

October 29, 2021

Robert Kelley, Director of Finance  
St Joseph Hospital  
172 Kinsley Street  
Nashua, NH 03060

Dear Bob:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990

2020 Form 990-T

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Instructions for filing the above forms are furnished for easy reference.

We have provided a "Public Disclosure Copy" of Form 990 which can be used for distribution or posting on your website.

Also enclosed are the original and duplicate copies of the New Hampshire Annual Report Certificate. The original Annual Report Certificate should be signed and notarized and the Form 990 should also be signed. The Annual Report Certificate has the required attachments including the "New Hampshire Copy" of the 990, the list of the Board of Directors, and a copy of the audited financial statements. Please include your NH Annual Report Extension with proof of payment with these attachments. Please send the complete filing as assembled, plus your NH Annual Report Extension.

The Annual Report Certificate, together with the attachments, should be mailed on or before November 15, 2021 to:

Office of New Hampshire Attorney General  
Charitable Trusts Unit  
33 Capitol Street  
Concord, NH 03301-6397

We recommend that you mail your returns by means of certified mail, return receipt requested, to document timely filing.

The returns were prepared from the information furnished by you. Please review the returns before signing to ensure that there are no omissions or misstatements of material facts. If you note anything which may require a change to the returns, please contact us before filing them.

Prior to preparing your returns, we asked questions to determine if you had any foreign financial accounts requiring disclosure with the tax returns on IRS Form 8938 and filing of U.S. Treasury Form FinCEN 114. We have prepared your tax returns based on the information you provided in response to these questions. If you indicated that you have no reportable interest in foreign financial accounts or you have not responded to our inquiries related to this request, your tax returns were prepared without any disclosure for these accounts. Otherwise, we have prepared your tax returns in accordance with the information you provided to us and have made the appropriate disclosure on your return and have prepared Form FinCEN 114 and/or Form 8938 and the accompanying filing instructions.

Please be advised that there are significant civil and criminal penalties for non-disclosure and reporting of such accounts. Baker Newman Noyes will not be liable for any penalties resulting from your failure to provide us with accurate and timely information regarding such accounts or to timely file the required disclosure forms.

**Tax Shelter Disclosure:** Please remember that, although tax shelters can be perfectly legal, the IRS monitors this area closely, and disclosure requirements must be given the utmost consideration. As a taxpayer, you are required to disclose any transaction that the IRS deems "reportable." In general, reportable transactions include: certain listed or potential tax avoidance transactions; transactions that require keeping secret an advisor's tax strategies; transactions in which fees are contingent on your realization of tax benefits; and transactions that result in claiming certain sizable casualty losses.

If you have questions or believe that you may have participated in a reportable transaction, please contact your advisor at Baker Newman Noyes. In addition, the IRS maintains a tax shelter hotline that you may contact anonymously at (866) 775-7474. You are responsible for ensuring that you have properly disclosed all reportable transactions. Failure to make required disclosures will result in substantial penalties.

Furthermore, Baker Newman Noyes will not be liable where penalties arise from your failure to disclose reportable transactions. Please remember that our ability to assist you is limited to the information that you have provided us. Thus, your tax returns will not contain the appropriate

disclosures unless you notify us about potential reportable transactions. Please contact us with any information or concerns about reportable transactions before filing your returns.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'N. Porto', with a long, sweeping horizontal line extending to the right.

Nicholas E. Porto  
Principal

## Filing Instructions

**Prepared for:**

Robert Kelley, Director of Finance  
St Joseph Hospital  
172 Kinsley Street  
Nashua, NH 03060

**Prepared by:**

BAKER NEWMAN & NOYES, LLC  
650 ELM STREET, SUITE 302  
MANCHESTER, NH 03101

**2020 FORM 990****Electronic Filing:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

**2020 FORM 990-T**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

No amount is due on Form 990-T.



Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**St. Joseph Hospital****02-0222215**

Name and title of officer or person subject to tax

**John Jurczyk**  
**SVP and President****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>243,240,371.</b>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> .....
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **BAKER NEWMAN & NOYES, LLC** to enter my PIN **65432**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**01102411953**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Nicholas E. Porto**Date ▶ **10/28/21**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**St. Joseph Hospital**

Doing business as

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

**172 Kinsley Street**

Room/suite

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

**Nashua, NH 03061-2013****F** Name and address of principal officer: **John Jurczyk****172 Kinsley Street, Nashua, NH 03061-2013****D** Employer identification number**02-0222215****E** Telephone number**(603) 882-3000****G** Gross receipts \$ **275,487,103.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No


If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **stjosephhospital.com****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1943** **M** State of legal domicile: **NH****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Healthcare services to anyone needing care.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>1786</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>193</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>56,960.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>461,378.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>230,267,456.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11,464,275.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>10,740.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>242,203,849.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>35,000.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>112,589,791.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>123,212,497.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>235,837,288.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>6,366,561.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>273,734,500.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>134,907,189.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>138,827,311.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>John Jurczyk, SVP and President</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Nicholas E. Porto</b>	Preparer's signature 	Date <b>10/28/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01310283</b>
	Firm's name ▶ <b>BAKER NEWMAN &amp; NOYES, LLC</b>	Firm's EIN ▶ <b>01-0494526</b>			
	Firm's address ▶ <b>650 ELM STREET, SUITE 302 MANCHESTER, NH 03101</b>	Phone no. (800) 244-7444			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

We are a Catholic health ministry, providing healing and care for the whole person, in service to all in our communities.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 40,169,780. including grants of \$ 0. ) (Revenue \$ 55,848,373. )  
Inpatient medical, surgical and rehabilitative services to anyone needing care in the greater Nashua area.

**4b** (Code: ) (Expenses \$ 85,190,347. including grants of \$ 0. ) (Revenue \$ 150,997,454. )  
Outpatient services including surgery, radiology, laboratory, rehabilitative, cardiovascular, breast health, cardiac rehab, and mental health to anyone needing services in the greater Nashua area.

**4c** (Code: ) (Expenses \$ 55,268,264. including grants of \$ 99,824. ) (Revenue \$ 0. )  
Each year St. Joseph Hospital provides millions of dollars worth of charity care and community services reflecting our healing mission and our values. St. Joseph Hospital follows the methodology recommended by the Catholic Health Association for calculating the cost of charity care and community benefits.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 2,238,332. including grants of \$ ) (Revenue \$ 3,644,022.)

**4e** Total program service expenses **182,866,723.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b> X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 120	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 1786		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ .....			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	10			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		9		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **Richard Plamondon, VP Finance - (603) 882-3000**  
**172 Kinsley Street, Nashua, NH 03061-2013**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Albert Tom Physician	40.00 0.00					X		1,061,271.	0.	45,070.
(2) Prasanna Gulur Physician	40.00 0.00					X		731,984.	0.	49,063.
(3) Michael Remar Physician	40.00 0.00					X		569,755.	0.	51,038.
(4) Yong Hwa Lee Physician	40.00 0.00					X		560,425.	0.	21,479.
(5) John A. Jurczyk SVP & President	38.00 2.00	X		X				0.	477,005.	32,700.
(6) Peter Gould Physician	40.00 0.00					X		448,208.	0.	48,805.
(7) Deepak Vatti Medical Director	40.00 0.00				X			361,142.	0.	37,080.
(8) Alison Madden VP Medical Affairs	40.00 0.00				X			356,566.	0.	32,247.
(9) Richard Plamondon Treasurer / VP Finance	38.00 2.00			X				0.	353,710.	30,707.
(12) Judith Dunbar Director	1.00 0.00	X						0.	0.	0.
(13) Ralph Jenkins Director	1.00 0.00	X						0.	0.	0.
(14) Donnalee Lozeau Director	1.00 0.00	X						0.	0.	0.
(15) Joseph J. Porcello Director	1.00 0.00	X						0.	0.	0.
(16) Daniel M. Weeks Director	1.00 0.00	X						0.	0.	0.
(17) Louise Trottier Chair	1.00 0.00	X		X				0.	0.	0.
(18) Maurice Arel Immediate Past Chair	1.00 0.00	X		X				0.	0.	0.
(19) John Parolin Vice Chair	1.00 0.00	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Arthur Urschel Secretary	1.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								4,089,351.	830,715.	348,189.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,089,351.	830,715.	348,189.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **269**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Harvey Construction Corp 10 Harvey Road, Bedford, NH 03110-6805	Construction and renovation	3,406,697.
Hospital Medicine Associates LLC P.O. Box 634850, Cincinnati, OH 45263-4850	Locum and staffing	2,429,077.
Mayo Collaborative Service P.O. Box 9146, Minneapolis, MN 55480-9146	Laboratory testing	1,802,821.
Northeastern Surgical Specialist 520 8th Street NE, Hickory, NC 28601	Surgical services	1,408,665.
The ROI Companies, 5555 Glenridge Connector, Suite 200, Atlanta, GA 30342	Healthcare solutions	933,539.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **46**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	51,320.				
	<b>d</b> Related organizations	<b>1d</b>	9,942.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	25,173,441.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	392,791.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 53,904.				
	<b>h Total.</b> Add lines 1a-1f			25,627,494.			
<b>Program Service Revenue</b>	<b>2 a</b> Patient services	<b>Business Code</b>	622110	207,138,562.	207,138,562.		
	<b>b</b> Tuition, education, and seminars		611600	1,376,108.	1,376,108.		
	<b>c</b> Other program fees		622110	1,338,912.	1,338,912.		
	<b>d</b> Cafeteria		722514	530,824.	530,824.		
	<b>e</b> Thrift/gift shop and boutique		453220	105,443.	105,443.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			210,489,849.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,656,160.			5,656,160.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real 118,762.				
	<b>b</b> Less: rental expenses	<b>6b</b>	259,480.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-140,718.				
	<b>d</b> Net rental income or (loss)			-140,718.			-140,718.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities 33,425,320.	(ii) Other 86,898.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	31,957,613.	4,110.			
	<b>c</b> Gain or (loss)	<b>7c</b>	1,467,707.	82,788.			
	<b>d</b> Net gain or (loss)			1,550,495.			1,550,495.
	<b>8 a</b> Gross income from fundraising events (not including \$ 51,320. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	25,660.				
	<b>b</b> Less: direct expenses	<b>8b</b>	25,529.				
	<b>c</b> Net income or (loss) from fundraising events			131.			131.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> Answering services	<b>Business Code</b>	517000	36,660.		36,660.	
	<b>b</b> Housekeeping services		812900	20,300.		20,300.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			56,960.			
	<b>12 Total revenue.</b> See instructions			243,240,371.	210,489,849.	56,960.	7,066,068.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	69,402.	69,402.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	30,422.	30,422.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	787,035.	768,682.	18,353.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	86,222,718.	84,212,098.	2,010,620.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,110,901.	1,084,996.	25,905.	
<b>9</b> Other employee benefits	12,229,835.	11,944,648.	285,187.	
<b>10</b> Payroll taxes	5,733,093.	5,569,951.	163,142.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	427,053.		427,053.	
<b>b</b> Legal	54,593.		54,593.	
<b>c</b> Accounting	99,260.		99,260.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,116,920.	14,996,250.	14,120,670.	
<b>12</b> Advertising and promotion	158,586.	81,677.	76,909.	
<b>13</b> Office expenses	3,232,431.	1,664,817.	1,567,614.	
<b>14</b> Information technology	1,366,719.	703,909.	662,810.	
<b>15</b> Royalties				
<b>16</b> Occupancy	4,320,503.	2,225,213.	2,095,290.	
<b>17</b> Travel	97,671.	50,304.	47,367.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	134,557.	69,302.	65,255.	
<b>20</b> Interest	2,652,114.	2,652,114.		
<b>21</b> Payments to affiliates	22,965,862.		22,965,862.	
<b>22</b> Depreciation, depletion, and amortization	7,168,254.	7,168,254.		
<b>23</b> Insurance	2,969,760.	1,529,532.	1,440,228.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Patient-billed supplies	22,285,423.	22,285,423.		
<b>b</b> Provision for bad debts	12,331,963.	12,331,963.		
<b>c</b> Medicaid tax	9,814,278.	9,814,278.		
<b>d</b> Repair/PM contracts	3,747,880.	1,930,292.	1,817,588.	
<b>e</b> All other expenses	3,268,116.	1,683,196.	1,584,920.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	232,395,349.	182,866,723.	49,528,626.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,784,987.	<b>1</b>	3,125,514.
	<b>2</b> Savings and temporary cash investments .....	25,276,093.	<b>2</b>	8,916,538.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	31,685,821.	<b>4</b>	41,274,435.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,204,278.	<b>7</b>	14,174,572.
	<b>8</b> Inventories for sale or use .....	1,453,670.	<b>8</b>	3,336,735.
	<b>9</b> Prepaid expenses and deferred charges .....	998,274.	<b>9</b>	1,107,387.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 186,377,959.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 125,515,269.		
	<b>11</b> Investments - publicly traded securities .....	57,151,115.	<b>10c</b>	60,862,690.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	71,277,915.	<b>11</b>	16,471,372.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	47,511,238.	<b>12</b>	135,029,140.
	<b>14</b> Intangible assets .....	15,226,076.	<b>13</b>	18,314,876.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,165,033.	<b>15</b>	8,482,940.	
<b>17</b> Accounts payable and accrued expenses .....	273,734,500.	<b>16</b>	311,096,199.	
<b>Liabilities</b>	<b>18</b> Grants payable .....	28,046,093.	<b>17</b>	30,151,973.
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....	45,021.	<b>19</b>	117,296.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	86,976,690.	<b>20</b>	83,232,648.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	19,839,385.	<b>25</b>	49,710,595.
	<b>27</b> Net assets without donor restrictions .....	134,907,189.	<b>26</b>	163,212,512.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>28</b> Net assets with donor restrictions .....	136,726,651.	<b>27</b>	145,789,809.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>	2,100,660.	<b>28</b>	2,093,878.
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	138,827,311.	<b>32</b>	147,883,687.
	<b>33</b> Total liabilities and net assets/fund balances .....	273,734,500.	<b>33</b>	311,096,199.

Form 990 (2020)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	243,240,371.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	232,395,349.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,845,022.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	138,827,311.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-113,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-1,675,646.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	147,883,687.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<input checked="" type="checkbox"/>

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

St. Joseph Hospital

Employer identification number

02-022215

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

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

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

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

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

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

St. Joseph Hospital

Employer identification number

02-0222215

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
St. Joseph Hospital	02-0222215

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201	\$ 25,144,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Foundation for Healthy Communities 125 Airport Road Concord, NH 03301	\$ 93,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DCU Digital Federal Credit Union P.O. Box 9130 Marlborough, MA 01752-9130	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	City of Nashua City Hall, 229 Main Street Nashua, NH 03060	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Arthur E. Urschel 44 Island Drive Merrimack, NH 03054-4123	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Theresa Romano P.O. Box 65 Nashua, NH 03061-0065	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Joseph Hospital	02-0222215

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Longchamps Electric, LLC 700 Harvey Road Manchester, NH 03108-4328	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Demoulas Foundation 286 Chelmsford Street Chelmsford, MA 01824	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Harvard Pilgrim Health Care Foundation 93 Worcester Street, Suite 100 Wellesley, MA 02481	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Covenant Health, Inc. 100 Ames Pond Drive, Suite 102 Tewksbury, MA 01876	\$ 9,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	John A. Jurczyk 14 Keyes Hill Road Hollis, NH 03049	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Estate of Elwin D. Robbins C/O Bank of America; 1155 Elm Street, 3rd Floor Manchester, NH 03101	\$ 6,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

02-0222215

## Part II

[illegible]

Name of organization	Employer identification number
<b>St. Joseph Hospital</b>	<b>02-0222215</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

St. Joseph Hospital

Employer identification number

02-022215

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

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

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		15,940.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			15,940.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**Part II-B, Line 1, Lobbying Activities:**

St. Joseph's Hospital of Nashua is a member of the New Hampshire Hospital Association (NHHA). A portion of the dues paid to the association in the year ending December 31, 2020 were available for lobbying expenditures on behalf of the Hospital in furtherance of their exempt purposes. The amount reported on the Hospital's 2020 Form 990,

**Part IV** **Supplemental Information** *(continued)*

Schedule C, Part II-B, Line 1g represents the amount of dues paid by  
the Hospital that were available for lobbying purposes.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

St. Joseph Hospital

Employer identification number

02-022215

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

032051 12-01-20

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,100,660.	1,784,834.	1,415,041.	1,113,776.	1,092,933.
b Contributions	395,764.	301,225.	561,381.	894,143.	445,602.
c Net investment earnings, gains, and losses	41,894.	137,394.	-54,863.	31,108.	49.
d Grants or scholarships					
e Other expenditures for facilities and programs	444,439.	122,793.	136,725.	623,986.	424,808.
f Administrative expenses					
g End of year balance	2,093,879.	2,100,660.	1,784,834.	1,415,041.	1,113,776.

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

a Board designated or quasi-endowment ☒ .0000 %

b Permanent endowment ☒ 50.1600 %

c Term endowment ☒ 49.8400 %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,783,337.		3,783,337.
b Buildings		104,382,331.	65,604,484.	38,777,847.
c Leasehold improvements		2,284,065.	2,231,017.	53,048.
d Equipment		64,336,420.	56,409,931.	7,926,489.
e Other		11,591,806.	1,269,837.	10,321,969.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				60,862,690.

Schedule D (Form 990) 2020



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....	135,029,140.	End-of-Year Market Value
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	135,029,140.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in Corporate		
(2) Services	14,720,312.	Cost
(3) Investment in Souhegan		
(4) Nursing	855,877.	Cost
(5) Investment in Nashua		
(6) Regional Cancer Center	2,126,645.	Cost
(7) Investment in NH Imaging	10,089.	Cost
(8) Investment in First		
(9) Choice PHO	601,953.	Cost
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	18,314,876.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Medicaid settlement obligations	22,287,847.
(3) Third party payor settlements	6,510,661.
(4) Environmental liability	6,326,526.
(5) Due to affiliates	5,859,819.
(6) Capital lease obligations	2,811,780.
(7) Deferred executive compensation	2,339,759.
(8) Loss in investment	1,559,704.
(9) Malpractice tail liability	1,227,905.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	49,710,595.

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

Schedule D (Form 990) 2020

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

Part V, line 4:

Funds to be used to assist the needy through education and/or projects for the poor as determined and approved by the board.

Part X, Line 2:

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

St. Joseph Hospital Corporate Services, Inc., a wholly-owned subsidiary of Nashua, is a for-profit organization, which is subject to federal and

**Part XIII** Supplemental Information *(continued)*

state income taxes. St. Joseph Hospital Corporate Services, Inc. has net operating loss (NOL) carryforwards for tax purposes. The NOLs are not anticipated to be utilized so the amounts have been fully offset with a reserve.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2020.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Golf Tournament (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts .....	76,980.			76,980.
	2 Less: Contributions .....	51,320.			51,320.
	3 Gross income (line 1 minus line 2) .....	25,660.			25,660.
Direct Expenses	4 Cash prizes .....	500.			500.
	5 Noncash prizes .....	0.			
	6 Rent/facility costs .....	9,323.			9,323.
	7 Food and beverages .....	9,323.			9,323.
	8 Entertainment .....	0.			
	9 Other direct expenses .....	6,383.			6,383.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				25,529.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				131.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

St. Joseph Hospital

Employer identification number

02-022215

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		4,335	473,881.		473,881.	.22%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		12,452	19,200,984.	9,042,841.	10,158,143.	4.62%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....		16,787	19,674,865.	9,042,841.	10,632,024.	4.84%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....						
<b>f</b> Health professions education (from Worksheet 5) .....						
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1,138,313.		1,138,313.	.52%
<b>j Total.</b> Other Benefits .....			1,138,313.		1,138,313.	.52%
<b>k Total.</b> Add lines 7d and 7j .....		16,787	20,813,178.	9,042,841.	11,770,337.	5.36%





**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group St. Joseph Hospital

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	<b>X</b>
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	<b>X</b>
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	<b>3</b>	<b>X</b>
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 20</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>5</b>	<b>X</b>
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	<b>X</b>
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	<b>X</b>
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	<b>X</b>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>See Part V, Section C</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	<b>8</b>	<b>X</b>
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	<b>X</b>
<b>a</b> If "Yes," (list url): <u>See Part V, Section C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	<b>X</b>
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	<b>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group St. Joseph Hospital

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group St. Joseph Hospital

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group St. Joseph Hospital**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**Part V Facility Information** (continued)

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

St. Joseph Hospital:

Part V, Section B, Line 5: St. Joseph Hospital worked with officials from the City of Nashua Division of Public Health and other members of the community, including local police and fire departments, school officials, ambulance service leaders, directors of community agencies, hospital leaders, physicians and area residents through focus groups to gather input for the community health needs assessment (CHNA).

The 2020 CHNA employed numerous research methods to gather input from the community, including online surveys, in-person interviews, and data analysis. The CHNA utilized these methods separately and decisively for each of its identified community health needs.

The City of Nashua Division of Public Health and Community Services (DPHCS) conducted a community-based survey in 2020 and invited Greater Nashua residents help determine what the biggest health priorities were in their communities, and to share their COVID-19 experiences.

Online surveys were distributed widely throughout the Greater Nashua community via social media, community networks, and physical posted flyers. The surveys were available in both English and Spanish. Specifically designed surveys were administered to evaluate each of the community's various health needs. For example, different surveys were used to gather community-data regarding substance abuse, access to care, mental and behavioral health, chronic disease, environmental health, and child and maternal health. Community input through these surveys allowed the



**Part V Facility Information** (continued)

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

collaborative report to better evaluate unique health risks and concerns within various social groups and communities.

The research was originally designed as a series of in-person, focus group sessions to be held across the Greater Nashua region throughout the summer of 2020. Research design began in January, 2020, but when the COVID-19 pandemic called for social distancing, research design had to be adjusted to accommodate online data collection. With the switch to an online survey based design, research questions were modified from a semi-structured interview design to a survey design.

