

In addition to quantifiable benefits for which dollar amount have been disclosed, the employers as noted provide benefits which include the following: defined benefit pension plan, supplemental retirement plan, workers' compensation insurance, health and dental insurance, short-term and long-term disability insurance, life insurance, and free parking. These benefits either meet a de minimus exception from reporting or are not quantifiable and would require actuarial determination. Thus, the value is not readily available and therefore has not been included in the amounts disclosed on Statements 16 and 17 and Schedule A, Part I.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Part II, Line 44 - Functional Expenses

Statement Regarding Fundraising Expenses

Fundraising costs are allocated by Dartmouth-Hitchcock Medical Center (DHMC) to DHC and the other affiliates of DHMC - Mary Hitchcock Memorial Hospital and Dartmouth Medical School. Certain costs are allocated to the three affiliates in equal shares, other costs are allocated based on the affiliates' percentage of contribution income received. The costs allocated to the entities do not necessarily bear a close relationship to the contributions reported on page 1 of the Form 990.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Schedule A, Part VI-B Lobbying Expenses

From time to time, Dartmouth-Hitchcock Clinic, through its employees and the use of consultants, contacts government officials and legislators. This contact is for the purpose of proposing legislation or expressing an opinion on changes in legislation that affect the Clinic and its ability to carry out its mission. This contact includes sending letters to, calling, and meeting with government officials and legislators. For the fiscal year ending September 30, 2005, Dartmouth-Hitchcock Clinic incurred \$60,825 in conjunction with this activity.

Dartmouth-Hitchcock Clinic
EIN: 22-2519596
Fiscal Year Ended September 30, 2005
Form 990, Schedule A, Part III - Statement About Activities

Line 2-c Furnishing of goods, services or facilities

Dartmouth-Hitchcock Clinic (DHC) conducts business with Vermont Blue Cross Blue Shield (VT BCBS). Wayne Granquist, a trustee of DHC, is married to the Chair of VT BCBS Board of Directors. In addition, John Collins, DHC CEO, Treasurer and Secretary, is a trustee/director of VT BCBS. All transactions with VT BCBS were carried out at arms length, in the ordinary course of business, and negotiated at fair market value.

John Collins is also a trustee/Secretary of The Vermont Health Plan (TVHP), which DHC conducts business with. All transactions with TVHP were carried out at arms length, in the ordinary course of business, and negotiated at fair market value.

Line 4 a - Separate accounts for participating donors

DHC has restricted funds where the donors make the restrictions at the time of the gift.

Line 4 b - Credit counseling, etc.

DHC provides financial counseling to patients to assist them in determining how they can pay the self-pay portions of their DHC bills and to set up payment plans if necessary. DHC negotiates with patients regarding their outstanding debts to DHC only.



FY 2005 Community Benefits Report
and
FY 2006 Plan

Mary Hitchcock Memorial Hospital
and
Dartmouth-Hitchcock Clinic

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I. INTRODUCTION / GENERAL BACKGROUND INFORMATION

Mary Hitchcock Memorial Hospital (MHMH) in Lebanon is New Hampshire's largest hospital. In Fiscal Year 2005 MHMH had 359 inpatient beds.

The Dartmouth-Hitchcock Clinic (DHC) is a multi-specialty physician practice with a network of providers across New Hampshire and Vermont. While DHC's main offices are located in Lebanon, the Clinic also has multi-specialty practices in Manchester, Nashua, Concord and Keene.¹ In addition, the Clinic provides primary care in rural communities in Vermont and northern New Hampshire.

MHMH, all the Clinic sites, and the Dartmouth Medical School (DMS) faculty and students make up the Dartmouth-Hitchcock (DH) health care system. The Hospital and Clinic operate jointly through interlocking directorates, strategic planning and management. They share identical missions. The Medical School, which is closely affiliated with the Hospital and Clinic, is focused on medical education and research.

This document focuses on the community benefits of Mary Hitchcock Memorial Hospital and the Dartmouth-Hitchcock Clinic, the two entities of the health system whose primary mission is health care.

The following table shows how many people received treatment at MHMH and DHC in FY 2005, how many received financial assistance from MHMH and DHC, and how many patients received subsidized services as a result of being insured by Medicare or Medicaid.

Table 1.

| | Number Receiving Financial Assistance | Number Receiving Medicaid | Number Receiving Medicare |
|-------|--|------------------------------|------------------------------|
| North | 5,942 | 23,853 | 50,656 |
| South | 3,553 | 21,890 | 25,260 |

¹ While the community benefits report and plan for Dartmouth-Hitchcock Keene are filed jointly with Cheshire Medical Center, financial assistance from DH Keene is included here.

A. Name and Address of the Chief Executive Officer and Board Chair

| MHMH | DHC |
|---|---|
| James W. Varnum, President One Medical Center Drive Lebanon, NH 03756-0001 603-650-7422 (phone) 603-650-8765 (fax) james.w.varnum@hitchcock.org | Thomas A. Colacchio, President One Medical Center Drive Lebanon, NH 03756-0001 603-650-7647 (phone) 603-650-4220 (fax) thomas.a.colacchio@hitchcock.org |
| Alfred L. Griggs MHMH Board Chair A.L. Griggs Industries Inc. One Roundhouse Plaza, #302 Northampton, MA 01060 agriggs@choiceonemail.com | Alan D. Sessler, M.D. DHC Board Chair Wells Fargo 674 Mayo Clinic 200 First Street, SW Rochester, MN 55905 sessler.alan@mayo.edu |

B. Organizational Structure

MHMH and DHC bylaws are on file with the FY 2002 Community Benefits Report. Please refer to Attachment 1 for the MHMH and DHC Boards of Trustees Roster for FY 2005. We employed 7,549 people in full and part-time positions. Conservatively, we estimate that 1,500 employees participated in community-benefits activities in FY 2005.

All departments and programs share responsibility for community benefits. Programs are coordinated through the Office of Community Health Improvement and Benefits and reviewed annually by the MHMH and DHC Boards of Trustees.

II. COMMUNITY BENEFITS CONTACT PERSON

Name and Title: N. Carr Robertson, MPH
 Community Health Improvement & Benefits Director

Address: Dartmouth-Hitchcock Medical Center
 One Medical Center Drive
 Lebanon, NH 03756-0001

Telephone number: 603-653-1929

e-mail: NCarrR@hitchcock.org

III. MISSION STATEMENT

The mission statements of MHMH and DHC are one and the same. The Boards of Trustees reaffirmed the statement at their meeting on January 13, 2005.

To provide high-quality health care and comfort to the ill, to prevent illness among the well and to advance health care through education, research, community service and the improvement of clinical practice.

IV. PROGRAM INFORMATION

The strategic plan for community benefits and the program narrative were reported in the FY 2003 and FY 2004 reports on file with the NH Attorney General's Office.

V. DEFINITION OF COMMUNITY AND POPULATION SERVED

The Hospital and Clinic define their community as New Hampshire and eastern Vermont. Attachment 2 is a map of our clinics, regional specialty practices and the Dartmouth-Hitchcock Medical Center.

VI. COMMUNITY NEEDS ASSESSMENT INFORMATION

At DH community needs-assessment takes place on a variety of schedules. The most recent assessments for Concord, Keene, Manchester, Nashua and the Upper Valley are on file with the NH Attorney General's office. A mid-term assessment was done by Upper Valley United Way in FY 2005. See Attachment 3.