St. Joseph Hospital:

Part V, Section B, Line 6a: St. Joseph Hospital took part in the 2020 Greater Nashua Community Health Assessment for its most recent CHNA. This Assessment was conducted by the Nashua Department Division of Public Health and their Public Health Advisory Council partners. It is a product of the dedication and collaboration of over 33 organizations, programs, and City departments serving the GNPHR. A full list of the hospital facilities that participated in this Assessment can be found through the City of Nashua Community Health Assessment homepage at: <https://nashuanh.gov/560/Community-Health-Assessment>

St. Joseph Hospital:

Part V, Section B, Line 6b: St. Joseph Hospital took part in the 2020 Greater Nashua Community Health Assessment for its most recent CHNA. This

**Part V Facility Information** (continued)

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

Assessment was conducted by the Nashua Department Division of Public Health and their Public Health Advisory Council partners. It is a product of the dedication and collaboration of over 33 organizations, programs, and City departments serving the GNPHR. A full list of the facilities other than hospitals that participated in this Assessment can be found through the City of Nashua Community Health Assessment homepage at: <https://nashuanh.gov/560/Community-Health-Assessment>

St. Joseph Hospital:

Part V, Section B, Line 11: For the years covering 2018-2021, St. Joseph Hospital has committed to collaborating with numerous other healthcare and public service organizations in the Greater Nashua Community Health Improvement Plan (CHIP).

The 2018-2021 CHIP was informed by the analysis of data contained from the 2017 Greater Nashua Community Health Assessment (CHA), the third comprehensive CHA conducted for the region. The 2018-2021 CHIP was developed through a collaborative process conducted by DPHCS and the Greater Nashua Public Health Advisory Council (PHAC), which is the network of regional stakeholders supporting all public health efforts in the Greater Nashua Region.

As part of the ongoing process of community health improvement, every three years the City of Nashua, DPHCS, in collaboration with more than 20 partner organizations within the Greater Nashua Public Health Region (GNPHR), conducts a comprehensive Community Health Assessment (CHA). The

**Part V Facility Information** (continued)

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

CHA is a process of identifying, collecting, analyzing and disseminating data and other information about the community's assets, strengths, resources, and needs to be able to provide community members information about the health concerns and needs of the community.

Through the evaluation of health data and issues identified in the CHA, the Greater Nashua CHIP process prioritizes health topics and creates an action plan to address those issues over the following three years. Community engagement is key to the CHIP process so that the resulting plan reflects not only the shared commitment to priority issues, but also considers the full community's assets, strengths, resources and needs for bringing about positive change. In order to maximize health impact and gain widespread support for improvement, Greater Nashua CHIP initiatives are carried out in coordination with state level partners whenever possible.

The top five public health priority issues, listed in the order determined by the Greater Nashua Public Health Advisory Council Executive Committee, include:

1. Behavioral Health (Suicide, Mental Health, and Substance Use)
2. Chronic Disease (Heart Disease/ Stroke, Diabetes, and Asthma)
3. Weight Management, Physical Activity, and Nutrition
4. Maternal and Child Health
5. Public Health Emergency Preparedness

The Hospital, along with the other care providers included in the 2018-2021 CHIP, are addressing these needs through a coordinated effort to provide and improve upon the following: access to care; community

**Part V Facility Information** (continued)

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

resources; health and nutrition education and literacy; access to child care; access to medical transportation; access to mental and behavioral health resources; improved medical coverage; personal fitness and exercise; and professional training, education, and research for health and care providers.

The collaborative CHIP predicts that efforts to meet these goals and improve upon these services will address the most significant needs identified in the Greater Nashua Needs Assessment.

The 2020 Greater Nashua CHNA will be used to inform the 2021-2024 CHIP. Using evidence-based strategies, the 2021-2024 CHIP will develop plans to address issues related to behavioral health, chronic diseases, communicable diseases, maternal and child health, and public health emergencies. At the time of this return's filing, the 2021-2024 CHIP has not yet been issued. Accordingly, this Schedule H references and disclosures information only from the published and available 2018-2021 Greater Nashua CHIP.

Schedule H, Part V, Section B, Line 7:

Access to the Hospital's past and present CHNA reports can be found at the following web-address:

[https://www.stjosephhospital.com/community-health/  
community-benefits-report](https://www.stjosephhospital.com/community-health/community-benefits-report)

**Part V Facility Information** (continued)

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

Additionally, the collaborative Greater Nashua CHA, to which St. Joseph Hospital proudly contributed, can be found at the following web-address:

<https://www.nashuanh.gov/560/Community-Health-Assessment>

Schedule H, Part V, Section B, Line 10:

The Hospital collaborated with the City of Nashua Division of Public Health to develop the Greater Nashua Community Health Improvement Plan (CHIP).

Both past and present copies of the Greater Nashua CHIP can be found through the City of Nashua website, at:

<https://www.nashuanh.gov/564/Community-Health-Improvement-Plan-CHIP>

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 Milford Urgent Care 442 Nashua Street Milford, NH 03055	Urgent care, PT, OT, radiology, mammography, and physician services
2 S. Nashua Radiology & Physician Office 172 Daniel Webster Highway Nashua, NH 03060	Radiology and physician practice
3 Nashua Pediatrics - Physician Practice 155 Kinsley Street Nashua, NH 03060	Physician practice
4 Amherst Street PT & OT 460 Amherst Street Nashua, NH 03060	Physical and Occupational Therapy
5 Merrimack PT 382 Daniel Webster Highway Merrimack, NH 03054	Physical therapy
6 Hudson PT, OT and Radiology 208 Robinson Road Hudson, NH 03051	Physical and Occupational Therapy, Radiology
7 NE Boulevard PT & OT 75 Northeastern Boulevard Nashua, NH 03060	Physical and Occupational Therapy
8 Dartmouth Exit 8 PT & OT 2300 Southwood Drive Nashua, NH 03063	Physical and Occupational Therapy
9 Neurology - Physician Practice 171 Kinsley Street Nashua, NH 03060	Physician practice
10 OB/GYN - Physician Practice Harris Pond Merrimack, NH 03054	Physician practice

Schedule H (Form 990) 2020

**Part VI Supplemental Information**

Provide the following information.

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

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**Part I, Line 7:**

Costing methodology is an overall cost-to-charge ratio based on operating expenses as a percent of gross revenue applied to the related gross charges. Line 7a is based on gross charges written off as charity care times the overall cost-to-charge ratio. Line 7b is based on gross charges of patients with a primary payor of Traditional Medicaid or Medicaid Manage Care times the overall cost-to-charge ratio. Line 7e uses various methods to aggregate costs including but not limited to - actual expenditures for staff, supplies, and hospital space usage by community groups and cash donations.

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**Part I, Line 7, Column (f):**

The Bad Debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$ 12,331,963.

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**Part II, Community Building Activities:**

The Hospital maintains an open medical staff, representing over forty

**Part VI** Supplemental Information (Continuation)

different specialties and treats all patients regardless of their ability to pay. The board of directors is made up of community members with varied backgrounds and industries. The Hospital utilizes any surplus funds to further its mission by providing free and low cost healthcare services, educations offerings, free screenings, support groups, and works collaboratively with other healthcare agencies to meet the identified healthcare needs of our community. St. Joseph Hospital is an affiliate of Covenant Health Inc. of Tewksbury, MA. It is the responsibility of the entire staff of St. Joseph Hospital to serve and promote the health of the greater Nashua community.

Additionally, St. Joseph Hospital strives to improve the health of its community through community-based partnerships and initiatives, some of which are detailed below:

The Greater Nashua Healthy Community Collaborative:

The Greater Nashua Healthy Community Collaborative is working to increase awareness and education about the importance of preventive medicine and health screenings, particularly for heart disease and peripheral vascular disease (PVD). Screening can help identify potential problems early, such as high cholesterol or high blood sugar (diabetes), so they can be treated before they become more serious and potentially lead to a heart attack, stroke or other traumatic event. The Collaborative has also helped to establish a prescription assistance program to help their clients to obtain prescription medications. Collaborative members include healthcare organizations, human service providers, and public agencies that come together on a regular basis to address needs that have been identified by the Community Health Assessment of Greater Nashua.



**Part VI** Supplemental Information (Continuation)Milette Manor Parish Nurse Center for Wellness:

The Parish Nurse Center for Wellness at Milette Manor is a collaborative effort between Neighborhood Housing Services of Greater Nashua, St. Louis DeGonzague Parish, and the St. Joseph Hospital Parish Nurse Program. The Center serves as a focal point for grassroots efforts toward community education and outreach about health and wellness. Milette Manor, located at 72 Vine Street, provides low-income housing for elderly residents who have access to the Center for Wellness programs, screenings, and equipment.

Screenings and Planning:

The Hospital frequently makes available free blood pressure screenings and free breast and cervical cancer screenings. The Hospital also provides access to advanced care plans that provide comfort and peace-of-mind for end of life care and transittions.

These efforts, combined with the Hospital's general operations and commitment to high-quality care, continually and significantly build and improve the communities which the Hospital serves.

Part III, Line 2:

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the system analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the

**Part VI** Supplemental Information (Continuation)

allowance for doubtful accounts, adjusted based on cost to charge ratio. The allowance for doubtful accounts is provided based on an analysis by management of the collectability of outstanding balances. Management considers the age of the outstanding balances and past collection efforts in determining the reserve for doubtful accounts. Accounts deemed uncollectible are charged off against the established reserve. Bad debts are reported as charged.

Part III, Line 3:

Patients deemed eligible for financial assistance follow the Hospital's financial assistance policies. Therefore, no bad debt expense related to patients eligible under the Hospital's financial assistance policy is included as a community benefit.

Part III, Line 4:

St. Joseph Hospital adopted the new accounting standards as issued by the FASB in May 2014, effective January 1, 2018, where the provision for bad debt is no longer presented as a separate line item and net patient service revenue is presented net of estimated implicit price concession revenue deductions. The adoption of the new standard did not have an impact on the recognition of revenues for any periods prior to adoption.

The adoption of this accounting standard is detailed in the Hospital's audited financial statements, pages 15-18, Footnote 3, Patient Service Revenues. The Hospital continues to operate under this adopted standard.

Part III, Line 8:

None were reported as a community benefit. Costing methodology is an

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

overall cost-to-charge ratio based on operating expenses as a percent of gross revenue applied to the gross charges of patients with a primary payor of traditional Medicare or Medicare Advantage.

## Part III, Line 9b:

Every statement sent to patients indicates that financial assistance is available and provides a phone number and email contact. All customer service personnel are attuned to asking patients if they need assistance. The financial assistance application is also available on-line by visiting the facility's website.

## Part VI, Line 2:

St. Joseph Hospital worked with the City of Nashua Division of Public Health officials and other members of the community, including local police and fire departments, school officials, ambulance service leaders, directors of community agencies, hospital leaders, physicians and area residents through focus groups to gather input for the Community Health Needs Assessment (CHNA).

A Community Health Assessment (CHA) is a collaborative process that identifies key health needs and issues through systematic, comprehensive data collection and analysis. CHAs provide information on a variety of health topics and help identify resources which assist with policy formulation, program implementation, and evaluation. CHAs are also a crucial component of accreditation as they help measure how well a public health system is fulfilling the assurance function, one of the three fundamental purposes of public health. The Greater Nashua CHA is part of an ongoing comprehensive community health improvement process.

**Part VI** Supplemental Information (Continuation)

The purpose of the CHA is to identify vulnerable populations using comparable data within the Greater Nashua Public Health Region (GNPHR) and to subsequently identify trends in health issues, environmental health hazards, and social and economic factors that affect the different populations' health.

Collected and analyzed data will be used to identify priority issues within the Greater Nashua Region, and to develop strategies for further actions; these actions are outlined in the form of a Community Health Improvement Plan (CHIP). The CHIP creates a foundation for a work plan to improve the health of the community over the course of three years' time.

One of the main objectives of the most recent Community Needs Assessment's research was to determine the biggest health concerns in the community in order to determine community health priorities. The research for this report indicated that most people in the Greater Nashua Region are concerned about behavioral health (including substance use, mental health, and suicide), affordable and accessible healthcare, and outbreaks of communicable disease (40%, 30%, and 26% of respondents, respectively). In regards to upcoming concerns for the next three years, most people are concerned about behavioral health (including substance use, mental health, and suicide), affordable and accessible healthcare, and outbreaks of communicable disease (38.6%, 36.1%, and 25.4% of respondents, respectively).

Part VI, Line 3:

Signage and brochures are at every point of registration, which explain

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

the free-care and financial assistance policies. There are dedicated financial counselors who meet in person or over the telephone to provide guidance and support to patients and families who require financial assistance. Information can also be found on the hospital web site, As well as in the Hospital's community newsletters/quarterly publications. All customer service and registration personnel are trained to ask patients and families if they need financial assistance.

Free Care is available for patients who qualify. If a patient's or their family's income is 200% or less of the Federal Poverty Guidelines, the patient may qualify for assistance for their self-pay balance. Patients may inquire about this program before arriving for care or at the time of registration or check-in. Patients may also inquire about Free Care after receiving their billing-statements.

Additionally, the Hospital makes available financial representatives to answer all billing and payment questions. Representatives are available to assist with questions regarding insurance benefits, hospital charges, payment options, and the applications for financial assistance.

## Part VI, Line 4:

St. Joseph Hospital serves people of all ages, race, gender, religion, ethnicity regardless of their ability to pay. The Hospital's service area is all of New Hampshire.

For its 2020 tax year, the Hospital collaborated with the City of Nashua in developing the Greater Nashua Community Health Assessment. The four geographies mentioned most often throughout this report are the City of

**Part VI** Supplemental Information (Continuation)

Nashua, the Greater Nashua Public Health Region, Hillsborough County, and the State of New Hampshire (NH). Throughout the State of NH, there are 13 public health regions. The Greater Nashua Region is composed of the City of Nashua and its 12 surrounding towns which include Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Pelham, and Wilton.

As of 2019, the combined population of the Greater Nashua Region was estimated to be about 88,000 individuals. To gauge the demographics of this region, the CHA used a variety of survey and online-polling tools. The majority of survey respondents were Nashua residents (73.6%), but the remaining 26% of respondents were distributed throughout the Greater Nashua region. About 18% of respondents identify within the constructs of racial or ethnic diversity, and the remaining 82% of participants identified as white or caucasian. 27.1% of respondents were between the ages of 50 and 59; approximately 80% of all respondents were aged 59 or younger. The majority of respondents were at least partially college-educated, with approximately 85% of respondents having completed some college, or having completed an Associate's, Bachelor's, or Graduate degree.

Part VI, Line 5:

The Hospital maintains an open medical staff, representing over forty different specialties and treats all patients regardless of their ability to pay. The board of directors is made up of community members with varied backgrounds and industries. The Hospital utilizes any surplus funds to further its mission by providing free and low cost healthcare services, educations offerings, free screenings, support groups, and works

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

collaboratively with other healthcare agencies to meet the identified healthcare needs of our community. It is the responsibility of the entire staff of St. Joseph Hospital to serve and promote the health of the greater Nashua community.

Additionally, St. Joseph Hospital provides a variety of programs and initiatives to improve the general wellbeing and to promote the health of its community. For example, the Hospital is proud to maintain the following community outreach programs:

- Community Health Education: the Hospital regularly hosts a wide variety of seminars and workshop activities to promote wellness and healthy living.
- Empty Cradle Support Group: a bereavement support-resource for families coping with the loss of a child.
- The Marguerite d'Youville Fund for the Poor: a Fund to provide medicine and medical care for the poor and uninsured members of its community.
- Palliative Care: a comprehensive support network for the terminally ill and community education regarding all aspects of "end of life" planning.
- School of Nursing and Scholarship Fund: academic instruction in the scientific, technical, spiritual, and social aspects of nursing, with training programs in several healthcare occupations. Scholarship support is provided to students based on financial need and desire to pursue a career in healthcare.

Part VI, Line 6:

St. Joseph Hospital of Nashua is a member and related organization to the Covenant Health System; Covenant Health Inc. is the sole corporate member of the Hospital.

**Part VI** Supplemental Information (Continuation)

Covenant Health is an innovative, Catholic regional health delivery network and a leader in values-based, not-for-profit health and elder care. Covenant consists of hospitals, skilled nursing and rehabilitation centers, assisted living residences, and community-based health and elder care organizations throughout New England.

Through its partnership and membership with Covenant Health, the Hospital is able to better navigate the increasingly complex and competitive healthcare marketplace while improving its ability to offer high-quality patient service. Access to Covenant Health resources allows the Hospital to compete on cost and quality of care; to maintain financial strength while fulfilling its care-oriented missions; to enhance the skills of its staff and leadership; and to strengthen the Hospital's ability to serve its community. Through the Covenant Health System, the Hospital can access and utilize funds and resources that allow it to better serve its priority communities and their specific health care needs.

Additionally, the Hospital frequently and actively collaborates with the City of Nashua Division of Public Health and Community Services as well as other similarly geographically located institutions to enhance the quality and availability of care throughout New Hampshire.

Part VI, Line 7:

New Hampshire

Schedule H, Part V, Section B, Line 16a-c:

The Hospital's Financial Assistance Policy, Application for Financial

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

Assistance and Free Care, and Plain Language Summary can be found  
online through the following webpage:

[https://www.stjosephhospital.com/patients-and-visitors/  
financial-assist](https://www.stjosephhospital.com/patients-and-visitors/financial-assist)



# **GREATER NASHUA COMMUNITY HEALTH IMPROVEMENT PLAN**

## **2018-2021**

City of Nashua

Division of Public Health and  
Community Services

18 Mulberry Street, Nashua, NH 03060

[www.nashuanh.gov/DPHCS](http://www.nashuanh.gov/DPHCS)



Greater Nashua • Greater Health

# **GREATER NASHUA**

## **COMMUNITY HEALTH IMPROVEMENT PLAN**

**March 2019**



**City of Nashua, New Hampshire**

**Division of Public Health and Community Services**

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## A Letter from the Director

Dear Community Partners,

The community health improvement process and plan guide our missional efforts to achieve a healthier Nashua region through collaborative efforts and partnership engagement. Members of our Greater Nashua Public Health Advisory Council (PHAC) Executive Committee, which has representation from health care organizations, non-profit and community organizations, public safety, community members, and other stakeholders, have invested time and resources in the development of the Greater Nashua 2018-2021 Community Health Improvement Plan (CHIP) based on findings from previous Community Health Assessments and the performance measure of the 2015-2018 CHIP document.

Under the strategic leadership of the City of Nashua Division of Public Health and Community Services (DPHCS) Public Health Network Services program, a systems approach has been taken to improve health promotion initiatives and programs in the community that are sustainable through shared resources and expert guidance.

In the 2018-2021 CHIP, we have identified overarching goals centered on using a health equity lens embedded in the social determinants of health to address conditions in our community environments that may impact quality of life and population health outcomes for all residents of the Greater Nashua Public Health Region (GNPHR). Through leadership development, DPHCS in conjunction with PHAC partner organizations, will perform the core functions of public health utilizing a prevention framework in our delivery of the ten essential public health services.

The 2018-2021 CHIP goals and objectives focus on the top five identified public health priority areas identified by the Greater Nashua PHAC Executive Committee during the CHIP development process:

- Behavioral Health (including Suicide, Mental Health, and Substance Use Disorder);
- Chronic Disease (including Heart Disease, Stroke, Diabetes, and Asthma);
- Weight Management, Physical Activity, and Nutrition;
- Maternal and Child Health; and
- Public Health Emergency Preparedness

Priority areas are aligned with the state and national standards of the NH State Improvement Plan, Healthy People 2020 Goals, Foundational Public Health Services and the Public Health Accreditation Board Standards and Measures, to bring quality and excellence to our public health system.

As the Division Director, I am very proud of this team and appreciative of the support from the Mayor, the Board of Aldermen, Board of Health, community partners and community members throughout the GNPHR, as we lead our communities in health improvements through prevention efforts, education, awareness, and health promotion strategies.

Respectfully,

Bobbie D. Bagley, RN, MS, MPH, CPH  
Director  
City of Nashua  
Division of Public Health and Community Services

## Acknowledgements

### DPHCS CHIP Planning Team

Kim Adie	Director of Healthy Living, YMCA Greater Nashua
Mike Amichetti	Case Technician, Welfare Department
Bobbie D. Bagley	Division Director
Rene Beaudoin	Deputy Health Officer
Patty Crooker	Public Health Network Services Coordinator
Courtney Ellison	Health Promotion Specialist
Jessica Hillman	Public Health Associate
Angela Lumenello	Epidemiologist
Flavia Martin	Public Health Nurse
Nicole Viau	Public Health Network Services Program Assistant

### 2018 Greater Nashua PHAC Executive Committee Members

Linda Brodeur	Bishop Guertin High School
Kurt Norris	Boys & Girls Club of Greater Nashua
Patti Laliberte	Dartmouth Hitchcock - Nashua
Pam Small	Family Promise of Greater Nashua at Ann Marie House
Mike Blau	Gateways
Tracy Hatch	Greater Nashua Chamber of Commerce
Jessica Gorhan	Greater Nashua Food Council
Cynthia Whittaker	Greater Nashua Mental Health Center
Justin Monroe	Grow Nashua
Greg White	Lamprey Health Care - Nashua Center
Mike Currier	Merrimack Fire Department
Denise Roy	Merrimack Police Department
Mark McLaughlin	Merrimack School District
Eric Schelberg	Milford Ambulance
Bobbie D. Bagley	Nashua DPHCS - Director
Heidi Peek	Nashua DPHCS - Health Officer
Lisa Vasquez	Nashua DPHCS - Substance Misuse Prevention
Justin Kates	Nashua Office of Emergency Management
David Bailey	Nashua Police Department
Jay Minkarah	Nashua Regional Planning Commission
Bob Cioppa	Nashua School District
Mike Reinke	Nashua Soup Kitchen and Shelter

Sarah Marchant  
Wendy Leblanc  
Paula Williams  
Betsy Houde  
Kevin Lynch  
Jon Spira-Savett  
Mike Apfelberg  
Mike LaChance  
Donna Arias

Nashua Community Development  
Partnership for Successful Living  
Rivier University  
Southern NH Health System  
St. Joseph Hospital  
Temple Beth Abraham  
United Way of Greater Nashua  
YMCA of Greater Nashua  
Youth Council

# Acknowledgements

## Executive Summary

The 2018-2021 Greater Nashua Community Health Improvement Plan (CHIP) will be the third regional CHIP developed and implemented to support the health improvement process for the Greater Nashua Public Health Region (GNPHR). The CHIP Process was initiated in the GNPHR in 2010 by the City of Nashua Division of Public Health and Community Services (DPHCS). The 2018-2021 CHIP was informed by the analysis of data contained from the 2017 Greater Nashua Community Health Assessment (CHA), the third comprehensive CHA conducted for the region. The 2018-2021 CHIP was developed through a collaborative process conducted by DPHCS and the Greater Nashua Public Health Advisory Council (PHAC), which is the network of regional stakeholders supporting all public health efforts in the GNPHR.