VII. COLLABORATION

DH is an active member in numerous coalitions and has many community partners. See Attachment 4 which lists many of these affiliations.

DH is the primary contact for the Dartmouth-Hitchcock Alliance (DHA). The DHA is a group of independently owned and operated hospitals and agencies in Vermont, New Hampshire and western Massachusetts. Member organizations share a commitment to improving the quality, efficiency and availability of health care. For an address list of DHA members see Attachment 5. The contact for the Alliance is David P. Evancich, Vice President of Public Affairs, Marketing & Planning. He can be reached at DHMC, One Medical Center Drive, Lebanon NH 03756-0001.

VIII. FY 2006 COMMUNITY BENEFITS PLAN: GOALS, OBJECTIVES & MEASURES

The plan presented here follows a different format than we have used in past years. We have simplified the plan in two ways. We have reduced the number of goals and objectives, and we have opted to present the plan as a table rather than text.

| DARTMOUTH-HITCHCOCK FY 2006 PLAN | | | |
|--|---|--|-----------------------|
| BENEFIT ACTIVITY | GOALS | OUTCOMES | PEOPLE REACHED |
| I Access to primary care and specialty health care for low-income people without insurance | Continue to provide financial assistance to patients who cannot afford the cost of services | \$ value at cost of financial assistance to DHMC patients | 9,000-10,000 |
| | Provide a 30% discount off charges to all uninsured patients | The plan will be in effect by January 1, 2006. | TBD |
| | Continue to subsidize Medicaid, Medicare and CHAMPUS | \$ value at cost of subsidies for these programs | 120,000-140,000 |
| | Continue to partner with and support clinics for uninsured, unemployed and low-income patients | Status of partnerships and support with these clinics | 2,000 |
| | Continue to collaborate to connect children from needy families with medical homes and to sustain Medicaid in NH for children into the future | Status of these collaborations | 7,000-8,000 |
| II. Access to coordinated health and social services for people with HIV/AIDS | Continue to coordinate services across agencies and regions through coalitions and clinical education | Summary of collaborations | 450 |
| | Continue to solicit grants and raise funds to pay for health and social services for people with HIV/AIDS | Summary of grants | Same as above |
| III Help uninsured low-income people with the cost of prescriptions | Continue to help patients get prescriptions for chronic conditions through DHMC medication assistance programs | Status of DHMC medication assistance programs | 1,500-1,750 |
| | Assess effectiveness of Access Rx, a community-based medication assistance program that is grant funded. DHMC serves as the fiscal agent. | Completed assessment and status of the program | 500 |
| IV Promote health among the general public | Provide free flu clinics at DHMC in Lebanon | Number of free flu clinics offered | 7,000-8,000 |
| | Prepare a plan to respond to bird flu, if necessary | Completed plan and status of response - if needed | TBD |
| | Continue to host and participate in health fairs | Summary of health fairs | 5,000-7,500 |
| | Assist schools in teaching health and integrating health into the curriculum | Summary of FitKids, Green Acres, Addiction is a Brain Disease and other DHMC programs in grades K-12 | 15,000-25,000 |
| | Promote women's health through activities of the DHMC Women's Health Resource Centers | Summary of classes and other events | 2,500-3,000 |

| BENEFIT ACTIVITY | GOALS | OUTCOMES | PEOPLE REACHED |
|--|--|---|-----------------------|
| V Prevention & Treatment of Addiction to Alcohol, Tobacco and Other Drugs (ATOD) | Continue the DHMC Addiction Treatment Program, which offers evaluations and intensive outpatient treatment for substance use disorders | Program status | 100 |
| | Continue and expand YES, a collaboration with 3 agencies to provide evidence-based treatment to youth in the Upper Valley | Program status | 100 |
| | Implement the model protocol developed in FY 2005 to address use of alcohol, tobacco and other drugs (ATODs) among HIV/AIDS patients | Protocol in place | 200 |
| | Educate K-12 students about the science of addiction and dangers of using ATODs | Status of FitKids, Addiction is a Brain Disease, Great Issues in Medicine | 20,000 |
| | Foster communication and collaboration across the Upper Valley about prevention and treatment for ATODs | Status of Mapping the Maze, Upper Valley Recovery Celebration, and other collaborative projects | 400 |
| | Begin evidence-based screening and intervention for tobacco use across DHMC, starting with pilots in inpatient units, and offer tobacco cessation counseling at DHMC Lebanon | Status of inpatient processes and tobacco cessation counseling | 250 |
| | | | |
| VI. Educating Doctors, Nurses and Other Health Care Professionals | Continue to provide clinical education to students in health professions | Status of clinical education for students | 300 |
| | Keep providing continuing education programs for health professionals | Status of continuing education for professionals | 3,500 |

IX. FY 2005 COMMUNITY BENEFITS REPORT

A. TABLE OF BENEFITS ACTIVITIES, GOALS AND MEASURES FOR FY 2005

This year we are using a different format for the report. Like the plan for FY 2006, the report for last year is less complex and focuses on fewer goals. The report is presented in two tables. The first table outlines benefit activities and measures the number of people we reached through each activity. We did not total these numbers, because we could not track identities of people attending public events. For example, a patient may have received financial assistance and attended a health fair. Adding the column would result in some double counting.

The table on page 11 summarizes the number of people DHMC helped financially and the dollar value of DHMC's community benefits activities.

| DARTMOUTH-HITCHCOCK FY 2005 MEASURES | | | |
|---|---|--|-----------------------------------|
| BENEFIT ACTIVITY | GOALS | OUTCOMES | PEOPLE REACHED |
| I. Access to primary care and specialty health care for low-income people without insurance | Continue to provide financial assistance to patients who cannot afford the cost of services | DHMC gave \$18,811,411 in financial assistance (at cost) to patients who were uninsured and either indigent or living on low incomes. | Refer to Summary Table on page 11 |
| | Continue to subsidize Medicaid, Medicare and CHAMPUS | DHMC gave \$78,542,363 (at cost) to subsidize Medicaid, Medicare and CHAMPUS services to patients. | Refer to Summary Table on page 11 |
| | Support clinics for uninsured, unemployed and low-income patients | We supported a number of these clinics through in-kind services and gifts. Services ranged from primary care to specialty care, such as management of complex pregnancies | 2,150 |
| | Support a collaborative approach to connect children from needy families with medical homes and sustain Medicaid in NH for children into the future | DHMC is working with the city of Manchester, the state and regional hospitals to connect children from needy families with medical homes. We are also working with these partners to assure that Medicaid can be sustained for needy families in the future. We do not have numbers for our partners who are providing medical homes, accepting Medicaid and providing financial assistance. But in 2005 a third of the 22,700 children we cared for in Manchester had Medicaid or needed financial assistance | 7,342 |
| II. Access to coordinated health and social services for people with HIV/AIDS | Continue to facilitate coordination of services across agencies and regions through coalitions and clinical education | • DHMC continued to work with the Greater Manchester AIDS Project, Southern NH HIV/AIDS Task Force, the Manchester and Nashua Health Departments, the Mental Health Center of Greater Manchester, Nashua Area Health Center, and the NH Care Program. The status of these collaborations is strong. | 250 |
| | | • DHMC provided training to clinicians across the state. | 100 |
| | | • DHMC HIV/AIDS staff received training in cultural competence. | 13 |
| III. Help uninsured low-income people with the cost of prescriptions | Continue to support the DHMC medication assistance programs | DHMC continued to help people get the prescription medications they needed to manage their health conditions. The primary means of assistance was helping people apply to drug companies for financial assistance. We also received grants to help pay for prescription medications. Net costs for the program were \$326,218. | 1,684 |
| | Support Access Rx, a program started by the Bi-state Coalition for Community Health Improvement | DHMC served as the fiscal agent for this collaborative Upper Valley project to help people who were not patients at regional hospitals apply to drug companies for financial assistance. The program was in a start-up phase in FY 2005. | 50 |