The previous 2015-2018 CHIP priorities included Suicide Prevention, Mental Health, Substance Misuse, Obesity and Weight Management, Heart Disease and Stroke, Diabetes, Access to Health Care, and Public Health Emergency Preparedness. Many of the priority health issues identified in the 2015-2018 CHIP continue to be areas with the highest need in the new 2018-2021 CHIP, determined through a collaborative community health priority identification process informed by our Greater Nashua PHAC. The 2018-2021 CHIP priorities also draw upon health priorities established by the 2013-2020 NH State Health Improvement Plan (SHIP), the Foundational Public Health Services<sup>1</sup>, and Healthy People 2020<sup>2</sup> to fully address our community needs. A chart showing the alignment of the 2018-2021 Greater Nashua CHIP with these resources can be found in Appendix E.

The 2018-2021 CHIP establishes ambitious yet achievable goals for the Greater Nashua PHAC as we work to achieve a healthier Greater Nashua Region through collaboration, education, and the coordination of resources. The goals, objectives and strategic approaches outlined in each chapter will provide a clear plan for the Greater Nashua PHAC to move forward with collaborative community health planning based on state wide goals and local needs. While the 2018-2021 CHIP is flexible for minor adjustments to strategies and activities, it provides clear, attainable goals and objectives for community stakeholders to use as a framework for future initiatives.





## Executive Summary

## Introduction

The City of Nashua, Division of Public Health and Community Services (DPHCS) is the first accredited health department in New Hampshire. Public health accreditation is the mechanism that assures stakeholders, partners, and clients that an organization is providing quality services and strives towards a culture of improvement. Benefits of accreditation include a strengthening of public health services and programs, enhancing public health departments and public health infrastructure, and increasing accountability and credibility.

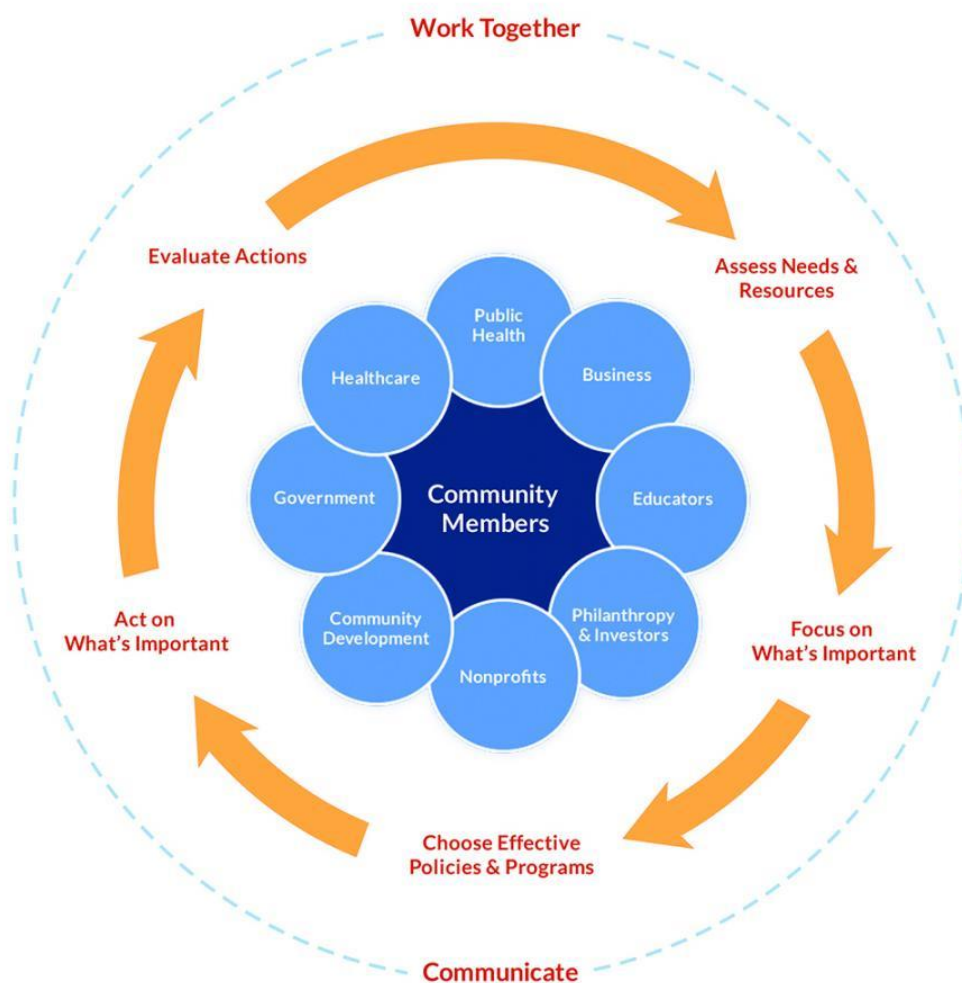


As part of the ongoing process of community health improvement, every three years the City of Nashua, DPHCS, in collaboration with more than 20 partner organizations within the Greater Nashua Public Health Region (GNPHR), conducts a comprehensive Community Health Assessment (CHA). The CHA is a process of identifying, collecting, analyzing and disseminating data and other information about the community's assets, strengths, resources, and needs to be able to provide community members information about the health concerns and needs of the community. It should be noted that all data within this Community Health Improvement Plan (CHIP) can be referenced in the 2017 Greater Nashua CHA, available on the City of Nashua, NH website at <https://www.nashuanh.gov/1159/2017-Community-Health-Assessment>.

A CHA is part of a larger, ongoing community health improvement process. The community health improvement process uses CHA data to identify and evaluate a community's health needs and assets, prioritize needs, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. The community health improvement process looks beyond the performance of a singular organization providing programs and services to a segment of a community. A community health improvement process looks at the whole of the community, analyzing how a network of organizations providing various programs and services, some focused at diverse sectors of a community, that contribute to community health improvement. This documentation of this process, including the workplan developed as a result of it, is known as a Community Health Improvement Plan (CHIP).<sup>3</sup>



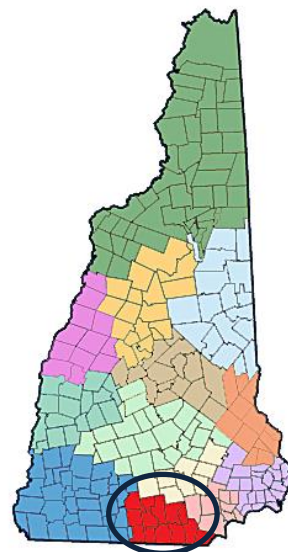
Following the CHA, the Division and its regional partners continue the improvement process by developing a CHIP. The CHIP acts as a guidebook and prioritizes health topics and creates an action plan to address those issues over the next three years. It shares regional health priorities, goals, and objectives, agreed-upon during the planning process, with all members of the community and identifies the evidence informed strategies that can be used to reach identified targets. The CHIP gives structure for events, programs, marketing campaigns, interventions, conversations, and identifies efforts that need to be accomplished in order to achieve the long term policy, system, and environmental changes that will impact the selected CHIP priority health issues.



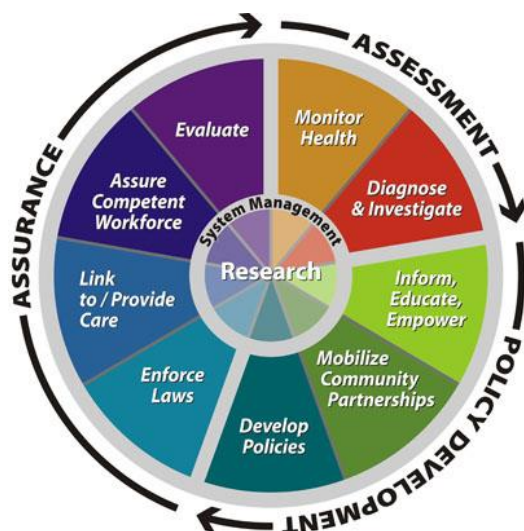
*Take Action Cycle, County Health Rankings 2013*

## Greater Nashua Public Health Network

The Greater Nashua Public Health Network (GNPHN) is one of 13 regional public health networks in New Hampshire. Each Regional Public Health Network (RPHN) includes a host agency that has contracted with the NH Department of Health and Human Services (NH DHHS) to create a level of public health infrastructure within a given region. Networks are tasked with convening, coordinating and facilitating work with public health, healthcare, and other partners in their region. Regional partners, collectively, are referred to as the Public Health Network, and asked to participate as a member of the regional Public Health Advisory Council (PHAC). These advisory councils provide input and support for public health efforts throughout the region. The PHAC advises, and is advised by, partners on matters related to public health including the development of regional public health priorities and improvement plans based on community health and resource assessments. The PHAC helps guide implementation of programs, practices, and policies. In turn, convening a PHAC helps to expand the capacity of the Public Health Network and their capabilities to best serve the community. The long-term goal for the PHACs and RPHNs is to collectively develop a performance-based public health delivery system that provides access to all 10 Essential Public Health Services.



In the GNPHN, the City of Nashua is the organization contracted to provide the scope of services under the RPHN grant through NH DHHS. The program is hosted at the City of Nashua DPHCS.



The PHNS program currently encompasses five programs: Public Health Advisory Council, Public Health Emergency Preparedness, Substance Misuse Prevention, Substance Use Continuum of Care, and Young Adult Leadership. There are 4.125 Full Time Employees (FTEs) supported by the RPHN program. The Public Health Network Services Coordinator is the lead for the PHAC and its executive committee, as well as the development of the CHA and CHIP. By coordinating the PHAC, DPHCS ensures a more synchronized community connection and response to Public Health Emergency Preparedness, Substance

Misuse Prevention, Community Health Assessment, Community Health Improvement Planning, and other regional public health related programs.

Currently, the PHAC membership consists of over 100 organizations with representation from the following sectors: Municipal Government, Hospitals, Education (both primary and secondary), Community Health Centers, Community Mental Health Centers, Businesses, Cultural and/or Faith Based Organizations, Law Enforcement/Public Safety, Social Service Agencies, Housing and Sheltering Organizations, Media, and Senior Services.

To facilitate collaborative efforts and decision making, the Greater Nashua PHAC includes an Executive Committee, a smaller, multi-sector group of decision makers with an established



history of working together to achieve community successes. The PHAC Executive committee functions with written roles and responsibilities and adopted guidelines that outline the principals and purpose of the network. Currently, there are over 30 representatives on the Executive PHAC. The names and organizations of 2018 Executive Committee Members who participated in the 2018-2021 Greater Nashua CHIP development process are included in the Acknowledgements section of this document.

Together, PHAC partner organizations have participated in the 2011, 2014, and 2017 CHAs, informed the development of the 2018-2021 (and previous) CHIP, and implemented strategies that continue to bring about change in the region. Participating in the prioritization of health issues, and corresponding planning for improvement, and implementing identified strategies are some of the ways the network fulfills its responsibilities.

## PHAC Vision

Working towards a healthier Nashua Region.

## PHAC Mission

To achieve a healthier Nashua Region through collaboration, education, and the coordination of resources.





# Greater Nashua Public Health Region Community Profile

**Population**  
**208,758**



Amherst | Brookline | Hollis | Hudson | Litchfield | Lyndeborough  
Mason | Merrimack | Milford | Mont Vernon | Nashua | Pelham | Wilton

2017 American  
Community Survey

**1** Substance Use / Misuse

**2** Nutrition & Weight Management

**3** Access to Care / Services

From the 2017 Nashua Community Health Survey



**69 to 83** Life Expectancy

The life expectancy of Nashua varies by census tract. As of 2017, the national life expectancy is 78.8 years.



**Nashua 2017**

86.5% White residents

13,094 Medicaid Enrollees

7.3% Below Poverty

34.3% Bachelor's Degree or higher

5.5% Annual Unemployment

9.6% Receiving food stamps or SNAP

21.1% Language other than English spoken at home



**GNPHR**  
(without Nashua)

95.8-99.7% White residents

7,908 Medicaid Enrollees

0.6-7.4% Below Poverty

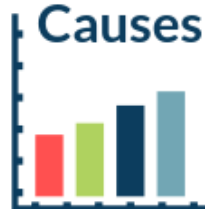
32.6-64.4% Bachelor's Degree or higher

2.1-5.9% Annual Unemployment

0-4.5% Receiving food stamps or SNAP

1.6-9.9% Language other than English spoken at home

## Nashua's Leading Causes of Death 2014



As of 2017, Nashua has the highest percentage (9.6%) of households receiving food stamps/SNAP in the GNPHR. US average is 12.6% and NH is 7.6%.



**16%** of GNPHR adults rated their health as poor or fair in 2017.



## Access to Care GNPHR Residents

In 2017, 84% had a primary care provider and 71-98% had health insurance coverage, which does not meet the Healthy People 2020 goal.



## 2017 Nashua Community Health Survey Health Ratings



## Process for Community Health Improvement Planning

Through the evaluation of health data and issues identified in the CHA, the Greater Nashua CHIP process prioritizes health topics and creates an action plan to address those issues over the following three years. Community engagement is key to the CHIP process so that the resulting plan reflects not only the shared commitment to priority issues, but also considers the full community's assets, strengths, resources and needs for bringing about positive change. In order to maximize health impact and gain widespread support for improvement, Greater Nashua CHIP initiatives are carried out in coordination with state level partners whenever possible. The crosswalk in Appendix E details where the 2018-2021 Greater Nashua CHIP aligns with NH State level plans, including the NH State Health Improvement Plan (SHIP), Foundational Public Health Capacities, the Public Health Accreditation Board Standards and Measures (v1.5), as well as Healthy People 2020. Upon its release, Healthy People 2030 targets will be included in this chart.

*Developing the 2018-2021 Community Health Improvement Plan for Greater Nashua*, which can be found in Appendix B, details the development of the 2018-2021 CHIP. This process, which took place from February 2018 through December 2018, was led by the 2018-2021 Greater Nashua CHIP Planning Team. The Greater Nashua PHAC Executive Committee is the advisory board for both the CHIP and the CHA.

## Evaluation Plan Development

Proposed outcome measures and performance indicators have been listed for each objective. These proposed outcome measures will serve as a guide for CHIP workgroups as they develop priority issue strategies and can propose more specific outcome measures that are directly related to the identified strategy. The outcome measures developed by workgroups will be reported to the DPHCS by partner organizations. Evaluations and pre/post-test templates will be developed by workgroups and provided to partner organizations conducting educational events to allow us to aggregate and report data outcomes. This will allow us to standardize data within health topics and ensure accurate data collection and analysis.

## 2018-2021 CHIP Resources and Barriers Survey

In the 2018-2021 CHIP Resources and Barriers Survey (CHIP Survey), PHAC Executive Committee members and other partners identified their organizational connection to the priority health issues and their commitment to participating in improvement efforts, as evidenced in **Table 1**. Community support for improvement efforts is indicated by the "willing to participate" responses. It is encouraging to note that although there are many organizations with a mission that does not include a specific call to address the identified health priorities; those same

organizations have nevertheless committed their support for improvement efforts. The 2018-2021 Greater Nashua CHIP implementation efforts will include evidence informed strategies, determined through community-based processes and supported by the PHAC goals and objectives for the GNPHR. The remainder of this plan provides more in-depth information about the goals, objectives and strategic approach for improvement for the CHIP priority health issues addressed in the 2018-2021 CHIP.

## 2018-2021 CHIP Priority Health Issues

The top five public health priority issues, listed in the order determined by the Greater Nashua Public Health Advisory Council Executive Committee, include:

1. Behavioral Health (Suicide\*, Mental Health, and Substance Use\*)
2. Chronic Disease (Heart Disease/ Stroke\*, Diabetes\*, and Asthma\*)
3. Weight Management, Physical Activity, and Nutrition\*
4. Maternal and Child Health\*
5. Public Health Emergency Preparedness\*<sup>o</sup>

\*These CHIP priority health issues are common to both the Greater Nashua Public Health Region and the State Health Improvement Plan.

<sup>o</sup> Emergency Preparedness was not ranked as a top health issue for the GNPHR. In fact, it was ranked 8<sup>th</sup>. However, NH DHHS requires every Public Health Region's CHIP to include Public Health Emergency Preparedness.

**Table 1.** Responses to CHIP Survey Indicating Mission Alignment and Willingness to Participate in CHIP

Health Priority	Included in Mission	Willing to Participate	n=
<b>Behavioral Health</b>	-	<b>90%</b>	<b>20</b>
<b>Suicide</b>	<b>18%</b>	-	<b>11</b>
<b>Mental Health</b>	<b>54%</b>	-	<b>13</b>
<b>Substance Use</b>	<b>38%</b>	-	<b>13</b>
<b>Chronic Disease</b>	<b>57%</b>	<b>64%</b>	<b>14</b>
<b>Weight Management, Physical Activity &amp; Nutrition</b>	<b>50%</b>	<b>57%</b>	<b>14</b>
<b>Maternal Child Health</b>	<b>29%</b>	<b>50%</b>	<b>14</b>
<b>Emergency Preparedness</b>	<b>50%</b>	<b>64%</b>	<b>14</b>



## Overarching Goals

The 2018-2021 Greater Nashua CHIP includes three cross-cutting priority issues that have been identified as barriers, as well as assets to the health of our community. By addressing these three issues across all of our initiatives, we work to improve overall health across the region.

## Leadership Development

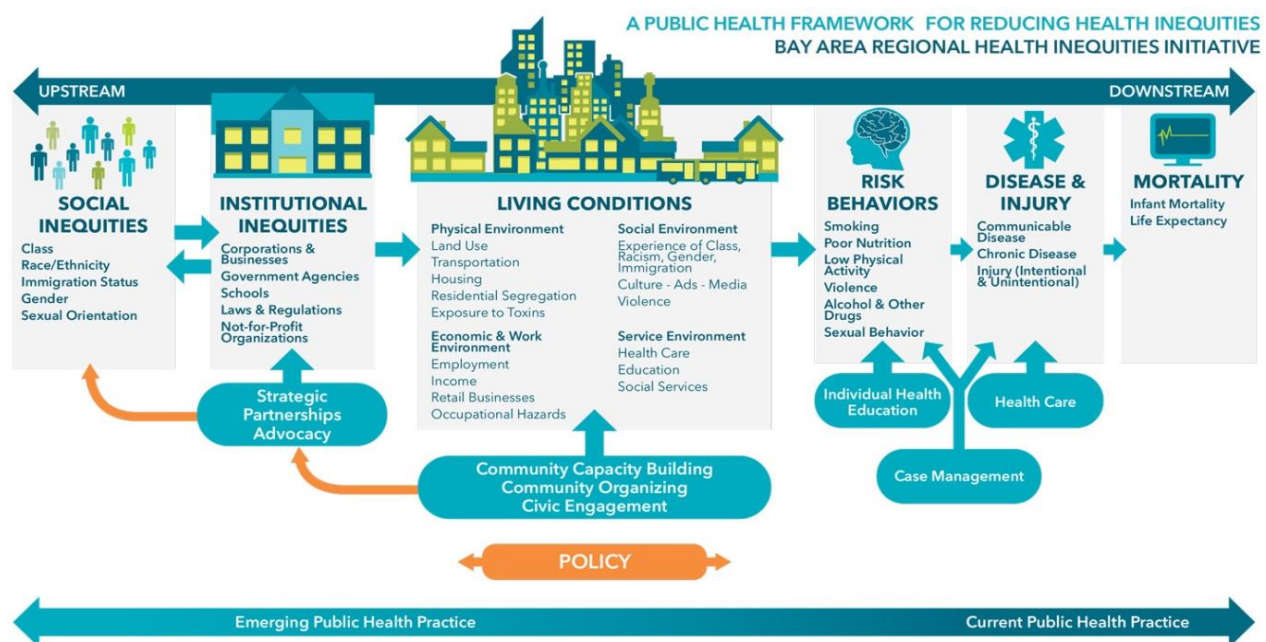
Providing opportunities for our staff, partners, and stakeholders to enhance their leadership skills helps them to engage others in prioritizing health and recognizing that every organization and individual has a role in improving the health of our community.

## Health Equity

Health equity exists when everyone has the equal opportunity to attain their full potential and no one is disadvantaged.<sup>4</sup> “Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.”<sup>5</sup>

## Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>6</sup> Resources that enhance quality of life can have a significant influence on population health outcomes.<sup>7</sup>



*A Public Health Framework for Reducing Health Inequities, 2015*

# CHIP Priority Health Issue 1: Behavioral Health (Suicide, Mental Health, and Substance Use)

## Background

Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. Behavioral health initiatives encompass mental health, substance misuse, and suicide prevention. There are many reasons why behavioral health is a priority in the GNPHR. These reasons include the high prevalence of substance misuse in the region, the high rate of opioid overdose fatalities, the high rate of suicide attempts and completed suicides in the region, the lack of access to timely treatment for those seeking behavioral health services and limited mental health promotion and awareness.

**V** High school students who reported vaping in 2015.

**P** **27%** Nashua  
**E** **30%** GNPHR

**5%** of 18 to 25 year olds misused prescription psychotherapeutic drugs in 2015.



About 11% of adults 18 years and older in the GNPHR self-rate their mental health as fair or poor.

## Prevention works, treatment is effective, and people recover.



Approximately 1 in 8 ED visits in the US involve mental health and substance use disorders.



New syringes distributed by SSANA in the first 10 months of the program in 2018.

28,520

### YRBS 2015 Binge Drinking Adolescents

**17%** Nashua  
**16%** GNPHR

### Smoking Adolescents

**8%** Nashua  
**15%** GNPHR

**27%** Nashua

**30%** GNPHR

Students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months.