| BENEFIT ACTIVITY | GOALS | OUTCOMES | PEOPLE REACHED |
|---|---|--|----------------|
| IV. Promote health among the general public | Provide free flu clinics at DHMC in Lebanon | DHMC ran 3 free flu clinics at DHMC Lebanon | 7,223 |
| | Continue to hold health fairs and participate in health fairs | <ul style="list-style-type: none"> DHMC Lebanon, the Children's Hospital at Dartmouth (CHaD), DHMC Concord, and DHMC Manchester held large health fairs. | 7,200 |
| | | <ul style="list-style-type: none"> DHMC also participated in health fairs coordinated by other organizations, such as schools and health departments | 4,300 |
| | Assist schools in teaching health and integrating health into the curriculum | <ul style="list-style-type: none"> DHMC Manchester partnered with Green Acres School to promote health through health fairs and other activities. | 558 |
| | | <ul style="list-style-type: none"> DHMC Nashua taught the FitKids curriculum in 23 elementary schools. | 1,700 |
| | | <ul style="list-style-type: none"> Across the state DHMC provided guest lecturers in elementary, middle and high schools. We also provided tours of the medical center for school students. | 550 |
| | Promote health and educate women about health issues through the DHMC Women's Health Resource Centers | Women's Health Resource Centers in Lebanon offered 148 classes, and the center in Manchester offered 91 classes. | 2,841 |
| V. Prevention & Treatment of Addiction to Alcohol, Tobacco and Other Drugs (ATOD) | Plan and open an addiction treatment program that provides intensive outpatient services | The DHMC Addiction Treatment Program opened September 6, with less than a month remaining in the fiscal year. We anticipate the program will treat 145 people per year. | 11 |
| | Plan and implement a model protocol to address use of ATODs among HIV/AIDS patients | A consultant was hired, assessed the program and made recommendations. To follow through, DHMC applied for and received a federal grant to support drafting a model protocol. The protocol was drafted and will be piloted in FY 2006. The people reached were clinicians. | 25 |
| | Work with public schools to change attitudes and behaviors related to ATODs | Through FitKids and Addiction is a Brain Disease, DHMC provided education in elementary and middle schools about the causes and consequences of addictions | 2,145 |
| | Foster communication and collaboration across the Upper Valley about prevention and treatment for ATODs | <ul style="list-style-type: none"> DHMC facilitated 2 Mapping the Maze meetings focused on networking between professionals and lay people who prevent or treat addiction or who support people in recovery. DHMC also maintained a monthly listserv for the network. | 120 |

| BENEFIT ACTIVITY | GOALS | OUTCOMES | PEOPLE REACHED |
|---|---|---|----------------|
| | | <ul style="list-style-type: none"> DHMC facilitated collaboration among 3 regional treatment agencies to provide evidence-based treatment to teenagers with addiction. The group, called YES, was awarded a multi-year grant from New Futures. It will begin seeing clients in January 2006. Work to develop this integrated system of care and apply for the grant brought a solid group of providers together in FY 2005. The people reached were professionals collaborating to create the program. | 15 |
| | | <ul style="list-style-type: none"> Working with Second Growth, DHMC supported two professionally-lead peer-support groups for youth One, Making Change, helped substance-using teens transition to healthier choices. The other, Momentum, began in September 2005. | 45 |
| | | <ul style="list-style-type: none"> In September DHMC co-sponsored an Upper Valley celebration of recovery from addiction. Surgeon General C. Everett Koop was the keynote speaker and shared the stage with many people who told about their recoveries. The event focused on hope and achievements. It was truly uplifting. | 250 |
| VI. Educating Doctors, Nurses and Other Health Care Professionals | Continue to provide clinical education to students in health professions | DHMC continued to provide clinical training for students across the state. | 304 |
| | Keep providing continuing education programs for health professionals | DHMC offered continuing education credits to health professionals across the state. | 3,507 |
| VII. Unique Services | Continue to provide unique services that are not otherwise available in the region, such as kidney transplants and infant intensive care. | The Neonatal Intensive Care Unit treated 484 babies in FY 2005. As for kidney transplants, there were 44 at DHMC last year. | 528 |
| | | | |

B. Summary Table of the FY 2005 Community Benefits

The table below summarizes Dartmouth-Hitchcock's community benefits for FY 20005. We believe the table demonstrates Dartmouth-Hitchcock's commitment and mission to serve the community. We believe the table also illustrates a growing threat to the DH mission: the size of subsidies required for Medicare, CHAMPUS and Medicaid.

FY 2005 COMMUNITY BENEFITS SUMMARY

| | | |
|---|--|--------|
| Patients Receiving Financial Assistance | | |
| DHMC / Northern Region | | 5,942 |
| Southern Region | | 3,553 |
| Patients Receiving Medicaid | | |
| DHMC / Northern Region | | 23,853 |
| Southern Region | | 21,890 |
| Patients Receiving Medicare | | |
| DHMC / Northern Region | | 50,656 |
| Southern Region | | 25,260 |

| | | |
|---|--|---------------------|
| Financial Assistance | | \$18,811,411 |
| Financial Support for Medical Education | | \$6,058,843 |
| Uncompensated Teaching Time | | \$15,073,500 |
| Subsidies of Unique Services | | \$1,407,413 |
| Community Health Activities | | \$5,090,962 |
| Payment in Lieu of Taxes | | \$842,411 |
| TOTAL Community Benefits Value | | \$47,284,540 |

| | | |
|---|--|---------------------|
| Uncompensated Medicaid | | \$29,948,053 |
| Uncompensated Medicare / CHAMPUS | | \$48,594,310 |
| TOTAL Uncompensated Government Insurance | | \$78,542,363 |

**MARY HITCHCOCK MEMORIAL HOSPITAL
DARTMOUTH-HITCHCOCK CLINIC
BOARDS OF TRUSTEES AND OFFICERS
October 2005**

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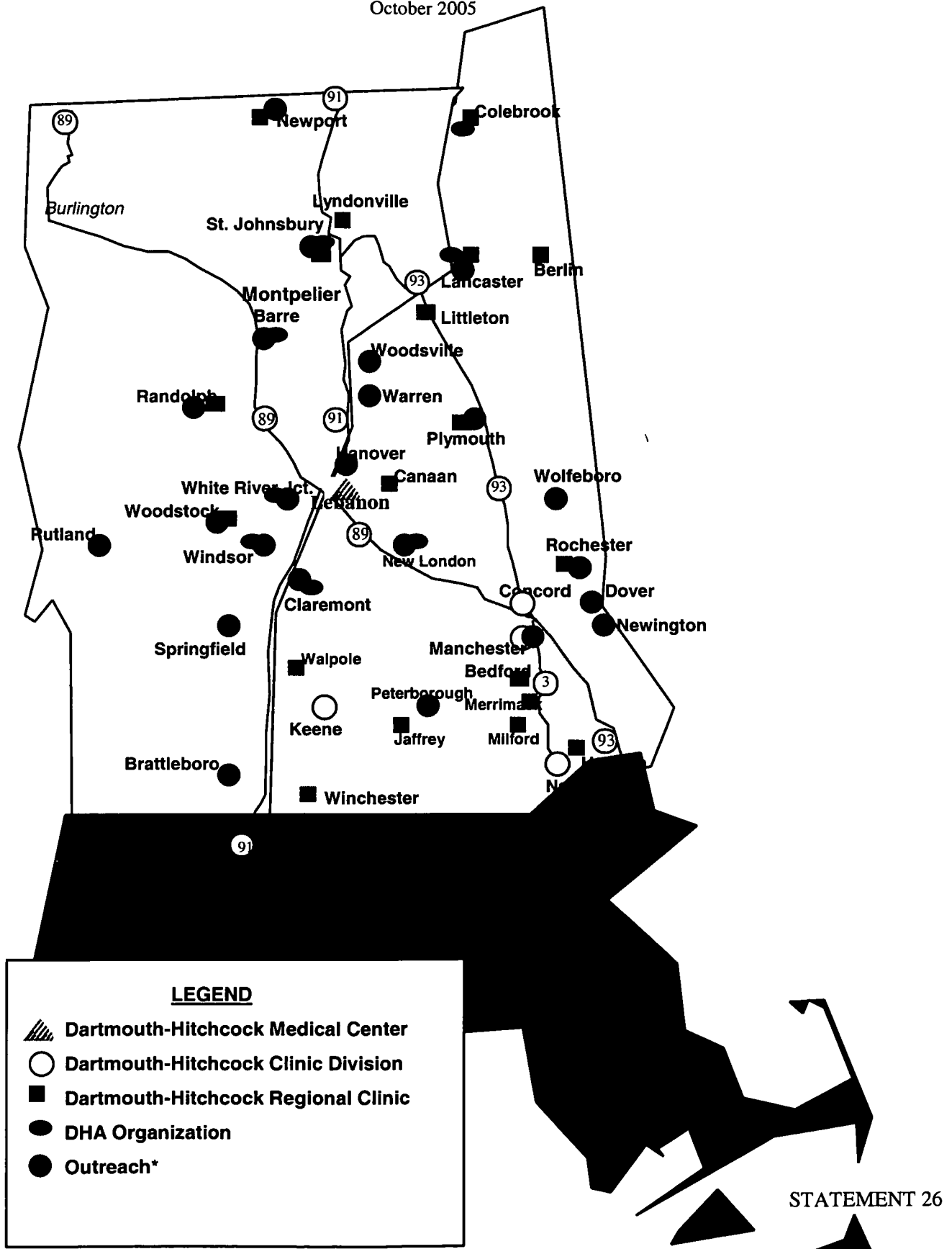
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Revised: 9/05

**Dartmouth-Hitchcock and Dartmouth-Hitchcock Alliance
Health System**

October 2005





United Way of the Upper Valley: Community Impact Indicators

Fall 2005

In the fall of 2005, the UVUW Community Impact Committee designed a model for collecting annual data on a handful of “proxy indicators” as a means of providing the UVUW Board with interim updates to the 5-year Needs Assessment.

These indicators are not meant as an in-depth measure of the community’s well-being; that is the purpose of the full Needs Assessment every five years. Rather, this interim update intended to supply the UVUW Board with observations of new trends and major changes in community needs. This data made available to the Board annually in late fall, to assist the Board in determining funding allocations for the coming year.

This document provides the draft model for the range of “proxy indicators” that *could* be monitored in each of 10 service sectors. (Life skills services were merged into adolescents-at-risk *and* adult crisis emergency services.) The Community Impact Committee agreed that in next year’s cycle (summer/fall 2006), these indicators should be narrowed to 1-2 indicators per sector in order to minimize data collection costs and the time burden on UVUW staff, committee members, and agencies providing the data.

This report is intended as an internal UVUW document, for use by the Board, staff, and Community Impact Committee members only, unless further distribution is approved by the Board or committee. The observations recorded below are those of the committee members and UVUW staff, based on the agencies they contacted and their experience as professionals serving the Upper Valley community.

Respectfully submitted,
Lizann Peyton, UVUW consultant
November 23, 2005

HOUSING & SHELTER INDICATORS***Indicators:***

- Shelters: # bed-nights provided, # turnaways, make-up of shelter population
- Housing authorities: waitlists for housing and housing denied
- Twin Pines: waitlists for affordable housing, # inquiries for transitional housing, # units needed and # available thru Twin Pines

Fall 2005 data:**A. Shelter bed-nights provided:**

- 10,220 bed nights provided to 165 people at The Haven shelter, White River, 2004-05
- 685 bed nights provided to 148 people placed in motels by 10 Bricks, winter 2004-05

B. Number of shelter turnaways:

- 839 at The Haven (unduplicated)

C. Make-up of shelter population:

- 60% children at The Haven
- 40% children at Tri-Co. CAP
- 50% children among Haven turnaways

D. Waitlists for Section 8 permanent housing:

- City of Lebanon: 46 seniors on waitlists 8-12 months (depending on apt. size)
- City of Lebanon: 48 families on waitlists 2-5 years, depending on apt. size
- Town of Hartford: 22 families on waitlists 2-3 years

E. Housing denied: no data found yet**F. LISTEN services:**

- 67 families received \$33,000 in rental assistance, 2004-05
- 218 individuals received housing networking assistance, 2004-05
- 5 households a week turned down for lack of service capacity/funds or ineligibility for service

G. Police and town observations:

- Hanover police: seeing an increased number of homeless persons drifting through town
- Canaan police: expect home fuel costs to be a problem this winter
- Canaan town office: seeing an increased number of requests for help with rent increases
- Grafton town office: increased requests for help w/ rents and furnace repair/replacement
- Lebanon police: big need for short term shelter for single adults with homeless-only need
- Lebanon school counselor: kids are worried about whether fuel increases will leave parents with enough money for housing

H. New Hampshire point-in-time homeless count:

- 90 Upper Valley homeless out of 1,395 statewide in New Hampshire
- 58 Upper Valley students homeless out of 976 statewide in NH schools

Potential Data Sources:

The Haven

Tri-County CAP

VT Economic Services Division

Lebanon Housing Authority

Hartford Housing Authorities

Upper Valley Housing Coalition – Anne Duncan Cooley, adc@uvhc.org

Twin Pines – Rob Bryant, 802-291-7000, rjbryant@valley.net

- has statistics on number of units needed and number of units under their management
- can ask Twin Pines' property management companies about waitlists and numbers of inquiries from social service agencies needing transition housing for clients

Trends we think are occurring:

- numbers are increasing
- many more children and teens need shelter – now 40% of shelter population
- rising rents and fuel costs will increase homelessness
- takes longer to find permanent housing so length of stay is increasing
- population of Tent City includes increasing numbers of women and children, not just men, and the length of stay is increasing
- rental market has softened, but mostly for people earning middle income or more (Twin Pines)

SUBSTANCE ABUSE INDICATORS***Indicators:***

- # on waiting lists – do this every 5 yrs, too many agencies involved for simple call
- # of turnaways – not tracked consistently
- point-in-time count – same issue as waitlists, track only every 5 years
- # with addictions seeking help in hospital emergency departments
- police and court observations
- in 2006: West Central will have data available, Carr will know what else is doable

Fall 2005 data:**A. Number with addictions seeking help in hospital emergency departments:**

- DHMC: 377 with primary or secondary diagnosis of alcohol or drug addiction

B. Police and court observations:

- Canaan police: increase in drug-related incidents and hard drugs like heroin
- Lebanon police: increase in substance abuse incidents; for adults, heroin is cheap and easy to get; for teens, it's alcohol.
- Windsor County Court Diversion: increase in participants in teen alcohol intervention program

Potential Data Sources:

Second Growth

Turning Point

Headrest

West Central Behavioral Health

DHMC Hospital

APD Hospital

School counselors

Clara Martin Center – Renee Weeks

Willow Grove

Other drug programs: methadone programs, etc.