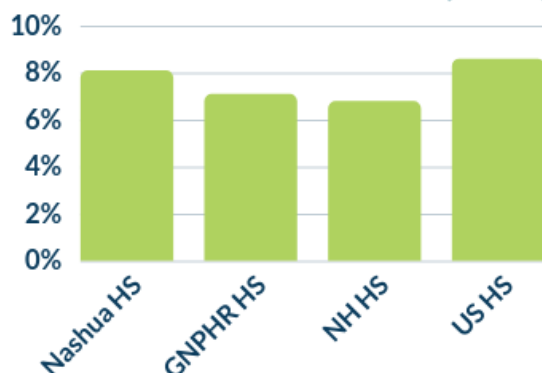
2015 YRBS

### NH Suicide Mortality

**2010** 39  
**2015** 61

**2010** 151  
**2015** 162

### Youth Who Have Attempted Suicide in Last 12 Months (2015)



### Opioid Related Deaths Age-Adjusted rate per 100,000

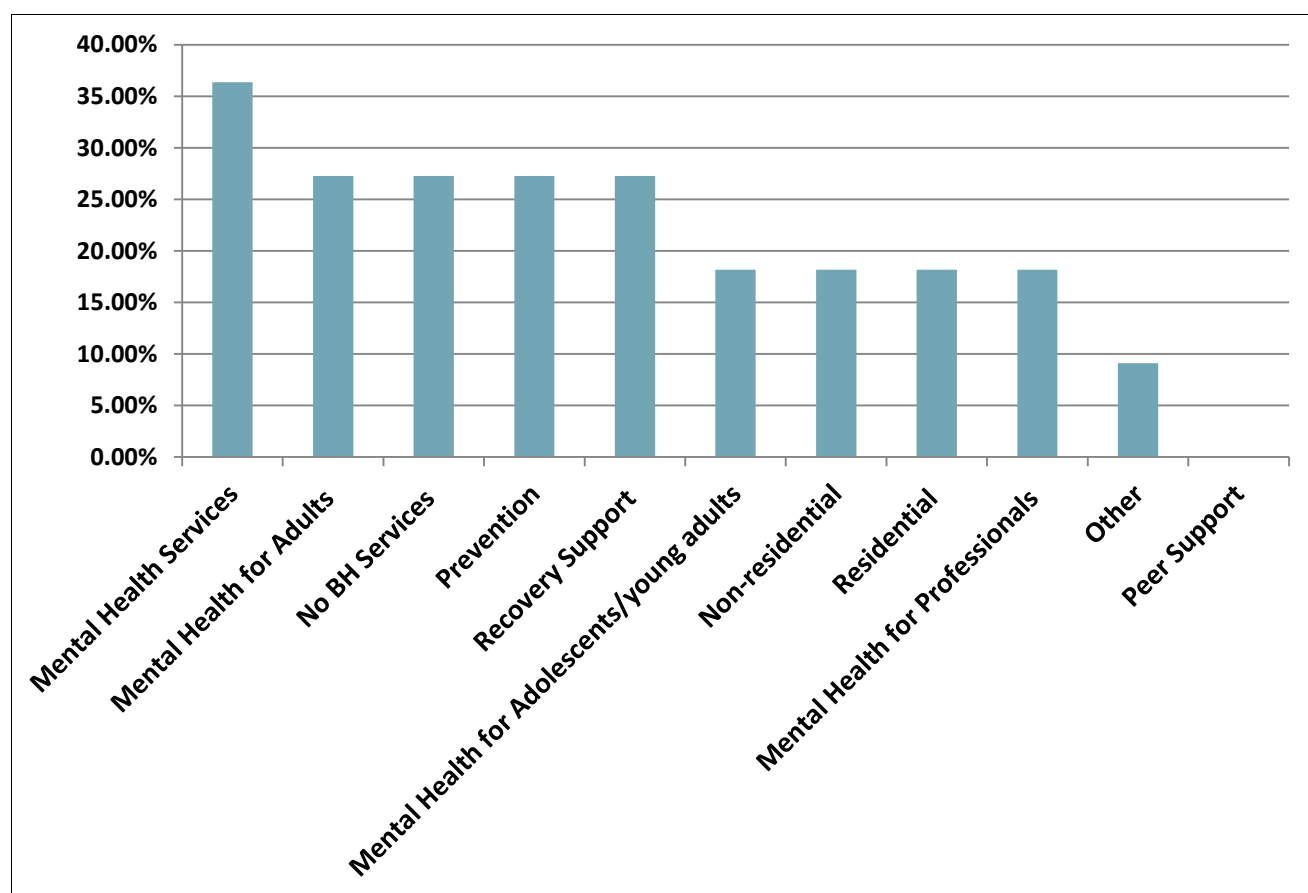


## Resources and Barriers Survey

**Figure 1.** Partner Frequency of Expertise in Behavioral Health



**Figure 2.** Percent of PHAC Organizations that offer Behavioral Health Services (n=11)



## Organizations Willing to Participate

The following organizations identified that they are willing to participate in efforts related to behavioral health:

- Bishop Guertin High School
- Boys and Girls Club of Greater Nashua
- City of Nashua Division of Public Health and Community Services
- Gateways Community Services
- Nashua Community Development Division
- Nashua Regional Planning Commission
- Partnership for Successful Living
- United Way of Greater Nashua
- YMCA of Greater Nashua

## Barriers to Participation

The following barriers to behavioral health services were identified by community partners:

- Not in our mission
- Staff time and funding
- Workforce retention

## Behavioral Health Goals, Objectives, and Strategic Approach

GOAL	OBJECTIVE	PERFORMANCE INDICATORS/ PROPOSED OUTCOME MEASURES
Increase awareness of behavioral health prevalence and prevention resources and reduce stigma/discrimination associated with behavioral health in the GNPHR.	1. Conduct a minimum of five educational opportunities per year organized by Greater Nashua PHAC member organizations related to behavioral health.	a. Number of trainings held (with description) b. Number of training participants c. Pre and posts test and/or evaluations
	2. Increase advocacy capacity through, including but not limited to: 2.1. Linkages within the PHAC and external partners. 2.2. Policy and systems change.	d. Number of people attending advocacy training e. Quarterly reports from PHAC organizations (developed collaboratively) including patient satisfaction data and trainings conducted
SUGGESTED STRATEGIES	<ul style="list-style-type: none"> <li>• Coordinate with New Futures to provide advocacy training to PHAC partner organizations.</li> <li>• Tools to increase advocacy efforts.</li> <li>• Coordinate NAMI NH Connect Suicide Prevention training (for various groups, including young adults).</li> <li>• Offer Mental Health First Aid trainings.</li> <li>• DPHCS Substance Use Disorder Language trainings.</li> <li>• ACEs trainings.</li> <li>• Expand SSANA to the GNPHR.</li> <li>• Engage schools in prevention and education around behavioral health issues.</li> </ul>	

## Summary

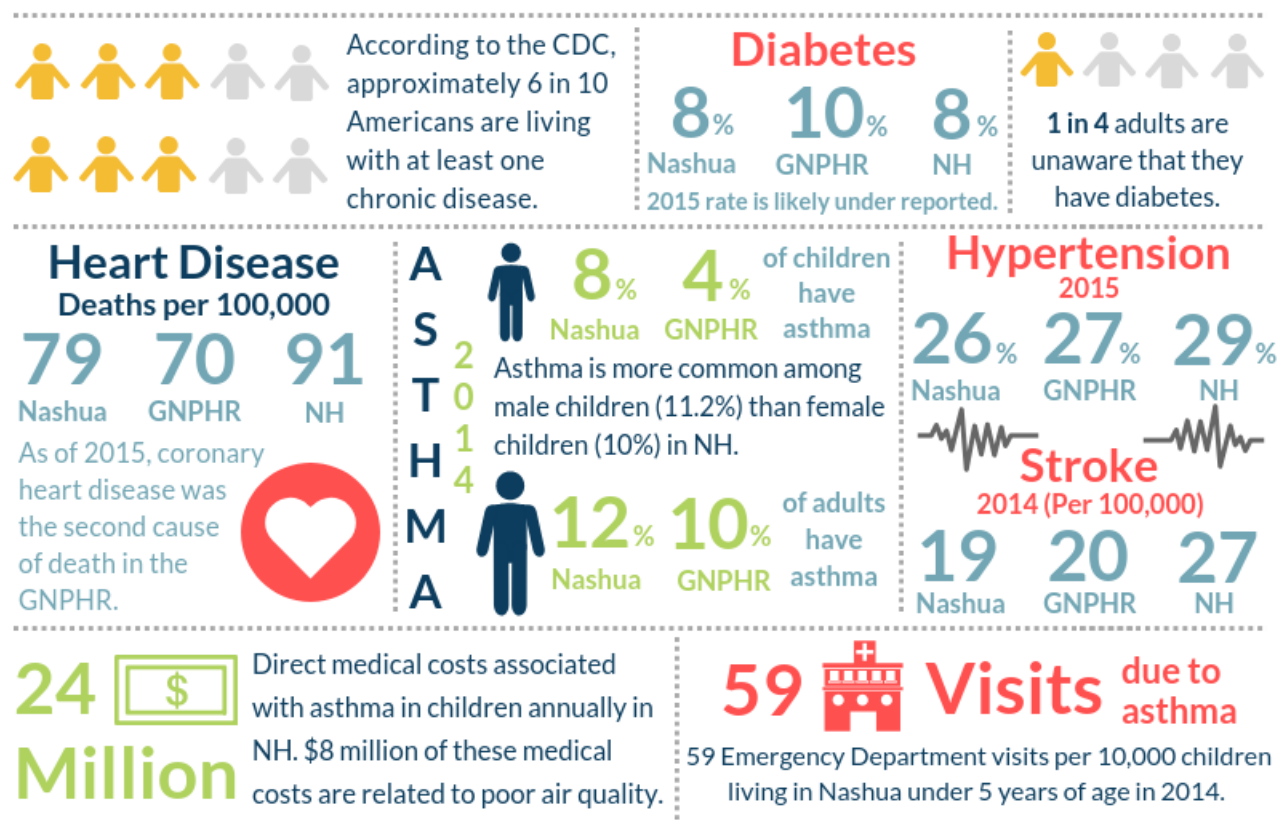
Viewed together, the goal, objective, and suggested strategy for behavioral health suggest a coordinated and finely directed method for addressing this issue in the GNPHR. The idea of supporting consistent prevention training will ensure that messaging, terms, and best practices are understood and communicated throughout the continuum of care. The lack of existing programs, as identified in the 2018-2021 CHIP Resources and Barriers Survey results, can be improved when evidence informed trainings are initiated throughout the system of care. The existence of state funding through the Public Health Network Services grant will support initial efforts, and additional resources and strategies can be added as more detailed work plans are developed.

## CHIP Priority Health Issue 2: Chronic Disease (Heart Disease, Stroke, Diabetes, and Asthma)

### Background

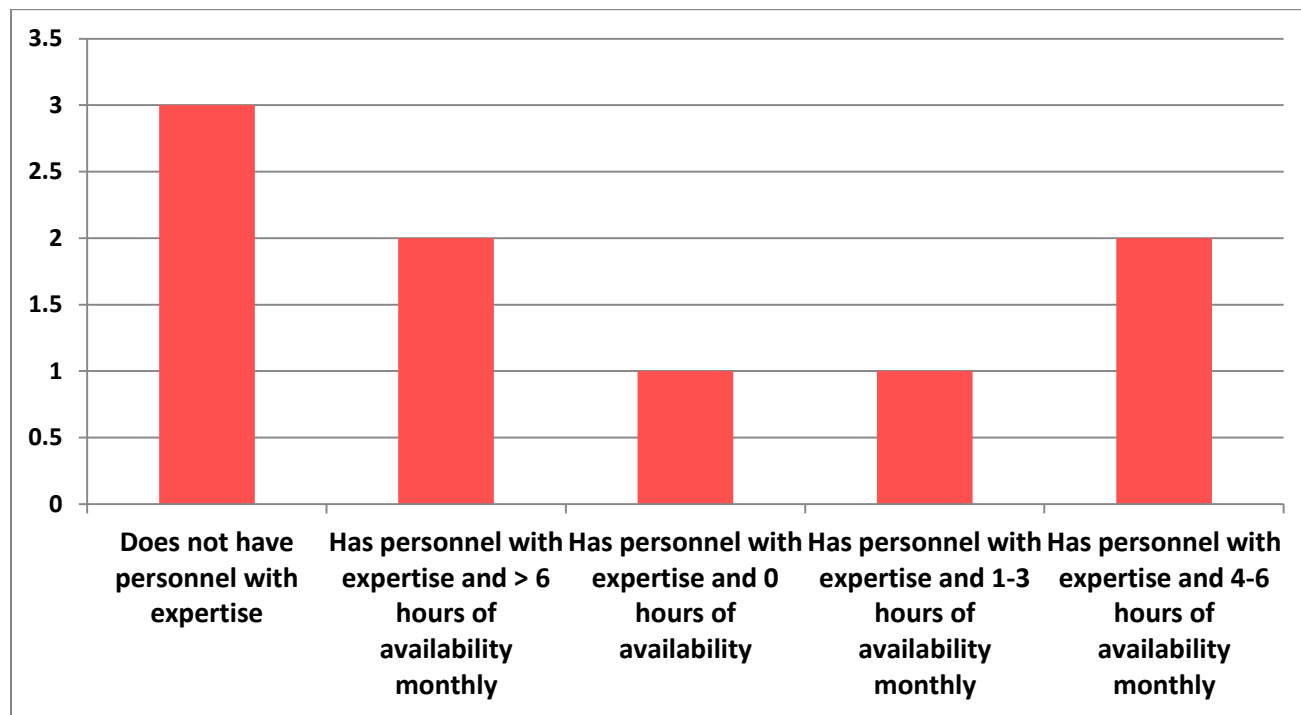
Chronic diseases, particularly heart disease, stroke, diabetes, and asthma are a key priority for the GNPHR. Chronic diseases are now the leading cause of death and disability worldwide making addressing them critical to community health. According to the CDC, 6 out of 10 Americans are now living with at least one chronic disease.

Chronic disease is a particularly important health issue for the GNPHR for several reasons. Heart disease is the second leading cause of death in the GNPHR. Although Nashua has met the SHIP and Healthy People 2020 goals for heart disease and stroke they still affect a large number of the population therefore the risk factors and comorbidities related to these diseases must addressed. While the GNPHR and the state of New Hampshire have lower percent of diagnosed diabetes than the average for Americans, the city of Nashua is higher. Asthma is of particular concern for the GNPHR because New Hampshire has one of the highest asthma rates in the country. Preventing chronic disease in these four key areas is critical to increasing the overall health of the GNPHR.

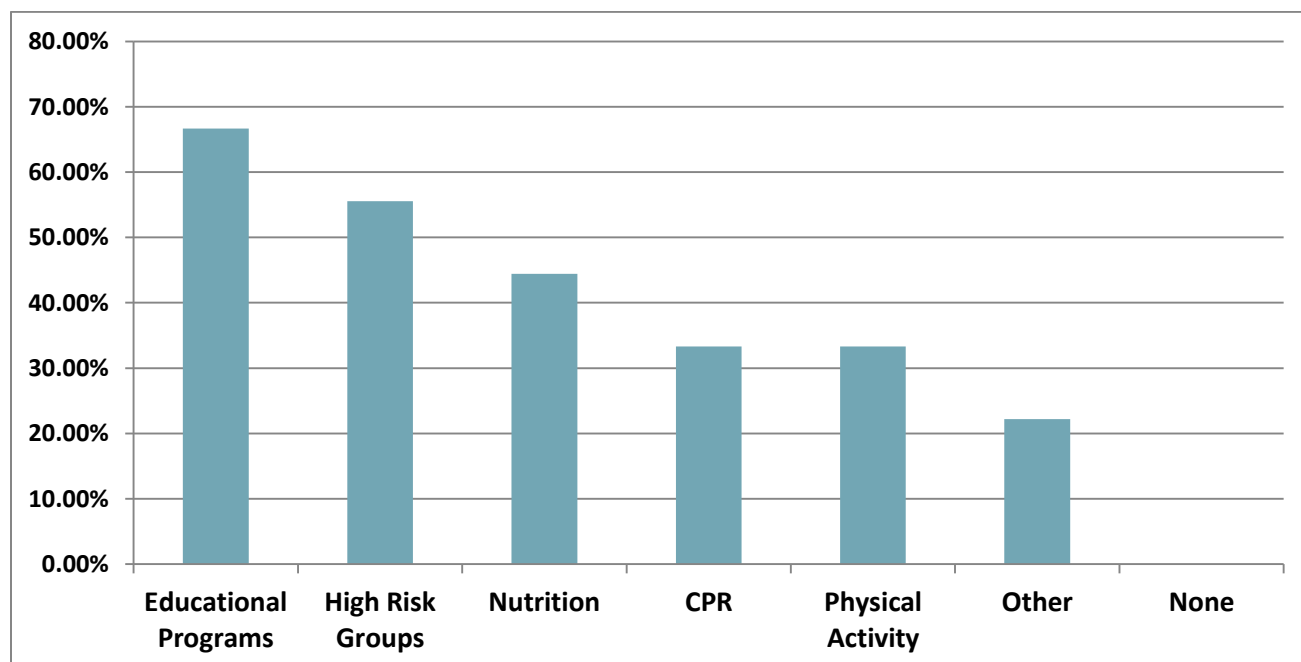


## Resources and Barriers Survey

**Figure 3.** Partner Frequency of Expertise in Chronic Disease



**Figure 4.** Percent of PHAC Organizations that offer Chronic Disease Services (n=9)



## Organizations Willing to Participate

The following organizations identified that they are willing to participate in efforts related to chronic disease:

- City of Nashua Division of Public Health and Community Services
- Gateways Community Services
- Partnership for Successful Living
- YMCA Of Greater Nashua

## Barriers to Participation

The following barriers to chronic disease services were identified by community partners:

- Funding constraints from grants
- Staffing
- Funding
- Work force retention



## Chronic Disease Goals, Objectives, and Strategic Approach

GOAL	OBJECTIVE	PERFORMANCE INDICATORS/ PROPOSED OUTCOME MEASURES
Increase community and provider buy-in for chronic disease prevention (focusing on asthma and diabetes) in the GNPHR.	1. Conduct a minimum of five educational opportunities per year organized by Greater Nashua PHAC member organizations related to chronic disease prevention (asthma and diabetes) education, awareness, and management.	a. Number of trainings held (with description) b. Number of training participants c. Pre and posts test and/or evaluations d. Quarterly reports from PHAC organizations (developed collaboratively)
	2. Collaborate with PHAC organizations to develop and implement a framework for chronic disease prevention.	e. Number of asthma referrals f. Number of diabetes referrals
	3. Decrease the prevalence of not well or poorly controlled asthma in low income populations.	
SUGGESTED STRATEGIES	<ul style="list-style-type: none"> <li>Educate providers on referral processes to support clinical management for poorly controlled asthma patients.</li> <li>Improve communication amongst providers for coordination of patient care.</li> <li>Provide community education on asthma prevention programs.</li> <li>Provide diabetes prevention education in the 25 to 34 age group.</li> <li>Target 55+ for chronic disease self-management.</li> </ul>	

### Summary

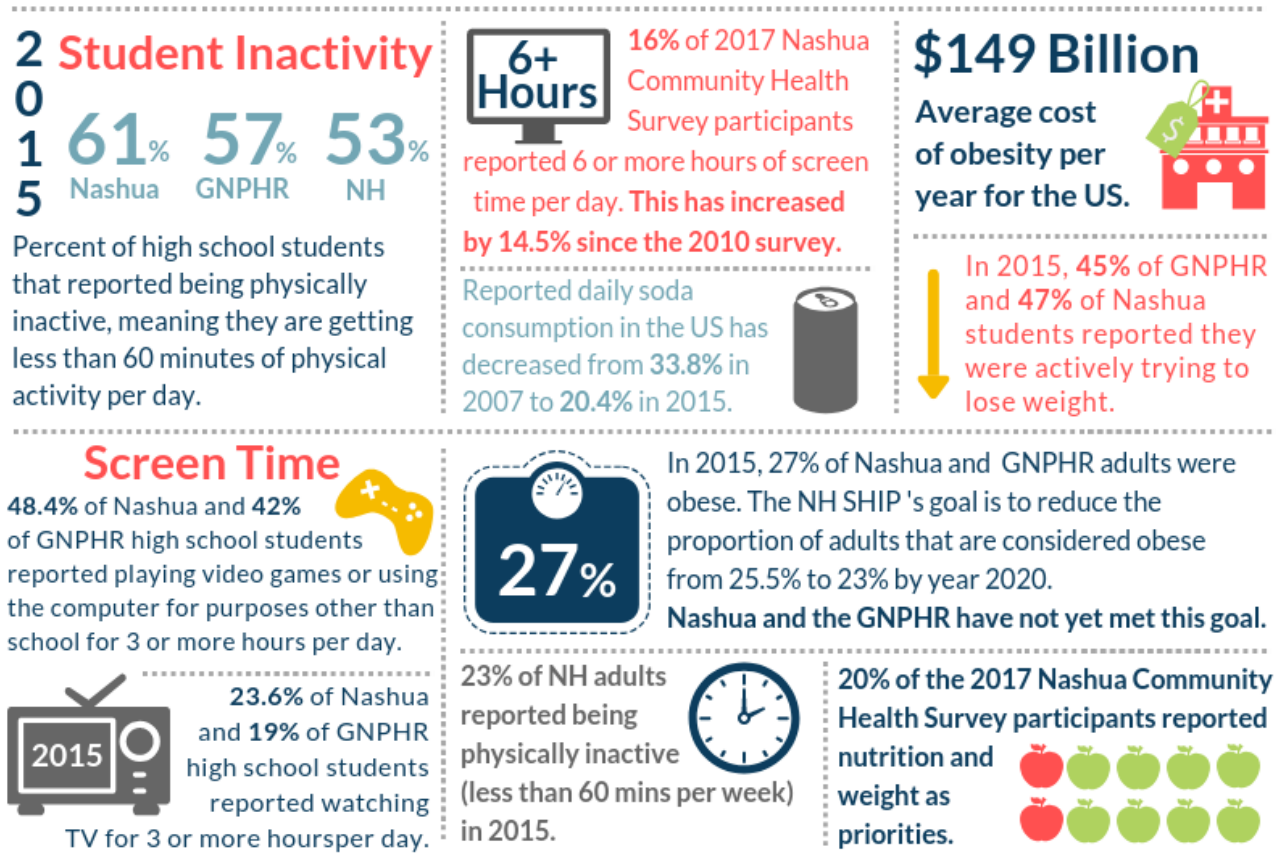
The goals, objectives, performance indicators or proposed outcome measures, and suggested strategies proposed in this chapter will enable the GNPHR to create change and improve health through chronic disease prevention strategies. The strategic approach outlined in this chapter will bring systematic health changes to the region. The chronic disease workgroup will work towards these goals along community partners. Further, a resources and barriers survey was conducted as part of the CHIP to establish the current resources of partners and the barriers to improving or connecting them. The results of this survey are shown in this chapter and highlight the need to increase personal with expertise in chronic disease, which will enable greater support for the overall goal to increase community and provider buy-in for chronic disease prevention.