Police: monitoring arrests (direct and indirect) for substance abuse & type of offense

Corrections: monitoring # incarcerated women and correlation with substance abuse

Courts and court diversion programs: caseloads – see DV page for contact info

Trends we think we're seeing:

- harder drugs are coming on the scene – heroin use and deaths are increasing
- addicts are younger, doing hard drugs & associated behavior to fund addiction

INDICATORS FOR CHILD CARE AND AFTER-SCHOOL PROGRAMS FOR LOW-INCOME FAMILIES**Indicators:**

- # turnaways
- # families on waitlists
- # requests for off-hour child care (working parents)
- # families receiving subsidy

Fall 2005 data:**A. Number of turnaways:**

- 42% of estimated in need in Windsor County was unmet in 2003 (source?)

B. Number of families on waitlists:

Note: some agencies cap their waitlists, so data may not reflect full need.

Also, some families get on multiple waitlists to increase chances of finding a slot.

- Child Care Center in Norwich: 60 infants
- Upper Valley Children's Center: 30 children
- Magic Mountain Children's Center: 30 or more
- Green Mountain Children's Center: gets up to 12 calls a day

C. Number of requests for off-hours child care: *Need employer/manufacturing survey***D. Number of families receiving child care subsidies:**

- 344 families and 665 children receiving subsidies in 2004-05 (Family Place)

E. Number of children in after school programs:

- CCB Youth drop-in center (grades 3-6): average 30-40, varies between summer and fall, same over last 2 years
- CCB Kids on Campus (grades K-4): capped at 15 kids
- CCB Preschool program: 8 toddlers on waitlist (age 2), will open a 2nd toddler classroom in 2005-06 because of need,

Potential Data Sources:

The Child Care Project: Susan Lloyd

Family Place: Elaine Guenet

UVUW: data from licensed child care recipients

Schools

After-school programs:

- CCB Youth drop in center: (grades 3-6) Jim Vanier, CCBA, 603-448-3055
- CCB Kids on Campus (K-4) and preschool programs, Eileen Urquhart, CCBA, 603-448-5866 or 448-6477 voice mail

Trends we think we're seeing:

- increasing need for infant and toddler care
- fewer regulated child care slots
- Upper Valley Support Group: getting increased requests for respite child care

MENTAL HEALTH INDICATORS***Indicators:***

- appointment wait time (pick a month, point-in-time count) = accessibility
- # on waitlist
- emergency calls/after-hours emergency utilization
- school counselors: what's being referred and how much
- Good Neighbor: do they keep mental health statistics?
- PATH program: # homeless with mental health issues?

Fall 2005 data:**A. Appointment wait time:**

- Clara Martin: 1-2 weeks for intake plus 1-2 weeks to see a counselor
- West Central: 2 weeks, except at peak time (start of school year)

B. Number on waitlist:

- West Central: none

C. Emergency calls/after hours utilization:

- Chuck can get ED visits w/ psychiatric diagnosis

D. School counselor observations:

- Affordable mediation needed
- Affordable sliding scale counseling needed, parents can't afford counseling
- Kids are worried that parents won't have enough money for housing, given fuel increases
- Counselor worried that student sexual assault/DV cases need stronger response

Potential Data Sources:

West Central

DHMC

HCRS

Teen Line

Clara Martin Center

School counselors

ADOLESCENTS AT RISK & LIFE-SKILLS TRAINING INDICATORS***Indicators:***

- total # adolescents in Upper Valley & #/% enrolled in life-skills courses
- # school drop-outs
- **** *Need more indicators and person to collect data – Jim has some data***
- Free and reduced price lunch eligibility numbers? Will show trends, but not reliable because under-reported by families

Fall 2005 data:**A. Police and other observations:**

- Lebanon police: more suspected unreported teen date rape; substance abuse increasing
- NH indicators point-in-time homeless count: 58 Upper Valley (NH) students homeless
- Also see mental health indicators: data from high school counselors

Potential Data Sources:

Hannah House

LISTEN

High school guidance counselors

Youth-in-Action

Court diversion programs

Family Place – young parents

Police

SAUs

Agencies that do outreach work in schools

Linda Thistle (sp?) in Concord: tracks McKinney-Vento Act monitoring of homeless students – transportation to school and help needed

State data on web about high school dropouts

PRIMARY HEALTH CARE INDICATORS***Indicators:***

- # primary care physicians
- # emergency dept. visits for dental care
- # inappropriate emergency dept. visits for primary care
- appointment availability (“3rd available appointment”)
- # on waitlists at Good Neighbor & Red Logan clinics
- Screening for DV & child abuse – Felitti research

Fall 2005 data:**A. Number of primary care physicians**

- 41 at APD and DHMC (1 per every 2,048 residents)

B. Number of emergency department visits for dental care: Chuck**C. Number of inappropriate emergency department visits for primary care: Chuck****D. Appointment availability:**

- APD: “long wait”
- DHMC: “moderate wait”

E. Number on waitlists:

- Good Neighbor Health Clinic: none
- Red Logan Dental Clinic: over 50 on waitlist, some waiting for over a year for new patient appointments

F. Observations from community providers:

- Good Neighbor Clinic: increase in phone volume and phone triage time to screen and refer people with other resources. Seeing the same issues, just more of it: urgent care, management of chronic disease, and people who’ve lost health insurance.
- Red Logan Dental Clinic: decrease in number of volunteers (skilled dental professionals) – usually have 15-20 professionals volunteering, now only 10-15, and even the prior number wasn’t adequate for the need.
- Hospice: increased requests for hospice help. VNA’s Hospice program served 364 people with 8,517 home visits in 2004, already served 339 with 8,344 visits through Oct. 2005.
- VNA in-home care: served 4,186 people with 141,204 home visits in 2004, already served 3,243 people with 87,836 home visits through October 2005 (not clear this year is increasing). 63% of reimbursement was Medicare (seniors) and 17% was Medicaid (poor, includes seniors). VNA requested increased funds from United Way for home nursing and personal care aids

Potential Data Sources:

DHMC Hospital

APD Hospital

Good Neighbor Health Clinic, Karen Woodbury

Red Logan Dental Clinic

VNA: Carol Olwert, carol.olwert@hitchcock.org, 802-296-2838, ext. 1028

Grafton County Senior Citizens Council

VT Council on Aging – White River

DOMESTIC AND SEXUAL VIOLENCE INDICATORS***Indicators:***

- # requests for service
- # requests for shelter
- # child sexual abuse reports
- # domestic and sexual violence cases (court, town-by-town police data)
- # court-ordered batterer services

Fall 2005 data:

- A. Number of requests for service
- WISE: 500 DV clients, 120 sexual abuse clients, & 20 stalking clients in 2004-05
- B. Number of requests for shelter
- WISE needs 4-5 suite-bedroom units and 2 apartments
- C. Number of child sexual abuse reports
- CAC families 62, CAC therapy 29 (Family Place)
- D. Number of court-ordered batterer services:
- E. Number of DV and SA cases from town, police, and court data
- F. Police observations:
- Lebanon police: increase in domestic violence incidents – over 300 in 2004. Suspected increase in unreported sexual assault and teen date rape cases – no arrest and conviction. Increased need for a Lebanon officer assign primarily to DV and SA.