## CHIP Priority Health Issue 3: Weight Management, Physical Activity, and Nutrition

### Background

Weight management, physical activity and nutrition are three core factors in reducing a person's risk of developing obesity and chronic diseases such as diabetes, heart disease and some types of cancer. A person's access to healthy foods, safe areas to exercise and education on healthy living can have a large impact on their health. Lifestyle and behavioral changes in the US over the past several decades (increased sedentariness, increased screen time, lack of walkability in neighborhoods, larger portion sizes, processed foods, etc.), have led to substantial increases in obesity and lack of physical activity.

Childhood obesity increases the risk for several chronic diseases including type II diabetes, high blood pressure, liver disease and depression during childhood as well as adulthood. Adults who are physically active and maintain a healthy diet are healthier and less likely to develop many chronic diseases than adults who are inactive. The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses. Staying in control of your weight contributes to good health now and as you age.

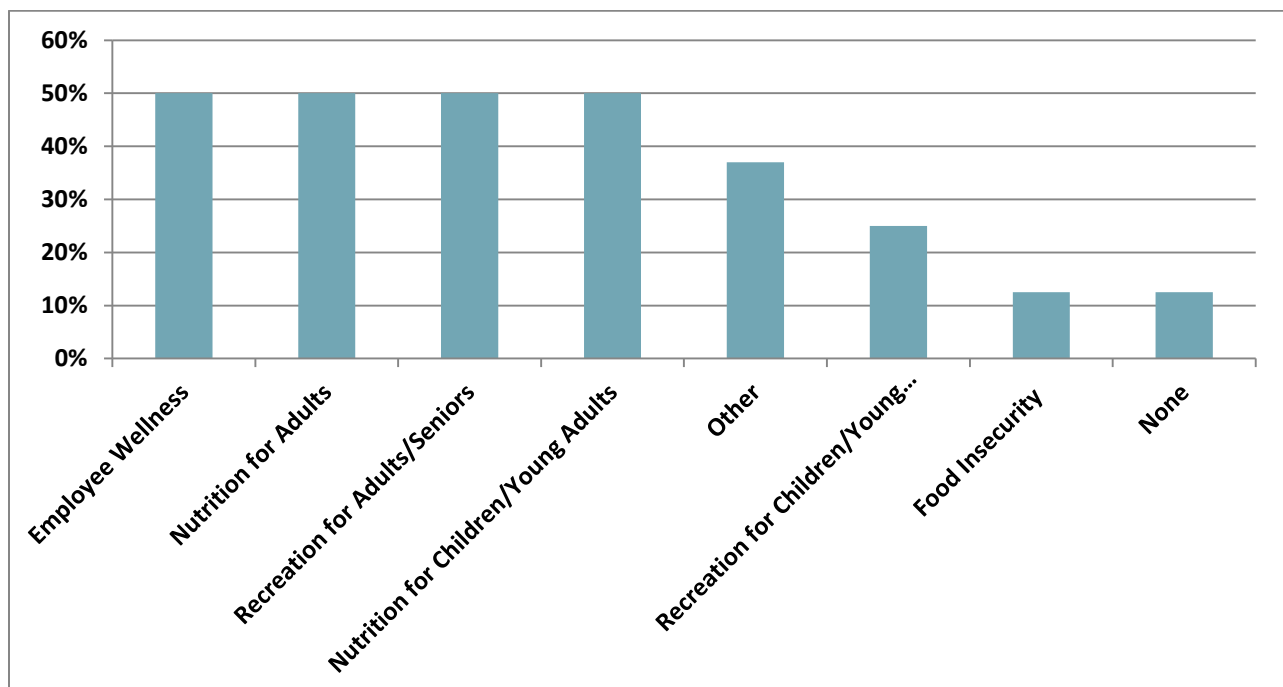


## Resources and Barriers Survey

**Figure 5.** Partner Frequency of Expertise in Weight Management, Physical Activity, and Nutrition



**Figure 6.** Percent of PHAC Organizations that offer Weight Management, Physical Activity, and Nutrition Services (n=8)



## Organizations Willing to Participate

The following organizations identified that they are willing to participate in efforts related to Weight Management, Physical Activity, and Nutrition:

- City of Nashua Division of Public Health and Community Services
- Nashua Community Development Division
- YMCA Of Greater Nashua

## Barriers to Participation

The following barriers to weight management, physical activity, and nutrition services were identified by community partners:

- Funding and time
- Not in our mission

## Weight Management, Physical Activity, and Nutrition Goals, Objectives, and Strategic Approach

GOAL	OBJECTIVE	PERFORMANCE INDICATORS/ PROPOSED OUTCOME MEASURES
Increase the number of adolescents and adults in the healthy weight range in the GNPHR.	1. Conduct a minimum of five educational opportunities per year organized by Greater Nashua PHAC member organizations related to healthy weight, the CDC's physical activity recommendations, and nutrition education.	a. Number of trainings held (with description) b. Number of awareness activities held (with description) c. Number of participants d. Pre and posts test and/or evaluations e. Increase in amount of 1% or 2% milk consumed (baseline to be set January 2019)
	2. Engage in a minimum of five community awareness activities per year organized by Greater Nashua PHAC member organizations related to healthy weight, the CDC's physical activity recommendations, and nutrition education.	f. Decrease in number of hours of screen time – combined television watched and video games played (baseline to be set January 2019) g. Quarterly reports from PHAC organizations (developed collaboratively)
	3. Increase participation among adolescents and adults in food access programs (to decrease food insecurity) including but not limited to food pantries, Cooking Matters, Farm to School, Community Gardens, Free and Reduced Lunch, Backpack Programs, WIC, and Market Match from program	h. Participation in food access programs (baseline will be set at current usage/participation as of January 2019) i. Program evaluations j. Quarterly reports from PHAC organizations (developed collaboratively)
<b>SUGGESTED STRATEGIES</b>	<ul style="list-style-type: none"> <li>• Provide community education on the CDC's physical activity recommendations, and nutrition education.</li> <li>• Implement marketing strategies, including ad campaigns.</li> <li>• Implement 5-2-1-0 Program to engage adolescents.</li> <li>• Provide "Prescribe the Y program" for children and adults.</li> <li>• Provide "Enhanced Fitness for Seniors" program.</li> <li>• Enhance partnership with Cooking Matters to provide cooking classes.</li> <li>• Implement Greater Nashua Food Council programs.</li> </ul>	

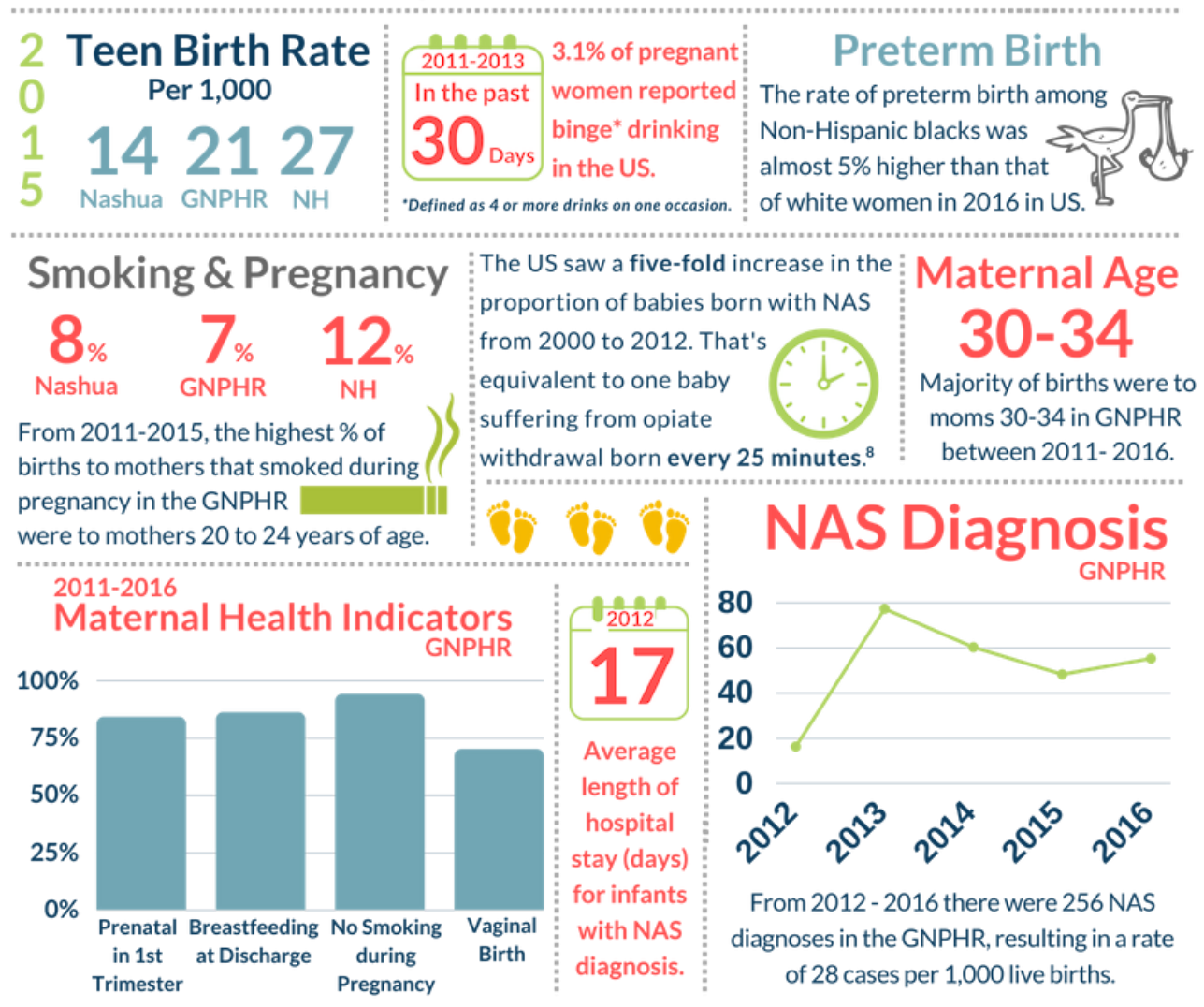
## Summary

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. These health issues are not new; they have been highlighted not only in past CHIPs but are also frequently in the news and medical publications as their increase in prevalence continues to rise. Ongoing efforts from a variety of organizations, both health care and community related, will continue to increase awareness in the community about healthy habits and expand access to programming that encourages physical activity and good nutrition. During 2018-2021, the focus of the workgroups will be to collaborate with new partners to develop innovative tactics for better health outcomes. The combination of strategies that promote both healthy eating and active living support the regional goals and objectives that target specific lifestyle changes. The workgroup will continue to provide ongoing energy for future strategy implementation.

## CHIP Priority Health Issue 4: Maternal and Child Health

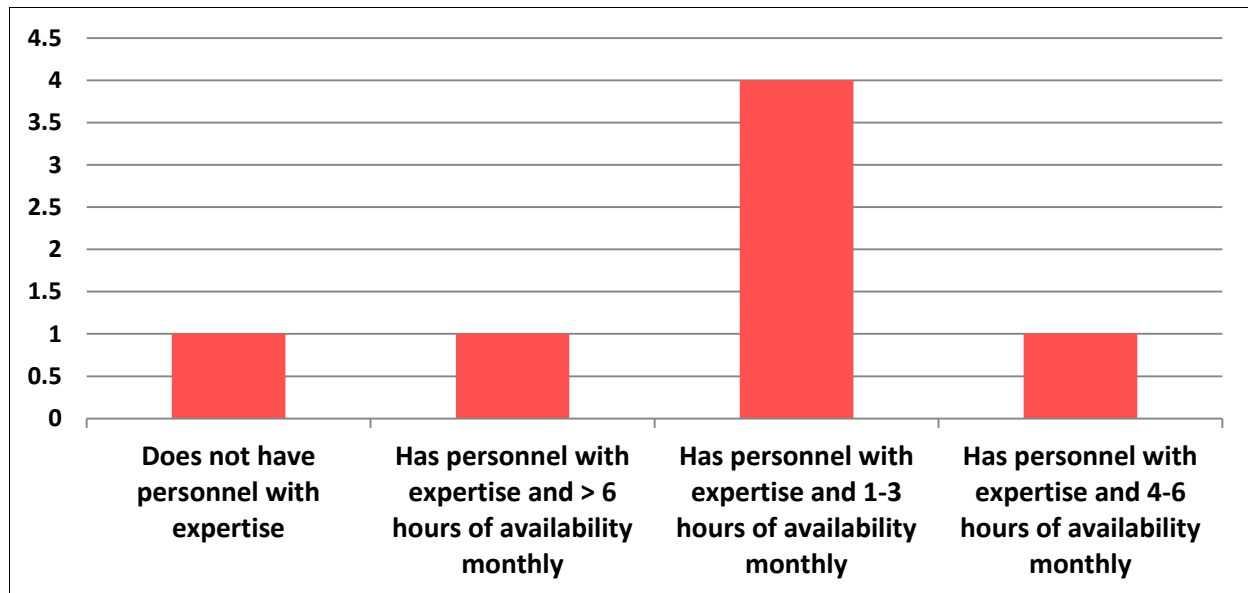
### Background

Maternal health is the health of a woman during her pregnancy, birth and postpartum period. It is also an important predictor of newborn health. Many factors affect maternal health including individual health behaviors such as nutrition, tobacco use, alcohol use, access to appropriate care and socioeconomic factors. Preconception health focuses on actions women can take before and between pregnancies to increase their chances of having a healthy baby. This includes thinking about their goals for having or not having children and how to achieve those goals, addressing health issues with their health care provider before getting pregnant, and adopting a healthy lifestyle. The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities and the healthcare system.

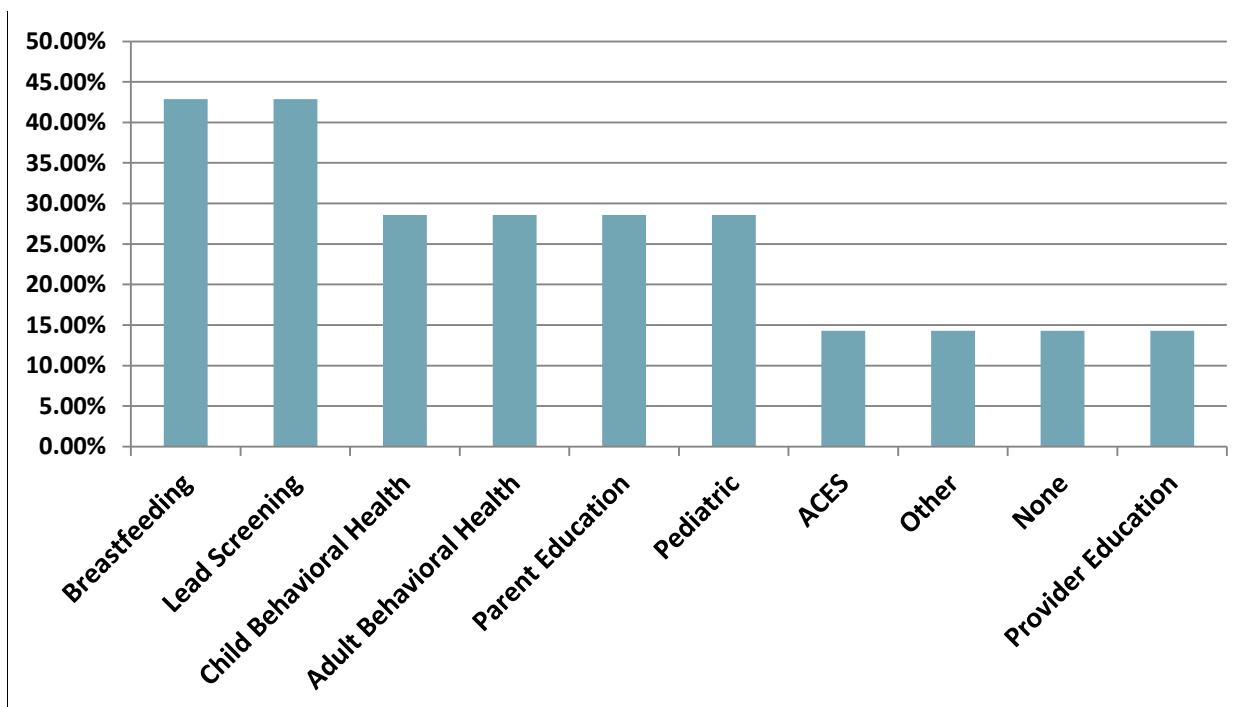


## Resources and Barriers Survey

**Figure 7.** Partner Frequency of Expertise in Maternal and Child Health



**Figure 8.** Percent of PHAC Organizations that offer Maternal and Child Health Services (n = 7)





## Organizations Willing to Participate

The following organizations identified that they are willing to participate in efforts related to Maternal and Child Health:

- City of Nashua Division of Public Health and Community Services
- YMCA Of Greater Nashua

## Barriers to Participation

The following barriers to maternal and child health services were identified by community partners:

- Limited funding
- Staff time and expertise

## Maternal and Child Health Goals, Objectives, and Strategic Approach

GOAL	OBJECTIVE	PERFORMANCE INDICATORS/ PROPOSED OUTCOME MEASURES
Increase education and awareness of resources for maternal and child physical and behavioral health in the GNPHR.	1. Assess resources and barriers in regards to maternal and child health related to health education during pregnancy, parent education on child health, and breastfeeding by June 2019.	a. Completion of maternal and child health resources and barriers assessment
	2. Utilize the resource and barriers assessment results to inform and prioritize the content of the following educational opportunities: 2.1. Conduct ≥ five educational opportunities per year for maternal and child healthcare providers related to FASDs, NAS, Prenatal Smoking, SBIRT, motivational interviewing, stigma, and available resources. 2.2. Conduct ≥ five educational opportunities per year for community partners organized by Greater Nashua PHAC member organizations related to FASDs, NAS, Prenatal Smoking, Screening, SBIRT, motivational interviewing, stigma, and available resources. 2.3. Conduct ≥ five educational opportunities per year for community members organized by Greater Nashua PHAC member organizations related to FASDs, NAS, Prenatal Smoking, breastfeeding, stigma, and available resources.	b. Number of trainings held (with description) c. Number of training participants d. Pre and posts test and/or evaluations e. Quarterly reports from PHAC organizations (developed collaboratively)
SUGGESTED STRATEGIES	<ul style="list-style-type: none"> <li>• Conduct Community Resource Assessment.</li> <li>• Distribute FASDs, NAS, and Prenatal Smoking prevention toolkits to providers.</li> <li>• Promote training on/use of: <ul style="list-style-type: none"> <li>- Motivational interviewing</li> <li>- SBIRT</li> <li>- Stigma</li> <li>- Resource availability at the provider level</li> <li>- ACEs</li> </ul> </li> <li>• Conduct provider Lunch-and-Learns.</li> </ul>	

## Summary

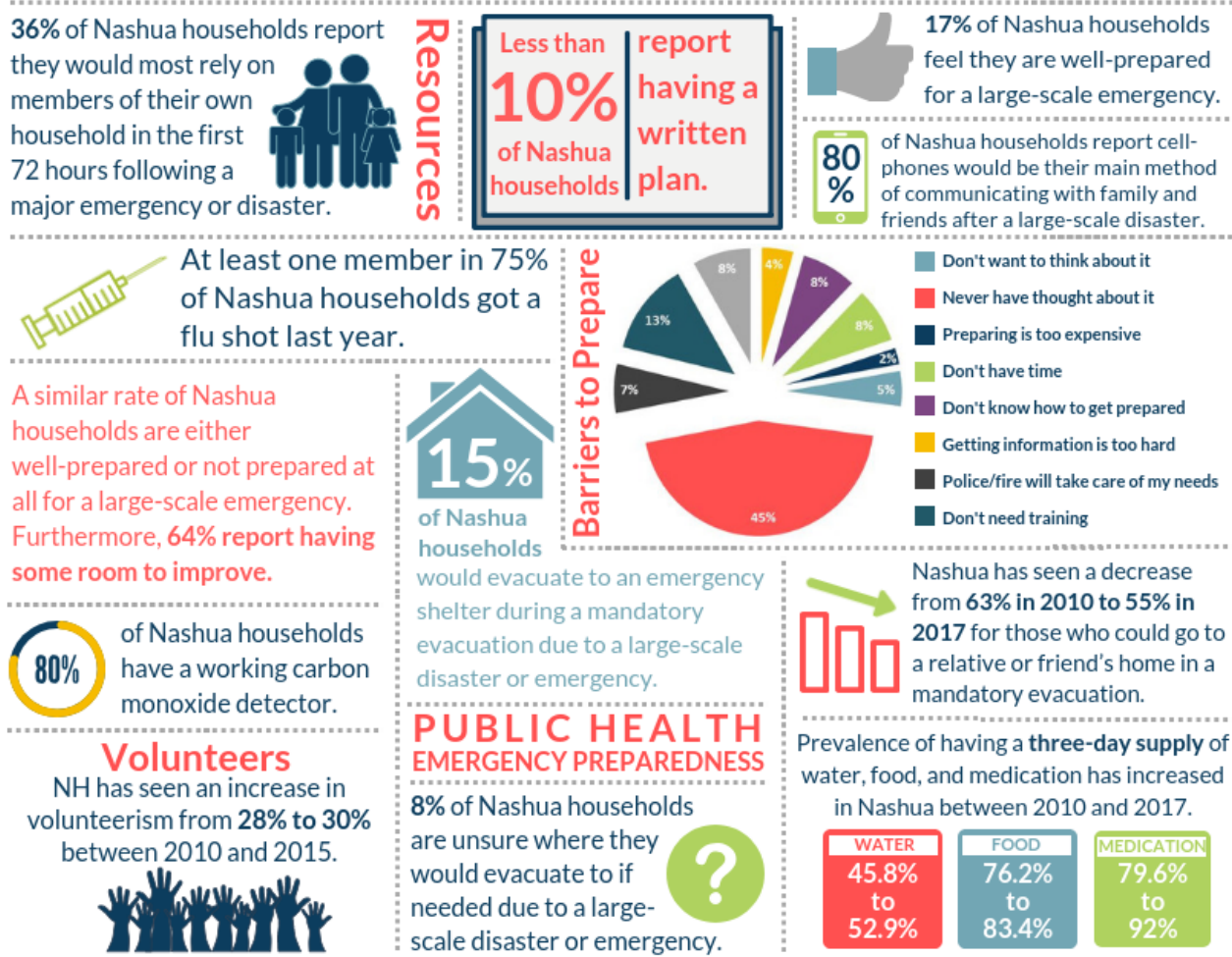
Childbirth is a life-defining experience for many women and their families, and having healthy babies is vitally important, not only for them but for the welfare of the entire community. Healthy birth outcomes and early identification and treatment of health conditions among infants can enable children to reach their full potential. The economic circumstances into which mothers give birth can greatly affect both the mother's chances of having a healthy pregnancy and her baby's chances of getting off to a healthy start. Access to programs, services, and quality care play an important role in improving women's health and economic stability before, during, and after pregnancy. Collaborative efforts throughout the GNPHR are of paramount importance to the health and quality of life for mothers and babies. It is important to establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, and local governments.