Potential Data Sources:

WISE

Safeline

Courts:

- VT State's Attorney, Main office, Executive Branch, 802-828-2891 – data not available in 2005 but new software will make it available after July 1, 2006
- NH Administrative Office of the Courts, Gary – statistics: 603-271-2521

Family Place (child sexual abuse)

DHMC

Police

Trends we think we're seeing:

- numbers are up
- numbers will increase further this winter with financial stress from rising fuel and housing costs
- WISE seeing more women with violent trauma history, women with multiple needs, more English-as-second-language clients and immigrants seeking help
- Co-occurrence of domestic violence and child abuse is high
- Seeing multiple victims of single sexual abuse perpetrator
- Increased need for police to work closely with crisis centers.

SENIOR SERVICES INDICATORS***Indicators: in "units of service":***

- Number of congregate meals served
- Number of home deliver meals provided
- Units of transportation provided
- Units of adult day care provided
- Units of adult in-home care provided
- Units of social work service provided
- Grafton Co. Senior Citizens Council can provide these statistics on a monthly, quarterly, or annual basis; if annual, data is available in 3rd week of October.

Fall 2005 data:**A. From UVUW grant applications, Jan. 2005**

- Increased request from both Grafton Co. and Bugbee Center for food/nutrition needs
- Dramatic increase in NH Service Link calls (seniors and handicapped helpline)

B. From Grafton County Senior Citizens:

- Largest growth occurring in home-delivered meals and adult in-home care

Potential Data Sources:

Grafton County Sr. Citizens Council

VT Council on Aging

VNA

Trends we think we're seeing:

- Elder abuse: limited resources of adult protective services and what resources/services are available
- Overall numbers are staying stable but *types* of services vary: the numbers of homebound elders over age 80 are increasing modestly, but their need for service *intensity* is increasing *significantly*.
- State and national political trends will significantly affect senior centers: political trend is to "empty out nursing homes" and promote community- and home-based placement, but this will drastically increase the need for community-based services in the future.
- The aging of the baby-boomer demographic group (now age 45-60) means numbers of elders over age 60 will grow *significantly* in the next 10 years – and when they reach age 80, their service needs will increase dramatically.

CRISIS EMERGENCY RESPONSES AND ADULT LIFE SKILLS INDICATORS***Indicators:***

- # visits for food pantry, emergency fuel, emergency rent assistance
- benefits allocated out - # people helped with food, fuel, rent, # community meals served
- # applications for LIHEAP (Low Income Heating and Energy Assistance Program) and electrical assistance

Fall 2005 data:**A. Number of benefits allocated out:**

- Tri-County CAP: over 450 people receive help with benefits advocacy, transportation, eviction prevention and referrals
- Tri-County CAP: provided \$250,000 in fuel assistance (474 households), \$180,000 in electrical assistance (344 households), and another \$60,000 in utilities conservation assistance (29 households)

B. Bonnie CLAC "Financial Fitness" budget and credit counseling course:

- 75% of clients are low income and 73% of clients are women, many are divorcing or widowed and haven't handled their finances before
- Offering course at Dartmouth and at Hypertherm, some clients aren't poor but many just want skills they never got before

Potential Data Sources:

LISTEN

The Haven

Tri-County CAP

Churches

Town welfare offices

UNH Cooperative Extension (budget counseling)

Bonnie CLAC (Financial Fitness budget & credit counseling course – ask for Marketing Dir., 603-443-9701)

Trends we think we're seeing:

- increased need for housing, food and fuel assistance
- increased needs because of rents rising to cover utilities & tax increases

TRANSPORTATION INDICATORS***Indicators:***

- # inquiries per month to Bonnie CLAC
- Public transit bus ridership and total miles of routes in service
- Senior centers: demand for transportation help
- ask the TMA to suggest indicators: # Park'n'Ride lots and occupancy rates, # bus transfer points, availability of night/weekend bus service

Fall 2005 data:**A. Number of inquiries per month for Bonnie CLAC help:**

- Averaging about 200/month as of Nov. 2005, ranges 140-200/month
- 75% of clients are poor and 73% are women

B. Bus ridership:

- Advanced Transit: 273,609 riders in 2004, 224,819 in first 9 months of 2005
- Connecticut River Transit: 103,000 trips on bus and volunteer network
- Number of transfer points: 3

C. Night/weekend public transit service:

- Only 1 Stagecoach route from Randolph runs on Saturdays, no other night or weekend service from any public transit company
- Would need a survey of big-box retailers' and manufacturers' employees, could help TMA get a grant, need "credible ridership numbers" to get routes funded

D. Park'n'Ride lots:

- 7 lots: Bradford, Piermont, Thetford, Royalton, Sharon, Hartland, Ascutney
- Lots are full every day, one new lot planned on I-89 near Grantham, for 2006

Potential Data Sources:

Upper Valley Transportation Management Authority (TMA)

Bonnie CLAC

Good News Garage

Advance Transit

Stagecoach (Randolph and Bradford routes), scoach1@sover.net, 802-728-3773

CT River Transit – Springfield route

Community Transit Services - Claremont line

Upper Valley Rideshare, 802-295-1824, ext. 21, info@uppervalleyrideshare.com

Senior centers

V.A. Hospital – transportation for persons with disabilities

LEGAL SERVICES TRENDS

Trend observations from South Royalton Legal Clinic, Other Sources:

- Increase in immigration services
- Increase in children needing independent court representation in divorce/custody cases
- Massive request for legal services in domestic cases getting dumped on courts
- Continuing need for domestic violence, divorce, custody and child support legal help
- Debt relief and debt counseling: attorneys will be fleeing this field because new federal bankruptcy law forces attorneys to vouch personally for the accuracy of financial info presented to the court by client
- Housing issues
- Under-insured/working poor
- Prisoners returning to the community with no housing
- Children of prisoners: need representation, often have mental health and special education needs, parents often divorce when one parent in prison so child loses mom to prison and dad to divorce and may also lose housing
- Readjustment of returning vets with post-traumatic stress disorder

NH Bar Association's Pro Bono office:

- Family law cases are getting more complicated, multiple issues going on and the timing is more urgent
- Diminishing supply of bankruptcy lawyers, hard to find
- Debt, credit card debt, and bad credit cases – likely to increase as fuel costs go up, just as number of bankruptcy lawyers are declining
- New divorce custody law effective October 1 will institute new requirements: more mediation needed, more paperwork to fill out and more training needed
- As lawyers take time to train and adapt to new custody and bankruptcy laws, may mean less time available for client services this coming year

Partial List of DHMC Community Partners, FY'2005¹

Access Rx
Accreditation Council for Graduate Medical Education (ACGME)
ACORN
Adoptive Families for Children, Inc., Keene, NH
Adult Tutorial Program of Southern Grafton County
Advance Transit
Albert Schweitzer Fellowship
Alcoholics Anonymous
Alice Peck Day Memorial Hospital
Alzheimer's Association of VT & NH
American Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Board of OB/GYN Competency Task Force
American Board of Orthopaedic Surgery
American Cancer Society
American College of Healthcare Executives in NH Regents
American College OB/GYN
American Healthcare Foundation
American Heart Association
American Lung Association
American Organization of Nurse Executives
American Orthopaedic Association
American Orthopaedic Society for Sports Medicine
American Red Cross
American Stroke Association
AONE Patient Care Delivery Systems Task Force
Bi-State Coalition For Community Health Improvement
Brookside Health & Rehab
Bugbee Senior Center
Camp Lochearn for Girls
Canaan Police
CareNet
Carter Community Building Association (CCBA)
Casey Family Services
Casting for Recovery
Central Vermont Hospital
Central Vermont Medical Center
Chelsea Health Center
Child and Family Services
Child Health Services Board
City of Lebanon
Claremont District Court

¹ Community Partners are non-profit agencies and grassroots groups with whom we collaborate to improve community health.

Claremont School District
Colby-Sawyer College
College of American Pathologists
Community Sports Organization
Cooley Dickinson Health Care Corp
C0-OP Food Stores (Hanover & Lebanon)
Cradle & Crayon, Inc.
CROP
Crossroads Academy
Crotched Mountain
Dartmouth Center on Addiction, Recovery & Education (DCARE)
Dartmouth Childcare Project
Dartmouth College
Dartmouth College Health Awareness Program
Dartmouth-Hitchcock Alliance
Dartmouth-Hitchcock Medical Center
DHMC Outpatient Falls Risk Reduction Task Force
David's House
Dothan Brook School
Douglas of North America
Dresden Athletic Advisory Board
Emergency Nurses Association
Endometriosis Association
Endowment for Health
Enfield Police Department
The Family Place
Fannie CLAC, Lebanon, NH
Foundation for Healthy Communities
Gastroenterology Nurses Association
Global Health Cares
Good Beginnings
Good Neighbor Health Clinic
Goose Pond Association
Grafton County Corrections
Grafton County Senior Citizen Council
Grafton/Sullivan Child Advocacy Center Planning Committee
Grantham Village School
Greater Lebanon Chamber of Commerce
Greater Manchester Association of Social Service Agencies
Greater Manchester Family YMCA
Greater Nashua Healthy Community Collaborative
Greater Nashua Home Visiting Collaborative
Green Acres Partnership
Hannah House
Hanover Area Chamber of Commerce
Hanover High School Youth in Action
Hanover Improvement Society
Hanover Juvenile Diversion Program
Hanover Recreation Department
Hanover School District

Hanover Terrace HealthCare
Hanover Water Company
Hartford High School
Hartford Vermont Brownie Troop 669
Hartford Vermont School District
Headrest
Healthcare Human Resource Association of New Hampshire
Health Care & Rehabilitation Services of Southeastern Vermont (HCRS)
Healthy Manchester Leadership Committee
Heritage United Way
Hole in the Woods Ranch Camp
Hospice of the Upper Valley
HUB South Royalton, Vermont Health Clinic
Indian River Nursery School
Indian River School
Interplast, Inc.
Keene State College
Kendal at Hanover
Ladies First of VT
Lake Sunapee Region Visiting Nurse Association
La Leche League of the Upper Valley
Lebanon City & Parks
Lebanon College
Lebanon High School
Lebanon Human Services
Lebanon Kiwanis Club
Lebanon Police Department
Lebanon Recreation Department
Lebanon Riverside Rotary Club
Lebanon Rotary Club
Lebanon School District
Lebanon Senior Center
Let No Woman Be Overlooked
Licensed Dietitians Board
Lifeline National Advisory Board
Listen
Lyme Police Department
Manchester Asthma Coalition
Manchester Community Health Center
Manchester Health Dept/Health Leadership Council
Manchester Immunization Coalition – MIGHTY
Manchester Regional Committee on Aging
Manchester Visiting Nurse Association
Mapping the Addiction Maze Network
March of Dimes – National, New Hampshire and Vermont
Mascoma Clinic
Mascoma Savings Bank
Mascoma School District
Mascoma Valley Health Initiative
Maternal Child Health Committee

Mayor's Task Force on Cancer
Medicare Coverage Advisory Committee (MCAC) – Baltimore, MD
The Mental Health Center of Greater Manchester
Merriam Graves Medical Products
Mid-Vermont Christian School
Mt. Ascutney Prevention Partnership
Nashua Regional Cancer Center
Nashua Tobacco Free Coalition
National Alliance on Mental Illness (NAMI)
National American Physical Therapy Association
National Board for Certification in Occupational Therapy
National Committee for Quality Assurance Spine Care
National Highway Traffic Safety Administration
National Hospice Organization
National Institute of Health AIDS Data Monitoring & Safety Board
National Institutes of Health Program Project Grant Advisory Board
National Quality Forum
National WHRC
New Beginnings – Belknap County Crisis Center
New England College
New England Organ Bank
New Futures
New Hampshire Academy of Family Physicians
New Hampshire Association of Diabetes Educators
New Hampshire Association of Women's Health, Obstetric & Neonatal Nurses
New Hampshire Attorney General's Office
New Hampshire Attorney General's Task Force on Child Abuse
New Hampshire Board of Medicine
New Hampshire Brain Injury and Stroke Conference
New Hampshire Breast Cancer Coalition
New Hampshire Charitable Foundation
New Hampshire Child Fatality Review Team
New Hampshire Community Technical College
New Hampshire Cooperative Extension Service
New Hampshire DCYF
NH Department of Alcohol & Drug Abuse Prevention & Recovery
New Hampshire Department of Health and Human Services
New Hampshire Department of Justice/Charitable Trusts Division
New Hampshire District Council
New Hampshire Division of Health and Human Services/Claremont
Regional Office
New Hampshire Division of Health and Human Services/Concord
New Hampshire Early Hearing Detection & Intervention Advisory Committee
New Hampshire Emergency Medical & Trauma Services
New Hampshire EMS Medical Control Board
New Hampshire Endowment for Health
New Hampshire Falls Risk Reduction Task Force
New Hampshire Foundation for Healthy Communities
New Hampshire Health & Education Authority Board
New Hampshire Healthcare Quality Assurance Commission

New Hampshire Healthy Kids
New Hampshire Hospital Association
New Hampshire Immunization Advisory Committee
New Hampshire Leadership Team – National Standards Campaign on
Domestic Violence
New Hampshire Lithotripter Center, Inc.
New Hampshire Medical Care Advisory Committee
New Hampshire Medicare Advisory Committee
New Hampshire Medical Society
New Hampshire Minority Health Coalition
New Hampshire Newborn Metabolic Screening Program
New Hampshire Occupational Therapy Governing Board
New Hampshire Office of Allied Health Professionals
New Hampshire Organization of Nurse Leaders
New Hampshire Society of Pathologists
New Hampshire State Emergency Management Agency
New Hampshire Technical Institute
New Hampshire Vaccine Association
New Hampshire/Vermont Hospital Ethics Committee Network
New London Hospital
North Country Hollistic Group
Northeastern Vermont Area Health Education Center (AHEC)
Northeast Health Care Quality Foundation
Northern New England ALS Society
Northern New England Perinatal Quality Improvement Project
Northern New England Poison Center
Norwich Affordable Housing
Norwich Fast Squad
Norwich University
Nursing Child Assessment Satellite Training (NCAST)
Opera North
Orford Police Department
OSIP Elderly Housing Group - Newbury, Vermont
Ottauquechee Community Partnership
Overeaters Anonymous
Pastoral Counseling Services Board
Pemi-Valley Habitat for Humanity (Plymouth, NH)
PLAG – Parents, Families & Friends of Lesbians & Gays Support Group
Planned Parenthood of Northern New England
Planned Parenthood of the Upper Valley
Prevent Child Abuse (VT)
Psycho-social OB High Risk Patients Coordination of Services
Ray Helfer Society
Red Cross of Central Vermont & NH
Restless Leg Syndrome Support Group, Alice Peck Day Memorial Hospital
Richmond Middle School
River Valley Health Club
Romano Circle
Rotary District 7850 – Organ & Tissue Donor Awareness Program
RSVP of Upper Valley