# CHIP Priority Health Issue 5: Public Health Emergency

## Preparedness

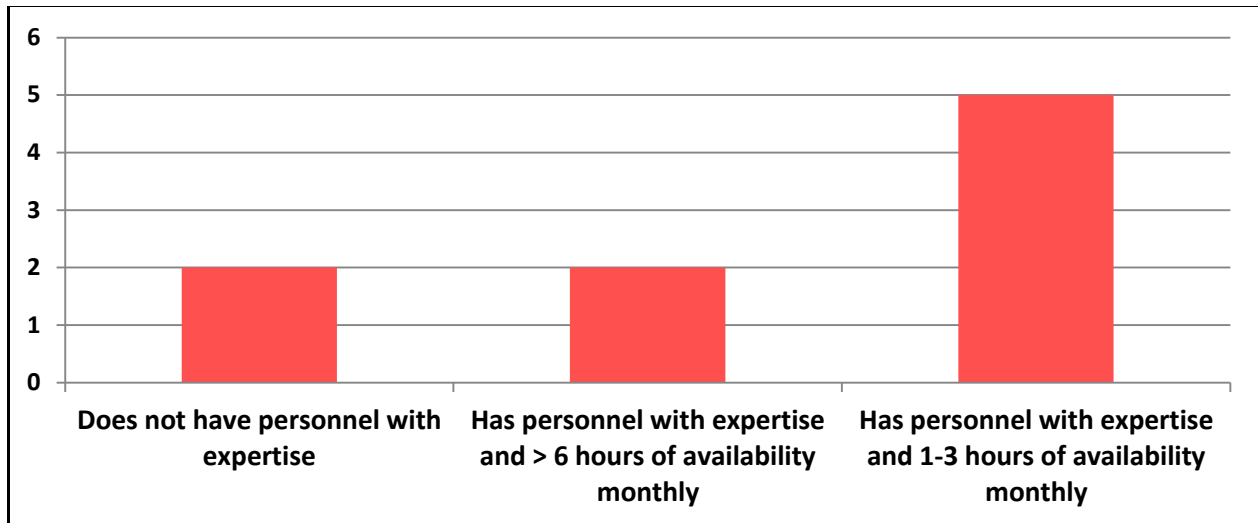
### Background

According to the CDC Prevention Model State Health Emergency Powers Act, a public health emergency is, “an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or a novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents or permanent or long-term disability.” In other words, public health emergencies pose a larger risk of harm to the health of a population, most times because the nature of the incident itself has the ability to overwhelm existing healthcare and emergency response resources. The GNPHR works collaboratively across all community sectors to plan for, mitigate, respond to, and recover from emergencies.

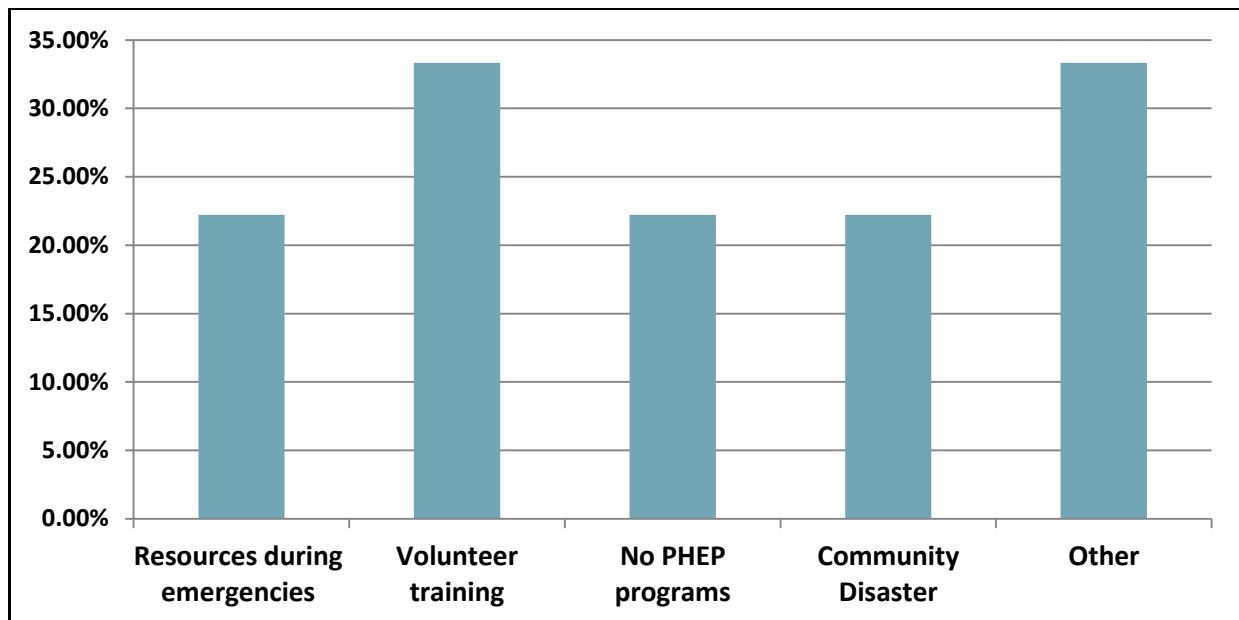


## Resources and Barriers Survey

**Figure 9.** Partner Frequency of Expertise in Emergency Preparedness



**Figure 10.** Percent of PHAC Organizations that offer Public Health Emergency Preparedness Services (n = 9)



## Organizations Willing to Participate

The following organizations identified that they are willing to participate in efforts related to Public Health Emergency Preparedness:

- City of Nashua Division of Public Health and Community Services
- Nashua Community Development Division
- Nashua Office of Emergency Management
- Nashua Police Department
- YMCA of Greater Nashua

## Barriers to Participation

The following barriers to public health emergency preparedness services were identified by community partners:

- Funding and Time
- Building and maintaining relationships with Regional Public Health Network Services lead and Medical Reserve Corps

## Public Health Emergency Preparedness Goals, Objectives, and Strategic Approach

GOAL	OBJECTIVE	PERFORMANCE INDICATORS/ PROPOSED OUTCOME MEASURES
Strengthen and sustain the GNPHR's ability to prepare for, respond to, and recover from health emergencies which could threaten the health of the community.*	1. Increase individual and community resilience and preparedness through: 1.1. Trainings organized by Greater Nashua PHAC member organizations. 1.2. Exercises/Drills organized by Greater Nashua PHAC member organizations.	a. Maintain a three year Regional Training and Exercise Plan b. Number of trainings held (with description) c. Pre and posts test and/or evaluations d. Number of Exercises/Drills held e. After Action Reports f. Quarterly reports from PHAC organizations (developed collaboratively)
	2. PHAC partner organizations will develop and launch a PHEP campaign for the GNPHR.	g. Awareness campaign/toolkit developed h. Awareness campaign impacts (dissemination data, event data, marketing data, etc. dependent upon the campaign design) i. Quarterly reports from PHAC organizations (developed collaboratively)
	3. Increase number of key organizations that engage in public health planning, exercising, or training in the following sectors: 3.1. Business 3.2. Healthcare 3.3. Community Leaders 3.4. Social Service Organizations 3.5. Faith-Based & Cultural Organizations 3.6. Schools/Education 3.7. Public Safety/EM	j. Baseline data on key organization relationships/partners will be determined in January-March 2019 k. Increase in organizations partnering for PHEP by sector l. Quarterly reports from PHAC organizations (developed collaboratively)
	4. Maintain GNPHR emergency plans to conduct a coordinated response to a public health event, in accordance with NH DHHS, DPHS, and US CDC requirements.	m. Number of PHAC partner organizations participating in update and review of regional PHEP plans n. Number of updated PHEP MOUs with partner organizations o. Results of reviews conducted by NH DHHS/DPHS and/or US CDC
*In compliance with US Centers for Disease Control and Prevention's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" and CDC MCM ORR requirements.		

#### SUGGESTED STRATEGIES

- Provide Ready Greater Nashua Learning Series to GNPHR community.
- Implement trainings and exercises for volunteers on effective and educated bystander response (CERT and MRC trainings).
- Promote the Resilient Nashua Toolkit.
- Strengthen HERC collaboration across all public health incident phases.
- Increase PHEP planning for individuals with access and functional needs.
- Support or provide health-security-related workforce education.
- Ensure disease detection and prevention of spread of public health threats and diseases.

## Summary

Emergencies and disasters all begin and end at the local level. When we all prepare together, we develop a more resilient community. Aligning regional CHIP priorities with established PHNS goals, objectives and strategies permits the region to strengthen social vulnerability factors, deepen social networks, and work collaboratively to ensure the region is safely positioned for unexpected disasters. Ongoing funding through the PHNS system is key to the continued successful integration of Public Health Emergency Preparedness in the 2018-2021 CHIP.



## Next Steps

A published CHIP provides a guideline for the collaborative work of implementing strategies over the three year improvement cycle outlined in the plan. Next steps will include the more detailed work of creating the work plans that will support the strategies, and engaging community partners in leading those efforts. By aligning with NH's SHIP improvement goals, the GNPHR can now anticipate the benefit of support from related state agencies as well as from other health regions with similarly aligned priorities.

For all implementation efforts, the close engagement of the Greater Nashua PHAC ensures that mutually agreed upon strategies will move forward with community commitment and support. Current plans include regular meetings of stakeholders to review progress, along with agreement from workgroup facilitators to maintain ongoing communication and reporting to measure that progress. As Greater Nashua continues its journey towards a healthier Nashua region, the PHAC will remain closely engaged in the collaborative work that will bring changes in the policies, systems and environments impacting public health and well-being.

**Figure 11.** Community Health Improvement Process



## Citations

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<sup>1</sup> <https://phnci.org/fphs>

<sup>2</sup> Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited [12/2018]]. Available from: [ <https://www.healthypeople.gov>].

<sup>3</sup> Durch J.S., Bailey L.A., & Stoto M.A. (1997). Improving Health in the Community: A Role for Performance Monitoring. Washington, DC: National Academy Press.

<sup>4</sup> Brennan Ramirez LK, B.E., Metzler M., Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, Centers for Disease Control and Prevention, Editor. 2008, Department of Health and Human Services, Atlanta, GA

<sup>5</sup> Braveman P. (2014). What are health disparities and health equity? We need to be clear. Public health reports (Washington, D.C. : 1974), 129 Suppl 2(Suppl 2), 5-8.

<sup>6</sup> The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care, 2002.

<sup>7</sup> Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited [12/2018]]. Available from: [ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#five>]

<sup>8</sup> National Institute on Drug Abuse, National Institutes of Health, & U.S. Department of Health and Human Services. (2015, September). [Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome] [Infographic]. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>



# Appendix A:

## Acronyms

## ACRONYMS

BDAS	NH DHHS, Bureau of Drug and Alcohol Services
BRFSS	Behavioral Risk Factor Surveillance System
CDC	US Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CERT	Community Emergency Response Team
DHHS	Department of Health and Human Services
DPHCS	City of Nashua Division of Public Health and Community Services
DPHS	NH DHHS, Division of Public Health Services
EM	Emergency Management
FASDs	Fetal Alcohol Spectrum Disorders
FEMA	Federal Emergency Management Agency
GNPHN	Greater Nashua Public Health Network (partners)
GNPHR	Greater Nashua Public Health Region (geography)
HP2020	Healthy People 2020
HP2030	Healthy People 2030
MCM ORR	CDC Medical Countermeasures Operational Readiness Review
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NAMI	National Alliance on Mental Illness
NAS	Neonatal Abstinence Syndrome
PHEP	Public Health Emergency Preparedness
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SHIP	NH State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program
SSANA	Syringe Service Alliance of the Nashua Area
WIC	Women, Infant and Children
YRBS	Youth Risk Behavior Survey



# Appendix B:

## 2018-2021 Greater Nashua CHIP Process Documentation

## INTRODUCTION

The fundamental purpose of public health is defined by three core functions: assessment, policy development, and assurance. Community Health Assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.<sup>1,2</sup>

A CHA should be part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP).<sup>3</sup> A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement.<sup>3</sup>

## BACKGROUND

As part of the ongoing process of community health improvement, every three years the City of Nashua, Division of Public Health and Community Services (DPHCS) conducts a CHA for the City of Nashua and the 12 surrounding towns that make up the Greater Nashua Public Health Region (GNPHR). The CHA identifies and measures the current health issues impacting the region and provides detailed information and statistics about those issues. Through the CHA, the community gains an understanding of the existing health concerns and community needs.

Following the CHA, DPHCS continues the improvement process by developing a CHIP. Through the evaluation of health data and issues identified in the CHA, the CHIP process prioritizes health topics and creates an action plan to address those issues over the following three years. Community engagement is key to the CHIP process so that the resulting plan reflects not only the shared commitment to priority issues, but also considers the full community's assets, strengths, resources and needs for bringing about positive change. In this way, no single organization is burdened with full responsibility for the decisions or actions required to improve health, but all contribute in various ways to the improvement efforts. In addition, in order to maximize health impact and gain widespread support for improvement, the Greater Nashua CHIP coordinates with state level partners and aligns shared health priorities with the goals and objectives outlined in the NH State Health Improvement Plan (SHIP).

After the publication of the 2017 Greater Nashua CHA in September 2017, DPHCS began the process of engaging community partners and stakeholders in the development of the 2018-2021 Greater Nashua CHIP. This document details the steps for developing the CHIP that were completed over an eight month timeframe from February 2018 to September 2018. It includes descriptions of the CHIP Planning Team, the Public Health Advisory Council (PHAC) and the PHAC Executive Committee. The chronology of planning meetings explains the tools and inputs

used, the collaborative agreements determined, and the achievements realized at each step in the 2018-2021 CHIP Planning process.

## **STEP 1: CONVENE A PLANNING GROUP**

*Timeframe: February 2018*

In February 2018, the CHIP Planning Team was identified and began meeting to formalize a plan of action for the development the 2018-2021 Greater Nashua CHIP.

The CHIP Planning Team consists of representatives from each DPHCS department, the Public Health Network Services (PHNS) Coordinator, PHNS Program Assistant, the Division Director and the Epidemiologist. The Public Health Network Services Coordinator is the lead coordinator for both this group and the overall development and implementation of the Greater Nashua CHIP. The Epidemiologist is responsible for assisting/overseeing the development of evaluation processes related to CHIP initiatives as well as analyzing, maintaining, and reporting CHIP-related data

### 2018-2021 Greater Nashua CHIP Planning Team

Kim Adie	Director of Healthy Living, YMCA Greater Nashua
Mike Amichetti	Case Technician, Welfare Department
Bobbie D. Bagley	Division Director
Rene Beaudoin	Deputy Health Officer
Patty Crooker	PHNS Coordinator
Courtney Ellison	Health Promotions Specialist
Jessica Hillman	Public Health Associate
Angela Lumenello	Epidemiologist
Flavia Martin	Public Health Nurse
Nicole Viau	PHNS Program Assistant

The DPHCS planning team is responsible for the planning and facilitation of all aspects of CHIP development including, but not limited to:

- Development/modification of health issue prioritization processes and tools,
- Planning of and participation in meetings and processes related to CHIP development,
- Development, distribution, and collection of PHAC member organization survey to gather input on the each organization's level of interest, available resources and current efforts in impacting each health priority, and
- Development of 2018-2021 Greater Nashua CHIP Document.

For a CHIP to be meaningful and actionable, it is imperative that DPHCS collaborates with representatives for organizations representing other community sectors, as well as members of our communities, in order to be effective in protecting and promoting the health of the population and ensuring a collective sense of responsibility in implementing the CHIP. As a

collaborative network, the PHAC has ability to influence the policies, systems, and environmental changes that will ensure the region's health. The Greater Nashua PHAC is the network of organizations and individuals that work collaboratively allowing us to see the larger health picture from a variety of perspectives, and to plan and respond cooperatively to improve the health of the GNPHR and its residents.

The PHAC Executive Committee is a smaller group of decision-makers representing diverse business, healthcare, school, faith based, cultural, municipal and private sectors. The PHAC Executive Committee provides leadership and guidance to support and expand health related efforts within the GNPHR, including CHA development, CHIP planning and implementation. The PHAC Executive Committee facilitates problem solving, goal alignment, and networking with local and state partners and other systems. Through the collaboration of the Executive Committee and other PHAC organizations, we have an opportunity to avoid duplication of efforts and services, to share resources, to promote best practices and health equity, and to respond to needs of our community. A benefit of this collaborative is that it allows us all to participate in larger evaluation processes that look at the health of our community, and how our collective initiatives impact our community and its health.

For a full membership list of the PHAC Executive Committee, please visit the Greater Nashua PHAC webpage at <https://www.nashuanh.gov/DocumentCenter/View/3784>.

## **STEP 2: REVIEW AND REVISE VISION AND MISSION STATEMENTS - ESTABLISH PRIORITIES**

*Timeframe: February - April 2018*

In February 2018, the DPHCS Planning Team organized the first three PHAC Executive Committee meetings through which the 2018-2021 Greater Nashua CHIP would be developed. At the first meeting, held on March 19<sup>th</sup>, PHAC Executive Committee members were presented the vision and mission statements of the previous, 2015-2018 CHIP and asked if the statements were still appropriate reflections of the core values of Greater Nashua's commitment to health improvement. The PHAC Executive Committee approved both the vision and mission statements and they will be used for 2018-2021 Greater Nashua CHIP.

### ***Vision***

*Working together towards a healthier Nashua region.*

### ***Mission***

*To achieve a healthier Nashua region through collaboration, education and the coordination of resources.*



The DPHCS Epidemiologist led an overview of each health topic covered in the 2017 CHA and provided each committee member a 2017 CHA Data Highlights packet with key indicators for each health issue covered in the CHA. DPHCS Planning Team then led the Executive Committee through a prioritization process. The prioritization of health issues is essential to the CHIP planning process as it enables the community to maximize its impact and efficiently use its resources on the issues of greatest significance to the community. Prior to or during the meeting, committee members were provided all primary and secondary data sources, including the 2017 Nashua CHA, to guide their decision making.

Using a weighted voting system, participants were asked to rate each of the 13 health issues covered in the CHA according four criteria:

- **Burden:** Magnitude of the effects of this health issue on individuals, family and community.
- **Prevalence:** Number of people in the community affected by the health issue.
- **Resources:** Availability of assets to affect change in this health issue.
- **Impact:** Existence of short and long term benefits in addressing this health issue.

The final results of the prioritization voting were as follows:

#### Greater Nashua 2018 – 2021 CHIP Health Priorities

		Rank
Behavioral Health (Suicide, Mental Health, and Substance Use*)	163	1
Chronic Disease (Asthma, Diabetes, Heart Disease, and Stroke)	152	2
Maternal Child Health	134	(TIE) 3/4
Weight Management, Physical Activity, and Nutrition	134	(TIE) 3/4
Cancer	119	
Access to Care	114	
Communicable Disease	98	
Public Health Emergency Preparedness**	96	5
Environmental Health	89	

*\*Required by NH DPHS Per Greater Nashua Health Priority Identification Protocol (Nov. 2014): If there is a tie between enough of the highest scored Health Issue Totals to cause an increase in the established number of Health Priorities, then the PHAC will discuss if there should be a tie breaking vote or if the number of Health Priorities included in the Community Health Improvement Plan should be increased.*

\*Behavioral Health was the broad topic heading for the priority health issues of Suicide, Substance Use, and Mental Health.

\*\*Emergency Preparedness was not ranked as a top health issue for the community. In fact, there were three health priorities that received higher voting scores. However, it is a

requirement of the New Hampshire Department of Health and Human Services, which provides Public Health Network Services funding, that Emergency Preparedness and Substance Use Disorder be included in each Public Health Network's CHIP.

### **STEP 3: ASSESSMENT OF READINESS, AVAILABLE RESOURCES AND PERCEIVED BARRIERS IN REGARDS TO PRIORITY HEALTH ISSUES**

*Timeframe: April - August 2018*

In April 2018, the DPHCS CHIP Planning Team worked to develop the *2018 CHIP Resources and Barriers Survey* via Survey Monkey. The survey would be sent to PHAC Executive Committee members in order to identify which elements of the prioritized health issues would be most impactful and realistic (based on current resources and readiness) for stakeholders to target to effect change. The survey input would be used by DPHCS Planning Team staff to draft specific goal and objective statements for health improvements in the selected priority areas of Behavioral Health, Chronic Disease, Maternal and Child Health, Weight Management, Physical Activity and Nutrition, and Public Health Emergency Preparedness.

The 2018 CHIP Resources and Barriers Survey was designed to solicit organizational perspective on topics related to community health and the prioritized health issues, and included the following:

- Definition of health and a healthy community.
- Is the health issue related to their organization's mission?
- Organization's willingness to participate in CHIP initiatives.
- Organization's level of interest in addressing specific elements of the health issue.
- Available resources to address the issue (staff, meeting space, marketing support, funding).
- What organizational barriers and/or external forces could impact the ability to make change in the health issue?
- What data does the organization collect? Are they willing/able to share data? What are barriers to sharing data? Who is the contact in their organization for data?\*
- What types of social media does the organization use? Does the agency produce a newsletter? Who is the communications/marketing contact at the organization?\*
- Would the organization be interested in participating in Systems Thinking Training?\*
- What policies/practices does your agency have in place to ensure health equity and inclusive access for individuals with functional needs/disabilities? Would your organization be interested in training on improving access, health equity, and/or diversity and cultural competency?\*

*\*These questions had not been asked during development of previous Greater Nashua CHIPs.*

The intent is for the DPHCS Planning Team staff to use the results of the 2018 CHIP Resources and Barriers Survey to draft specific goal and objective statements for health improvements in the selected priority areas of Behavioral Health (Suicide, Substance Use, Mental Health), Chronic Disease (Asthma, Diabetes, Heart Disease, and Stroke), Maternal and Child Health, and Weight Management, Physical Activity and Nutrition, and Public Health Emergency Preparedness. Goals and Objectives for Behavioral Health and Public Health Emergency Preparedness would also be informed by the existing Regional PHNS work plans.

Consisting of 68 questions, the 2018 CHIP Resources and Barriers Survey was disseminated to the PHAC Executive Committee in July 2018. Due to poor response rates, the Planning Team cancelled an August PHAC Executive Committee meeting and rescheduled it for September 2018. Planning Team members then took responsibility for various members of the Executive Committee that had not completed the survey and contacted them directly to ask them to complete it and discuss any barriers they were experiencing. For a majority of the organizations, staffing was the biggest factor resulting in the surveys not being completed. Staff turnover/availability had also resulted in a handful of organizations replacing their PHAC Executive Committee representative or leaving their seat on the Committee unfilled until they feel that they are able to appoint a representative. To compensate for the organizations who did not complete the survey, a handful of partner organizations who are not members of the PHAC Executive Committee but who are stakeholders with expertise/services in the priority health areas were asked to complete the Survey.

#### **STEP 4: DEVELOP GOALS AND OBJECTIVES FOR EACH PRIORITY HEALTH AREA AND SUGGESTED STRATEGIES TO ACHIEVE THEM**

*Timeframe: August - September 2018*

At the end of August, the DPHCS CHIP Planning team analyzed responses from the 20 (of the 32) organizations that completed the survey and developed draft goal and objective statements. Each objective statement was designed using the “SMART” model to ensure that objectives were “Specific, Measureable, Achievable, Relevant and Time-bound.” Goal and objective statements were also created with the intention of aligning with State Health Improvement Plan (SHIP) and/or Healthy People 2020 Objectives. These goals and objectives were brought to the September 7<sup>th</sup> PHAC Executive Committee meeting where modifications, additions, and other changes were discussed. Following the meeting, draft goals and objectives were revised and emailed to Executive Committee members for comment. In the beginning of October, the final goals and objectives were sent to the Executive Committee and were presented on October 10<sup>th</sup> at the 2018 Greater Nashua Public Health Advisory Council Annual Meeting.

## **STEP 5: IDENTIFY POTENTIAL STRATEGIES FOR ACCOMPLISHING OBJECTIVES**

*Timeframe: September 2018*

The PHAC Executive Committee responses from the 2018 CHIP Barriers and Resources Survey along with the 2018 CHIP Goals and Objectives, identified from the September meeting and finalized by the CHIP Planning Team, were used to identify potential strategies for addressing the priority health areas and will be included in the 2018-2021 Greater Nashua CHIP.

### **MOVING FORWARD**

*Timeframe: January – June 2019*

In early 2019, priority health issue specific workgroups will be formed to oversee the implementation of activities and strategies designed to effect positive change in each health area. Workgroups will have a flexible structure meant to accommodate leadership by initiative. In this way, organizations may participate in some but not all improvement efforts, according to their organizational priorities, funding, and current work. The structure will also allow for variable levels of partnership, according to the strategies currently being implemented.

In December 2018, the DPHCS CHIP Planning Team identified a staff co-facilitator for each workgroup and began discussions to identify community partner co-facilitators for each workgroup. DPHCS co-facilitators for each implementation group will collaborate with the designated community leader for each strategy to assist in facilitating group engagement, activities, and performance management. Confirmation of leadership and accepted responsibilities will need to be verified and included in the plans.

Work plans for each workgroup will be developed in the second quarter of the 2019. Workgroups will include the DPHCS Epidemiologist to determine outcome measures, indicators, and evaluation methods for the group activities and strategies, as well as effective ways to measure the impact of these activities/strategies on health indicators associated with the priority health issue the group is focused on.

The DPHCS CHIP Planning Team intends to maintain a majority of administrative leadership responsibilities for managing the agreed strategies and will continue partnership efforts so that other PHAC organizations accept responsibility for specific actions outlined in the work plans. DPHCS will oversee the completion, submission, analysis, and dissemination of quarterly reports by each workgroup to track progress, monitor collaboration, share successes, and identify areas for improvement. Information from these quarterly reports will be shared with the PHAC Executive Committee, as well as state and local partners, and be highlighted in our regional Greater Nashua Public Health newsletter.



# Appendix C:

## Health Priority Identification Protocol

## BACKGROUND

Prioritization is a key step in the community health improvement process. Using findings from the Community Health Assessment (CHA), focus groups, surveys and other data collection methods, a health department is able to identify target priority areas where a population may have increased risk for poorer health outcomes. This information is then developed into a Community Health Improvement Plan (CHIP) in order to guide strategies and programs that will improve health and wellness in the Greater Nashua Public Health Region (GNPHR). Prioritizing health issues enables the health department to focus effort and funding to health areas that it is most able to make the greatest impact.

This protocol details the process by which the City of Nashua, Division of Public Health and Community Services (DPHCS) and the Greater Nashua Public Health Advisory Council (PHAC) will determine health priorities for the Greater Nashua CHIP.

## SETTING UP THE HEALTH RANKING MATRIX

An Excel spreadsheet will be created to record all results of the Health Issue Prioritization process. Each Health Issue should have its own table within the excel document. A row should be assigned to each criterion that the Health Issue will be ranked against and a column should be assigned for each voting possibility. The winning vote times its multiplier should be recorded in a column designated for the *Winner x Multiplier Total*. The sum of each *Winner x Multiplier Total* row should be recorded in the *Health Issue Total* cell. A formula to auto-populate this cell by may be achieved by setting Excel to auto-sum the results of each *Winner x Multiplier Total* cell. Lastly, the rank of each Health Issue will be documented in the *Rank* cell.

Greater Nashua CHIP Health Priority Ranking Matrix				
Health Issue #1				
	1	2	3	Winner X Multiplier Total
Criteria 1 - BURDEN				
Criteria 2 - PREVALENCE				
Criteria 3 - RESOURCES				
Criteria 4 - IMPACT				
Health Issue Total				
Rank				

## IDENTIFYING HEALTH PRIORITIES

### 1. Establish the Voting Criteria

Prior to the Prioritization Meeting, the health department must determine a relevant set of 3-5 criteria that participants will evaluate health topics against. These criteria will help participants determine the scale and magnitude of each health topic and the likelihood that interventions can lead to change. Each criterion will be ranked on a 3 point scale that is tailored to the specific criterion itself. A score of 1 will correspond to the priority being of the least magnitude and a score of 3 will correspond with the health priority being of the greatest magnitude according to the health topic. To prioritize health issues for the 2018-2021 CHIP, DPHCS will use the four following criteria.

#### BURDEN

How great is the health, emotional, economic and social impact of this health issue on the individual, family and our community?

- 1 = **Low** health, emotional, economic & social impact
- 2 = **Moderate** health, emotional, economic & social impact
- 3 = **High** health, emotional, economic & social impact

#### PREVALENCE

How many people in our community are affected by this health issue?

- 1 = **Not a significant amount**
- 2 = **A significant amount**
- 3 = **A very significant amount**

#### RESOURCES

Does our community have the ability to obtain personnel, finances and infrastructure to affect change with this health issue?

- 1 = **Unable** to affect change with present resources
- 2 = **Able** to affect change with present resources
- 3 = **Highly able** to affect change with present resources

#### IMPACT

Are there short and long term benefits of addressing this health issue?

- 1 = **Few** short and long term benefits
- 2 = **Some** short and long term benefits
- 3 = **Many** short and long term benefits

## **2. Distribute the Materials**

All participants will be provided a copy of the ranking criteria to reference and numbered placards in order to vote on health topics during Sign-In. For ease in counting participant votes, each number should be on a different colored placard (ex. All Placards with a 1 = Green, All Placards with a 2 = Yellow, All Placards with a 3 = Pink).

At this point, each participant should also have all primary and secondary data sources that are to be used in the consideration of health priorities. It is recommended that this be done prior to the CHIP Health Priority Ranking Meeting. Data sources may include the most recent CHA, focus group reports, survey results, and data that became available after the most recent published CHA.

## **3. Review Voting Process and Health Issues**

DPHCS staff will review the most pertinent data indicators for the health issue to be considered at that time. Participants will then be given a maximum of 5 minutes to discuss the data and criteria and ask questions after the health issue is reviewed. Participants will then vote on each of the individual health criteria for the health priority by holding up a placard with either a 1 (Green), 2 (Yellow) or 3 (Red) that corresponds with how they judge the health issue against the criterion. A DPHCS staff member will ask for all participants who rank the issue as a 1 to raise their placard, then 2, and lastly 3. The process will repeat until all four criteria have been voted on for each health priority.

Each participant may only vote once for each Health Issue criterion and are encouraged to vote every single time regardless of experience or expertise. A re-vote may occur only if a participant did not understand the Health Issue, criteria or ranking scale.

In March of 2018, PHAC Executive Committee members decided that a survey should be designed to allow other members to vote on priority health issues even if they were unable to attend the Prioritization Meeting. The Public Health Network Services Coordinator developed a survey via Survey Monkey to meet this purpose while maintaining the integrity of Health Priority Identification Protocol.

## **4. Recording Results and Calculating Rank**

Two DPHCS members will record all tally numbers on an Excel spreadsheet and a paper spreadsheet. If a web based survey was used to collect votes, the results should be included in the tally on the Excel and paper spreadsheets. The rank with the highest tally for each criterion is the “Winner” and will then be multiplied by the value of its corresponding group number (“multiplier”). The result is the “Winner x Multiplier Total” for the criterion. The *Winner x Multiplier Total* for each criterion will be added together will be added together to



determine the “Health Issue Total.” A spreadsheet has been developed to automatically calculate the “Health Issue Total” as well as rank all Health Issues.

#### *Voting Calculation Example*

Health Issue #1	
<b>Participants are asked to rank the <u>Burden</u> of Health Issue #1 on a scale from 1-3.</b> <b>1</b> = low health, emotional, economic & social impact <b>2</b> = moderate health, emotional, economic & social impact <b>3</b> = high health, emotional, economic & social impact	
<b>Number of votes for each score:</b>	1 = 5 Votes <b>2</b> = <b>10</b> Votes 3 = 7 Votes
<b>Determination of “Winner” and “Winner x Multiplier Total”</b>	Because “ <b>2</b> ” has the largest amount of votes, it is the “Winner.” The “ <b>Winner</b> x <b>Multiplier</b> Total” is the number of votes (10) multiplied by the winning group number (2). <i>Winner X Multiplier Total = 20</i>

If the number of votes for multiple groups ties, then all tied groups are then *Winners*.

Formula to determine the *Winner x Multiplier Total* during a Tie:

$$\frac{\text{\# of Votes for Each Tied Category} \times \text{Multiplier for Each Tied Category}}{\text{\# of Tied Categories}}$$

All health issues will be ranked numerically by the value of the corresponding *Health Issue Total*. The Health Issue with the highest *Health Issue Total* will be assigned the rank of #1 and so on until all issues have been ranked.

#### *Health Issue Ranking Example*

		Rank
Behavioral Health (Suicide, Mental Health, and Substance Use*)	163	1
Chronic Disease (Asthma, Diabetes, Heart Disease, and Stroke)	152	2
Maternal Child Health	134	(TIE) 3/4
Weight Management, Physical Activity, and Nutrition	134	(TIE) 3/4
Cancer	119	
Access to Care	114	
Communicable Disease	98	
Public Health Emergency Preparedness*	96	5
Environmental Health	89	

*\*Required by NH DPHS Per Greater Nashua Health Priority Identification Protocol (Nov. 2014):  
If there is a tie between enough of the highest scored Health Issue Totals to cause an increase in the established number of Health Priorities, then the PHAC will discuss if there should be a tie breaking vote or if the number of Health Priorities included in the Community Health Improvement Plan should be increased.*

If there is a tie between enough of the highest scored *Health Issue Totals* to cause an increase in the established number of Health Priorities, then the PHAC will discuss if there should be a tie breaking vote or if the number of Health Priorities included in the CHIP should be increased.

The results of the health issue rankings may be announced at the conclusion of the Prioritization Meeting, unless a survey allowing non-attending Executive Committee members to vote is still open. If not announced at the Prioritization Meeting, Executive Committee members should be notified of the ranking results within 2 business days of ranking.



# Appendix D:

## 2018-2021 CHIP Resources and Barriers Survey

## Developing Goals and Objectives

Based upon the prioritization process conducted in March 2018 by the Greater Nashua PHAC Executive Committee, the 2018-2021 Greater Nashua Community Health Improvement Plan will address the priority health areas of:

- Behavioral Health (including substance misuse, suicide, and mental health);
- Weight Management, Physical Activity, and Nutrition;
- Chronic Diseases (including heart disease, stroke, diabetes, and asthma);
- Maternal and Child Health; and,
- Emergency Preparedness.

The next stage of the process for developing the CHIP is to develop detailed goals and objectives for each priority health area. In order to accomplish this, we need to gather additional information from our PHAC partner organizations on each priority health areas.

Please proceed by answering the series of questions about each goal area to determine your organization's level of interest, available resources, current efforts, and perceived barriers in impacting this goal.

Please answer every question. If your answer to the question about organizational participation is "no", you will be directed to the next topic area. At the end of the survey, there will be an optional opportunity to provide additional input for any topic area.

**IMPORTANT: If you need to return to a previous section, DO NOT use your browser's back arrow. At the bottom of each page in the survey, there is a button labeled "Prev." Use this to return to a previous page or section.**

Public Health Advisory Council Definitions

**The *Greater Nashua Public Health Advisory Committee (PHAC)* is a network of organizations and individuals that work together to improve the health of the Region and its residents. The PHAC informs the development of regional Community Health Assessments and its partners are integral in the successful implementation of the Community Health Improvement Planning process.**

**The *PHAC Executive Committee* is comprised of decision-makers from a variety of Greater Nashua PHAC partner organizations and provides leadership guidance to support health related efforts in the Greater Nashua Public Health Region.**

\* 1. Please indicate the name of the organization you represent:

\* 2. Please describe your organization's definition of health:

\* 3. Please describe your organization's definition of a healthy community:

4. Does anyone from your organization participate on the current CHIP/PHNS workgroups?

Does someone from your organization participate?

Behavioral Health  
workgroup (Beyond  
Influence Leadership  
Team)

Chronic Disease  
Workgroup

Mayor's Opioid Task  
Force (MOTF)

Healthcare Emergency  
Response Coalition  
(HERC)

Infection Prevention and  
Control Coalition (IPCC)

Media Advisory Group  
(MAG)

Behavioral Health

\* 5. Is addressing Behavioral Health part of your organization's mission?

☐ Yes

☐ No

6. Which of the following Behavioral Health areas are included in your organization's mission?

☐ Mental Health

☐ Substance Misuse

☐ Suicide

☐ This health area is not in our organization's mission

☐ Other (please specify)

\* 7. Is your organization willing to participate in collaborative improvement efforts related to Behavioral Health?

☐ Yes

☐ No

## Behavioral Health

\* 8. Listed below are areas of consideration for addressing Behavioral Health. Please rank them according to your organization's interest/commitment to working in these areas:

1 = Highest Priority; 8 = Lowest Priority

	<input type="text" value="1"/>	Prevention and early intervention programs
	<input type="text" value="2"/>	Behavioral health education targeting health professionals
	<input type="text" value="3"/>	Behavioral health education targeting adolescents/young adults - school/college-based
	<input type="text" value="4"/>	Behavioral health education targeting adults and seniors
	<input type="text" value="5"/>	Peer support programs
	<input type="text" value="6"/>	Non-residential crisis support/treatment
	<input type="text" value="7"/>	Recovery support for individuals with behavioral health issues (including support groups, housing, work, job training)
	<input type="text" value="8"/>	Residential crisis support/treatment

\* 9. For each of the areas of interest that you ranked 1, 2 and 3 in the previous question, please suggest one specific idea or action that you think would positively impact the topic.

Ex -If one of your top rankings included "collaborative education efforts for mental health professionals" a possible suggestion would be "hold a summit for mental health and health providers".

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>

\* 10. Please indicate if your organization can contribute personnel with expertise in Behavioral Health to improvement initiatives; if so, how many hours might they be able to contribute.

- ☐ Does not have personnel with expertise
- ☐ Has personnel with expertise but 0 hours of availability
- ☐ Has personnel with expertise and 1-3 hours of availability monthly
- ☐ Has personnel with expertise and 4-6 hours of availability monthly
- ☐ Has personnel with expertise and > 6 hours of availability monthly

\* 11. Please indicate what existing programs your organization has to address Behavioral Health. Check all that apply.

- ☐ Mental health services/resources
- ☐ Prevention and early intervention strategies
- ☐ Mental health education programs for professionals
- ☐ Mental health education programs for adolescents/young adults - school/college-based
- ☐ Mental health education programs for adults and seniors
- ☐ Peer support programs
- ☐ Non-residential crisis support/treatment
- ☐ Recovery support for individuals with behavioral health issues (including support groups, housing, work, job training)
- ☐ Residential crisis support/treatment
- ☐ Other
- ☐ None

For each area that your organization has a program, specify the name of the program.

12. Please indicate what existing partnerships your organization has to help address Behavioral Health.

\* 13. Please indicate any additional resources your organization can contribute to address Behavioral Health? If none, please write none in the comment box below.

Possible contributions include: meeting space, marketing support, funding, etc.



\* 14. Please list any barriers or obstacles specific to your organization that would limit its ability to participate in Behavioral Health improvement efforts. If none, please write none in the comment box below.

Possible limiting factors could include: organizational restructuring, change in mission, funding resources

\* 15. Please list here the larger, external forces in the community/region, that you think could limit the PHAC's ability to address Behavioral Health. If none, please write none in the comment box below.

Possible concerns are: political issues, legal requirements, public opinion, economy

Weight Management, Physical activity and Nutrition

\* 16. Is addressing Weight Management, Physical activity, and Nutrition part of your organization's mission?

☐ Yes

☐ No

\* 17. Is your organization willing to participate in collaborative improvement efforts related to Weight Management, Physical activity and Nutrition?

☐ Yes

☐ No

## Weight Management, Physical activity, and Nutrition

\* 18. Listed below are areas of consideration for addressing Weight Management, Physical activity and Nutrition. Please rank them according to your organization's interest/commitment to working in these areas:

1 = Highest Priority 8 = Lowest Priority

	<input type="text" value=""/>	Recreation/physical activity programs for adults/seniors
	<input type="text" value=""/>	Recreation/physical activity programs for children/adolescents/young adults
	<input type="text" value=""/>	Nutrition/healthy eating or cooking program for adults/seniors
	<input type="text" value=""/>	Nutrition/healthy eating or cooking program for children/adolescents/young adults
	<input type="text" value=""/>	Develop policies related to nutrition/active living
	<input type="text" value=""/>	Environmental changes related to promoting physical activity
	<input type="text" value=""/>	Environmental changes related to promoting healthy eating
	<input type="text" value=""/>	Programs to decrease food insecurity/increase resources for sustainable food access

\* 19. For each of the areas of interest that you ranked 1, 2 and 3 in the previous question, please suggest one specific idea or action that you think would positively impact the topic.

Ex - If one of your top rankings included "Environmental change to promote healthy eating", a possible suggestion would be "Build a community garden."

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>

\* 20. Please indicate if your organization can contribute personnel with expertise in Weight Management, Physical activity and Nutrition to improvement initiatives; if so, how many hours might they be able to contribute.

- ☐ Does not have personnel with expertise
- ☐ Has personnel with expertise but 0 hours of availability
- ☐ Has personnel with expertise and 1-3 hours of availability monthly
- ☐ Has personnel with expertise and 4-6 hours of availability monthly
- ☐ Has personnel with expertise and > 6 hours of availability monthly

\* 21. Please indicate what existing programs your organization has to address Weight Management, Physical activity, and Nutrition. Check all that apply.

- ☐ Recreation/physical activity programs for adults/seniors
- ☐ Recreation/physical activity programs for children/adolescents/young adults
- ☐ Nutrition/healthy eating or cooking program for adults/seniors
- ☐ Nutrition/healthy eating or cooking program for children/adolescents/young adults
- ☐ An employee wellness initiative
- ☐ Programs to decrease food insecurity/increase resources for sustainable food access
- ☐ Other (Please describe in the comment box below)
- ☐ None

For each area that your organization has a program, specify the name of the program.

\* 22. Please indicate what existing partnerships your organization has to help address Weight Management, Physical activity, and Nutrition.

\* 23. Please indicate any additional resources your organization can contribute to address Weight Management, Physical activity, and Nutrition? If none, please write none in the comment box below.

Possible contributions include: meeting space, marketing support, funding, etc.

\* 24. Please list any barriers or obstacles specific to your organization that would limit its ability to participate in Weight Management, Physical activity, and Nutrition improvement efforts. If none, enter none below in the comment box.

Possible limiting factors could include: organizational restructuring, change in mission, funding resources

\* 25. Please list here the larger, external forces in the community/region, that you think could limit the PHAC's ability to address Weight Management, Physical activity, and Nutrition improvement efforts. If none, please write none in the comment box below.

Possible concerns are: political issues, legal requirements, public opinion, economy

Chronic Disease

\* 26. Is addressing Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma) part of your organization's mission?

☐ Yes

☐ No

\* 27. Is your organization willing to participate in collaborative improvement efforts related to Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma)?





☐ Yes

☐ No

## Chronic Disease

\* 28. Listed below are areas of consideration for addressing Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma). Please rank them according to your organization's interest/commitment to working in these areas:

1 = Highest Priority; 4 = Lowest Priority

	<input type="text"/>	Community-based educational programs about heart disease and stroke prevention (physical activity, nutrition, etc.)
	<input type="text"/>	Programs providing Heart Safe Communities (CPR training, Automated External Defibrillator Programs, etc.)
	<input type="text"/>	Programs supporting asthma treatment compliance
	<input type="text"/>	Programs providing access to screenings (e.g. blood pressure) and diagnostic testing (e.g. testing for cholesterol)

\* 29. For each of the areas of interest that you ranked 1, 2 and 3 in the previous question, please suggest one specific idea or action that you think would positively impact the topic.

Ex - If one of your top rankings included "Programs supporting asthma treatment compliance," a possible goal would be "Develop asthma treatment compliance packet for children diagnosed with asthma."

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>

\* 30. Please indicate how your organization can contribute personnel with expertise in Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma) to improvement initiatives.

- ☐ Does not have personnel with expertise
- ☐ Has personnel with expertise and 0 hours of availability
- ☐ Has personnel with expertise and 1-3 hours of availability monthly
- ☐ Has personnel with expertise and 4-6 hours of availability monthly
- ☐ Has personnel with expertise and > 6 hours of availability monthly

\* 31. Please indicate what existing programs your organization has to address Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma). Check all that apply.