Rural Health Advisory Council
Second Growth
Service Link of Grafton County
SHARE (Infant Loss)
SOAR – Students Offering Aid and Relief
Southeast State Correctional Facility
South Woodstock Community Club
Speare Memorial Hospital
Springfield Hospital
Springfield Prevention Coalition
State of New Hampshire Foundation for Healthy Communities
State of Vermont Program for Quality in Health Care
Sullivan County Community Coalition
Sunapee Middle School
Surveillance & Prevention Advisory Board of the New Hampshire Office of
Community and Public Health (OCPH)
TIAA-CRF Advisory Council
Ticonderoga, NY, Women's Health Center
Together in Health, "Natural Medicine Newsletter"
Town of Hanover (Trustee of Trusts)
Trails for Life Robert Wood Johnson Grant Group
Tuberous Sclerosis Alliance
Tufts University
Tunbridge School
Turning Point Club
Twin Pines Housing Trust Board
Twin State Regional Winter Special Olympics
United Developmental Services
United Healthcare National Musculoskeletal Scientific Advisory Board
United States Consumer Product Safety Commission
University of Connecticut PharmD Program
University of New Hampshire
University of Vermont
Upper Valley Business and Education Partnership
Upper Valley Child & Family Services
Upper Valley Fatherhood Network
Upper Valley Habitat for Humanity
Upper Valley Haven
Upper Valley Hostel
Upper Valley Housing Coalition
Upper Valley Lady Magic AAU Youth Basketball
Upper Valley Land Trust
Upper Valley Prevention Partnership
Upper Valley Special Olympics
Upper Valley Substance Abuse Foundation
Upper Valley Support Group
Upper Valley Teacher Institute
Upper Valley Town Health Inspectors
Upper Valley Trails Alliance
Upper Valley Transportation Management Association

Upper Valley United Way
Valley Regional Hospital
Valley & Wheelock Terrace
Vermont Bioterrorism Planning Committee
Vermont Blueprint for Health
Vermont Chapter International Executive Housekeepers Association (IEHA)
Vermont Children's Aid Society
Vermont Coalition of Clinics for the Uninsured
Vermont DCYF
Vermont Department of Corrections
Vermont Department of Health / Alcohol & Drug Abuse Programs
Vermont Department of WIC Program
Vermont Emergency Nurses Association
Vermont Ethics Network
Vermont Health Resource Allocation Plan Advisory Committee
Vermont Institute of Natural Sciences
Vermont Drug Court
Vermont Medicaid Advisory Board
Vermont National Guard
Vermont Physicians Clinic Community Advisory Board
Vermont Program for Quality in Health Care
VHA Health Foundation
Visiting Nurse Association & Hospice of VT & NH, Inc.
Vital Communities
Volunteer Optometric Service to Humanity (VOSH)
West Central Behavioral Health
WIC of Sullivan, Cheshire, and Grafton, NH, Counties
Willow Grove Home
WinCycle
Windsor County Court Diversion
Windsor County Partners
Windsor High School (VT)
WISE
Woodstock Elementary School
WorldKids Foundation

Dartmouth-Hitchcock Alliance - FY 2005

Central Vermont Medical Center, Inc.
130 Fisher Road, P. O. Box 547
Barre, VT 05641

Cooley Dickinson Health Care Corporation
30 Locust Street, PO Box 5001
Northampton, MA 01061-5001

Gifford Medical Center, Inc.
P.O. Box 2000
44 South Main Street
Randolph, VT 05060-2000
(Disaffiliated with DHA 9/30/05)

Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756

Mt. Ascutney Hospital & Health Center
289 County Road
Windsor, VT 05089

New London Hospital
273 County Road
New London, NH 03257
(Affiliated with DHA 10/1/05)

Northeastern Vermont Regional Hospital, Inc.
1315 Hospital Drive, P.O. Box 905
St. Johnsbury, VT 05819-9210

North Country Health Systems, Inc.
189 Prouty Drive
Newport, VT 05855
(Disaffiliated with DHA 4/30/05)

Upper Connecticut Valley Hospital
181 Corliss Lane
Colebrook, NH 03576

Valley Regional Healthcare, Inc.
243 Elm Street
Claremont, NH 03743
(Affiliated with DHA 1/1/05)

Visiting Nurse Association & Hospice of VT & NH
331 Olcott Drive, Suite U1
White River Junction, VT 05001-9263

Weeks Medical Center
173 Middle Street
Lancaster, NH 03584

West Central Behavioral Health
2 Whipple Place
Lebanon, NH 03766

Form 8868

(Rev. December 2004)

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

| | | |
|---|---|--------------------------------|
| Type or print | Name of Exempt Organization | Employer identification number |
| | DARTMOUTH-HITCHCOCK CLINIC | 22-2519596 |
| | Number, street, and room or suite no. If a P.O. box, see instructions | |
| | ONE MEDICAL CENTER DRIVE | |
| File by the due date for filing your return. See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | LEBANON, NH 03756 | |

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **RICHARD H. SHOWALTER**

Telephone No ▶ 603-650-5668

FAX No ▶ 603-653-1111

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until MAY 15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or

▶ ☒ tax year beginning OCTOBER 1, 2004, and ending SEPTEMBER 30, 2005.

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2004)

7158 4487 8660 0203 8629

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

| | | |
|---|---|--------------------------------|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization | Employer identification number |
| | DARTMOUTH-HITCHCOCK CLINIC | 22-2519596 |
| | Number, street, and room or suite no. If a P.O. box, see instructions | For IRS use only |
| | ONE MEDICAL CENTER DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | LEBANON, NH 03756 | |

Check type of return to be filed (File a separate application for each return):

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **RICHARD H. SHOWALTER**

Telephone No **603-650-5668**

FAX No **603-653-1111**

• If the organization does not have an office or place of business in the United States, check this box. ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the **whole group**, check this box ☐ If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2006**
- 5 For calendar year **2005**, or other tax year beginning **OCTOBER 1, 2004** and ending **SEPTEMBER 30, 2005**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **0.00**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **0.00**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **0.00**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to sign this form.

Signature **Susan Dull** Title **CPA** P00233523 Date **5/3/2006**

Notice to Applicant - To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

By _____

EXTENSION APPROVED

Director _____

Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| | | |
|---------------|---|------------------------------------|
| Type or print | Name | ERNST & YOUNG LLP ATTN: SUSAN DULL |
| | Number and street (Include suite, room, or apt. no.) or a P.O. box number | 75 BEATTIE PLACE, SUITE 800 |
| | City or town, province or state, and country (Including postal or ZIP code) | GREENVILLE, SC 29601 |
| | | |

7108 4987 8660 0215 9843