- ☐ Programs for physical activity or recreation
- ☐ Programs for healthy eating/cooking
- ☐ Educational programs
- ☐ Programs providing CPR training offerings/Automated External Defibrillator Programs
- ☐ Programs that work with high risk groups (e.g. senior citizens)
- ☐ Other (Please describe below in the comment box)
- ☐ None

For each area that your organization has a program, specify the name of the program.

32. Please indicate what existing partnerships your organization has to help address Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma).

\* 33. Please indicate any additional resources your organization can contribute to address Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma)? If none, please write none in the comment box below.

Possible contributions include: meeting space, marketing support, funding, etc.

\* 34. Please list any barriers or obstacles specific to your organization that would limit its ability to participate in heart disease and stroke improvement efforts. If none, please write none in the comment box below.

Possible limiting factors could include: organizational restructuring, change in mission, funding resources



\* 35. Please list here the larger, external forces in the community/region, that you think could limit the PHAC's ability to address Chronic Disease (Heart Disease/Stroke, Diabetes, Asthma) improvement efforts. If none, please write none in the comment box below.

Possible concerns are: political issues, legal requirements, public opinion, economy

Maternal and Child Health

\* 36. Is addressing Maternal and Child Health part of your organization's mission?

☐ Yes

☐ No

\* 37. Is your organization willing to participate in collaborative improvement efforts related to Maternal and Child Health?



☐ Yes

☐ No

## Maternal and Child Health

\* 38. Listed below are areas of consideration for addressing Maternal and Child Health. Please rank them according to your organization's interest/commitment to working in these areas:

1 = Highest Priority 8 = Lowest Priority

	<input type="text" value="1"/>	Education about healthy behaviors (behavioral health, nutrition, physical activity) during pregnancy
	<input type="text" value="2"/>	Maternal behavioral health (substance use, mental health, suicide) prevention/early intervention
	<input type="text" value="3"/>	Neonatal Abstinence Syndrome (NAS)
	<input type="text" value="4"/>	Initiating prenatal/obstetric care during the first trimester of pregnancy
	<input type="text" value="5"/>	Children's health and well-being (including cognitive and physical development of infants and children)
	<input type="text" value="6"/>	Lead screening in children > 1-year old
	<input type="text" value="7"/>	Breastfeeding support/education
	<input type="text" value="8"/>	Provider education on Adverse Childhood Experiences (ACE) and ACEs screening tool for children/adolescents

\* 39. For each of the areas of interest that you ranked 1, 2 and 3 in the previous question, please suggest one specific idea or action that you think would positively impact the topic.

Ex - If one of your top rankings included "Neonatal Abstinence Syndrome (NAS)" a possible goal would be "Develop an educational campaign for providers on Neonatal Abstinence Syndrome."

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>

\* 40. Please indicate how your organization can contribute personnel with expertise in Maternal and Child Health to improvement initiatives.

- ☐ Does not have personnel with expertise
- ☐ Has personnel with expertise and 0 hours of availability
- ☐ Has personnel with expertise and 1-3 hours of availability monthly
- ☐ Has personnel with expertise and 4-6 hours of availability monthly
- ☐ Has personnel with expertise and > 6 hours of availability monthly

\* 41. Please indicate what existing programs your organization has to address Maternal and Child Health. Check all that apply.

- ☐ Prenatal/obstetric care providers
- ☐ Behavioral health providers (adult)
- ☐ Behavioral health providers (children and adolescents - under 18-years old)
- ☐ Pediatric care providers
- ☐ Provider education programs related to maternal and child health
- ☐ Health educational programs for individuals who are pregnant/expecting and parenting
- ☐ Breastfeeding support/education
- ☐ Lead screening and/or education programs
- ☐ Adverse Childhood Experiences (ACE) provider education/ACEs screening
- ☐ Other
- ☐ None

For each area that your organization has a program, specify the name of the program.

42. Please indicate what existing partnerships your organization has to help address Maternal and Child Health.

\* 43. Please indicate any additional resources your organization can contribute to address Maternal and Child Health? If none, please write none in the comment box below.

Possible contributions include: meeting space, marketing support, funding, etc.

\* 44. Please list any barriers or obstacles specific to your organization that would limit its ability to participate in Maternal and Child Health improvement efforts. If none, please write none in the comment box below.

Possible limiting factors could include: organizational restructuring, change in mission, funding resources

\* 45. Please list here the larger, external forces in the community/region, that you think could limit the PHAC's ability to address Maternal and Child Health improvement efforts. If none, please write none in the comment box below.

Possible concerns are: political issues, legal requirements, public opinion, economy

## Emergency Preparedness

\* 46. Is Public Health Emergency Preparedness (response to disasters/emergencies and/or assisting communities in the recovery process) part of your organization's mission?

☐ Yes

☐ No

\* 47. Is your organization willing to participate in collaborative improvement efforts related to Public Health Emergency Preparedness?

☐ Yes

☐ No

## Emergency Preparedness

\* 48. Listed below are areas of consideration for addressing Public Health Emergency Preparedness. Please rank them according to your organization's interest/commitment to working in these areas:

1 = Highest Priority; 5 = Lowest Priority

	<input type="text" value=""/>	Community Education and Engagement
	<input type="text" value=""/>	Business/Organization Collaboration for Response
	<input type="text" value=""/>	Mass Clinic/Triage Planning
	<input type="text" value=""/>	Public Information and Information Sharing Strategies
	<input type="text" value=""/>	Communicable Disease Surveillance and Response

\* 49. For each of the areas of interest that you ranked 1, 2 and 3 in the previous question, please suggest one specific idea or action that you think would positively impact the topic.

Ex - If one of your top rankings included "Mass Clinic/Triage Planning" a possible suggestion would be "Plan with partners to open up a shelter during an emergency".

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>

\* 50. Please indicate how your organization can contribute personnel with expertise in Public Health Emergency Preparedness to improvement initiatives.

- ☐ Does not have personnel with expertise
- ☐ Has personnel with expertise and 0 hours of availability
- ☐ Has personnel with expertise and 1-3 hours of availability monthly
- ☐ Has personnel with expertise and 4-6 hours of availability monthly
- ☐ Has personnel with expertise and > 6 hours of availability monthly

\* 51. Please indicate what existing programs your organization has to addressPublic Health Emergency Preparedness. Check all that apply.

- ☐ Programs that provide resources during emergencies
- ☐ Programs that provide training for emergency response volunteers
- ☐ Programs that educate the general community about disaster response
- ☐ Other
- ☐ None

For each area that your organization has a program, specify the name of the program below.

52. Please indicate what existing partnerships your organization has to help addressPublic Health Emergency Preparedness.

\* 53. Please indicate any additional resources your organization can contribute to addressPublic Health Emergency Preparedness?

Possible contributions include: meeting space, marketing support, funding, hosting trainings, etc.

\* 54. Please list any barriers or obstacles specific to your organization that would limit its ability to participate in Public Health Emergency Preparedness related efforts. If none, please write none in the comment box below.

Possible limiting factors could include: organizational restructuring, change in mission, funding resources

\* 55. Please list here the larger, external forces in the community/region, that you think could limit the PHAC's ability engage in Public Health Emergency Preparedness activities. If none, please write none in the comment box below.

Possible concerns are: political issues, legal requirements, public opinion, economy



Data

56. What primary data does your organization collect?

- ☐ Demographics - whole community
- ☐ Demographics - consumers/clients
- ☐ Program access/usage
- ☐ Health data - diagnoses, disease rates, SBIRT, etc.
- ☐ Consumer/Client surveys
- ☐ Other (please specify)

57. Are you able to share data (excluding HIPAA protected information) that your organization collects?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

\* 58. Are you willing to share data (excluding HIPAA protected information) that your organization collects?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

59. Please list any potential barriers that may prevent you from sharing data collected by your organization.

60. Who is your organization's data management contact?

Name	<div></div>
Email	<div></div>
Phone	<div></div>

Media/Marketing

\* 61. Which of the following social media platforms does your organization use?

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ YouTube
- ☐ LinkedIn
- ☐ WhatsApp
- ☐ Blog (site or app)
- ☐ None
- ☐ Other (please specify)

62. Does your organization have a newsletter?

- ☐ Yes
- ☐ No
- ☐ Unsure

63. Who is your organization's media/marketing contact?

Name

Email

Phone

Access, Disabilities, Health Equity, and Systems Thinking

64. Please share anything your organization does to ensure that your policies and programs are accessible, inclusive, and take health equity into account.

65. Please indicate if your organization would be interested in learning more about providing culturally competent/inclusive programs for (select all that apply):

- ☐ different cultures and ethnicities
- ☐ low English proficiency/low literacy populations
- ☐ populations with sensory, ambulatory, or cognitive disabilities
- ☐ Older adults
- ☐ Other (please specify)

66. **Systems Thinking** emphasizes looking at patterns and relationships to understand the systems contributing to public health problems and identifying high-impact intervention options. Systems thinking would enable the workforce to focus on meaningful, outcome-based relationships and networks to achieve shared goals, reduce duplication, leverage new resources and utilize existing resources more effectively, and optimize impact via shared risk and other means.

As described in one article, Systems Thinking is “a systems approach ...a paradigm or perspective that considers connections among different components, plans for the implications of their interaction, and requires transdisciplinary thinking as well as active engagement of those who have a stake in the outcome to govern the course of change”

(Leischow & Milstein, 2006).

Is your agency/program interested participating in Systems Thinking training?

- ☐ Yes
- ☐ No
- ☐ I'm not sure, but I would like more information.

67. What systems Thinking would you be interested in?

- ☐ How to apply systems thinking tools to address complex problems.
- ☐ How to enhance your ability to consider unintended consequences of actions.
- ☐ How to distinguish between short-term fixes and high-leverage interventions
- ☐ To better understand system performance and effectively communicate complex issues with partners/stakeholders

## Wrap-Up

68. If you have additional suggestions for goals or associated actions to support community health improvement in the topic areas of Behavioral Health, Weight Management/Nutrition/Physical Activity, Chronic Disease, Maternal and Child Health, or Emergency Preparedness, please list them here.

End of Survey

**Thank you for your input!**

**We will compile results and draft community goals and objectives for your consideration and approval at the June 12th PHAC Executive Committee meeting. We welcome your suggestions as we continue to develop our 2018-2021 Community Health Improvement Plan.**

**If you have any questions, please contact Patty Crooker, PHNS Coordinator, at [CrookerP@NashuaNH.gov](mailto:CrookerP@NashuaNH.gov)**



# Appendix E:

## 2018-2021 CHIP Goals Alignment with NH SHIP and Other Measures

Overarching Priority: Health Equity	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Increase Health Equity in the Greater Nashua Public Health Region.
<b>2013-2020 NH SHIP</b>	Not Specifically Addressed
<b>Healthy People 2020 Goal*</b>	<a href="#">Access to Health Services</a> : Improve access to comprehensive, quality health care services.
	<a href="#">Health-Related Quality of Life &amp; Well-Being</a> : Improve health-related quality of life and well-being for all individuals.
<b>Foundational Public Health Services</b>	Assessment/Surveillance
	Community Partnership Development
	Communications
	Quality Improvement
<b>PHAB Accreditation Standards &amp; Measures</b>	Domain 4: Engage with the community to identify and address health problems.
	Domain 7: Promote strategies to improve access to health care.

Overarching Priority: Leadership Development	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Increase Leadership Development within DPHCS and the Greater Nashua Public Health Advisory Council.
<b>2013-2020 NH SHIP</b>	Not Specifically Addressed
<b>Healthy People 2020 Goal</b>	<a href="#">Public Health Infrastructure</a> : To ensure that Federal, State, Tribal, territorial, and local health agencies have the necessary infrastructure to effectively provide essential public health services.
<b>Foundational Public Health Services</b>	Organizational Administrative Cap.
	Health Equity
<b>PHAB Accreditation Standards &amp; Measures</b>	Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.
	Domain 7: Promote strategies to improve access to health care.
	Domain 12: Maintain capacity to engage the public health governing entity.



Overarching Priority: Social Determinants of Health	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Increase factors that have a positive impact on health.
<b>2013-2020 NH SHIP</b>	N/A
<b>Healthy People 2020 Goal</b>	<a href="#">Social Determinants of Health</a> : Create social and physical environments that promote good health for all.
<b>Foundational Public Health Services</b>	Organizational Administrative Cap.
	Leadership Development
	Community Partnership Development
<b>PHAB Accreditation Standards &amp; Measures</b>	Domain 4: Engage with the community to identify and address health problems.
	Domain 5: Develop public health policies and plans.
	Domain 6: Enforce public health laws.
	Domain 7: Promote strategies to improve access to health care.
	Domain 12: Maintain capacity to engage the public health governing entity.

Health Priority: Behavioral Health (Suicide, Mental Health, and Substance Use)	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Increase awareness of behavioral health prevalence and prevention resources and reduce stigma/discrimination associated with behavioral health in the GNPHR.
<b>2013-2020 NH SHIP</b>	(Suicide) Reduce the number of suicide attempts by adolescents (self-inflicted emergency department discharges as a proxy) from 55.9 per 10,000 population (2009) to 53.3 by 2015 and 51.1 by 2020.
	(Suicide) Reduce the suicide death rate for all persons from 11.6 suicide deaths per 100,000 population (2009) to 11.0 by 2015 and 9.0 by 2020.
	(Misuse of Alcohol and Drugs) Reduce binge drinking in the 12-20 year old population from 22% (2013) to 17% by 2017.
	(Misuse of Alcohol and Drugs) Reduce the proportion of 12-17 year olds reporting use of marijuana during the past 30 days from 11.4% (2013) to 7.6% by 2017.
	(Misuse of Alcohol and Drugs) Reduce the percentage of the NH population, age 12 and older, who report non-medical use of prescription pain medication in the past year from 4.6% (2011-2012) to 3.5% in 2016-2017.
<b>Healthy People 2020 Goal</b>	(HP2020 lists suicide under the topic of Mental Health.)
	<a href="#">Mental Health and Mental Disorders</a> : Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.
	<a href="#">Substance Abuse</a> : Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.
<b>Foundational Public Health Services</b>	Policy Development & Support
<b>PHAB Accreditation Standards &amp; Measures</b>	Domain 4: Engage with the community to identify and address health problems.
	Domain 5: Develop public health policies and plans.
	Domain 6: Enforce public health laws.

Health Priority: Chronic Disease (Heart Disease, Stroke, Diabetes, and Asthma)	
Greater Nashua 2018-2021 CHIP Goal	Increase community and provider buy-in for chronic disease prevention (focusing on asthma and diabetes) in the GNPHR.
2013-2020 NH SHIP	Maintain diabetes-related emergency department admissions below 15 per 10,000 population by 2020 (baseline 13.5 per 10,000 population in 2007).
	Maintain diabetes-related hospitalizations at below 150 per 10,000 population by 2020 (baseline 140 per 10,000 population in 2007).
	Increase the percent of adults with current asthma who have well-controlled asthma from 54.7% (2010) to 61.9% by 2015 and 69% by 2020.
	Increase the percent of children with current asthma who have well-controlled asthma from 66% (2008) to 74.5% by 2015 and 83% by 2020.
Healthy People 2020 Goal	<a href="#">Heart Disease and Stroke</a> : Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease.
	<a href="#">Diabetes</a> : Reduce the disease burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.
	<a href="#">Respiratory Diseases</a> : Promote respiratory health through better prevention, detection, treatment, and education efforts.
Foundational Public Health Services	Not Specifically Addressed
PHAB Accreditation Standards & Measures	Domain 4: Engage with the community to identify and address health problems.

Health Priority: Weight Management, Physical Activity, and Nutrition	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Increase the number of adolescents and adults in the healthy weight range in the GNPHR.
<b>2013-2020 NH SHIP</b>	Reduce the proportion of adults considered obese from 25.5% (2010) to 24% by 2015 and 23% by 2020.
	Reduce the proportion of children considered obese from 18.1 % (2008) to 17.2% by 2015 and 16.2% by 2020.
<b>Healthy People 2020 Goal</b>	<a href="#">Nutrition and Weight Status</a> : Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.
	<a href="#">Physical Activity</a> : Improve health, fitness, and quality of life through daily physical activity.
<b>Foundational Public Health Services</b>	Not Specifically Addressed
<b>PHAB Accreditation Standards &amp; Measures</b>	Domain 4: Engage with the community to identify and address health problems.

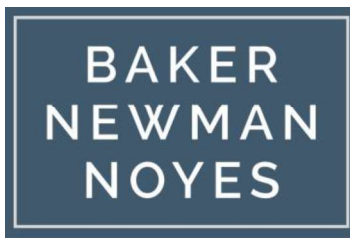
Health Priority: Maternal and Child Health	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Increase education and awareness of resources for maternal and child physical and behavioral health in the GNPHR.
<b>2013-2020 NH SHIP</b>	Reduce preterm births in NH by 8%, from 9.9% (2009) to 9.1% in 2015 and by a total of 10% to 8.9% in 2020.
<b>Healthy People 2020 Goal</b>	<a href="#">Maternal, Infant, and Child Health</a> : Improve the health and well-being of women, infants, children, and families.
	<a href="#">Early and Middle Childhood</a> : Document and track population-based measures of health and well-being for early and middle childhood populations over time in the United States.
<b>Foundational Public Health Services</b>	Not Specifically Addressed
<b>PHAB Accreditation Standards &amp; Measures</b>	Not Specifically Addressed

Health Priority: Public Health Emergency Preparedness	
<b>Greater Nashua 2018-2021 CHIP Goal</b>	Strengthen and sustain the GNPHR's ability to prepare for, respond to, and recover from health emergencies which could threaten the health of the community.
<b>2013-2020 NH SHIP</b>	Decrease the Incident Management Team assembly time from 18 minutes to 15 minutes by 2014 to respond and fill key ICS roles.
	Increase the proportion of key organizations identified by PHN that engaged in a significant public health emergency planning, exercising or training activity from 74% to 80% in 2015 and 85% in 2020.
	Increase the CDC Medical Countermeasure Distribution and Dispensing composite score from 71 in 2013 to 90 by 2015 and to 95 by 2020. (NH exceeds the national benchmark of 52.)
<b>Healthy People 2020 Goal</b>	<a href="#">Preparedness</a> : To strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from incidents with negative health effects.
<b>Foundational Public Health Services</b>	Emergency Preparedness and Response
<b>PHAB Accreditation Standards &amp; Measures</b>	Domain 2: Investigate health problems and environmental public health hazards to protect the community.
	Domain 5: Develop public health policies and plans.
	Domain 6: Enforce public health laws.

Addressing Health Education/Public Education in All Priority Health Issues	
Healthy People 2020	<u><a href="#">Educational and Community-Based Programs:</a></u> Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.
PHAB Accreditation Standards & Measures	Domain 3: Inform and educate about public health issues and functions.

Overall CHIP Development Process	
PHAB Accreditation Standards & Measures	Domain 4: Engage with the community to identify and address health problems.
	Domain 5: Develop public health policies and plans.

Source Documents	Link
2013-2020 NH SHIP	<a href="https://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf">https://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf</a>
Healthy People 2020 Goal	<a href="https://www.healthypeople.gov/2020/topics-objectives">https://www.healthypeople.gov/2020/topics-objectives</a>
Foundational Public Health Services	<a href="https://phnci.org/fphs">https://phnci.org/fphs</a>
PHAB Accreditation Standards & Measures	<a href="http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf">http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf</a>



# **Covenant Health, Inc. and Subsidiaries**

**Audited Consolidated Financial Statements  
and Additional Information**

*Years Ended December 31, 2020 and 2019  
With Independent Auditors' Report*



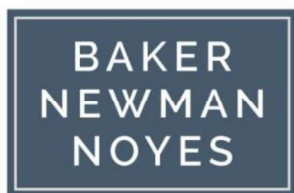
# COVENANT HEALTH, INC. AND SUBSIDIARIES

## Audited Consolidated Financial Statements and Additional Information

Years Ended December 31, 2020 and 2019

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## INDEPENDENT AUDITORS' REPORT

The Board of Directors  
Covenant Health, Inc.

We have audited the accompanying consolidated financial statements of Covenant Health, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of December 31, 2020 and 2019, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of Covenant Health Insurance, Ltd. and MI Residential Community, Inc., both wholly-owned subsidiaries, which statements reflect total assets constituting approximately 8% of consolidated total assets at December 31, 2020 and 2019, and total revenues constituting approximately 1% at December 31, 2020 and 2019 of consolidated total revenues for the years then ended. Those statements were audited by other auditors, whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for those entities, is based solely on the reports of other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

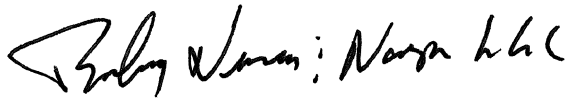
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

The Board of Directors  
Covenant Health, Inc.

*Opinion*

In our opinion, based on our audit and the reports of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Covenant Health, Inc. and Subsidiaries as of December 31, 2020 and 2019, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, appearing to read "Gregory W. Wynn".

Boston, Massachusetts  
May 4, 2021

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**CONSOLIDATED BALANCE SHEETS**

**December 31, 2020 and 2019**

**(In thousands)**

**ASSETS**

	<b><u>2020</u></b>	<b><u>2019</u></b>
Current assets:		
Cash and cash equivalents	\$ 66,617	\$ 54,011
Patient accounts receivable (note 3)	75,614	94,098
Current portion of pledges receivable (note 8)	6,069	7,283
Investments (note 4)	6,123	1,286
Inventories	9,195	5,588
Prepaid expenses and other current assets	33,579	15,558
Current portion of assets whose use is limited or restricted (note 4)	<u>7,157</u>	<u>6,313</u>
Total current assets	204,354	184,137
Assets whose use is limited or restricted (note 4):		
Funds held by trustees, less current portion	11,685	24,080
Deferred compensation	13,205	13,415
Board-designated funds and other long-term investments	368,368	326,839
Replacement reserve	5,730	5,409
Donor-restricted funds	<u>48,110</u>	<u>35,973</u>
Total assets whose use is limited or restricted	447,098	405,716
Other assets:		
Pledges receivable (note 8)	615	4,610
Other assets	1,082	1,078
Investments in joint ventures (note 9)	<u>7,053</u>	<u>6,892</u>
Total other assets	8,750	12,580
Property, plant and equipment (note 5):		
Land and improvements	21,219	24,124
Buildings and improvements	428,910	439,796
Equipment	273,818	288,602
Construction in progress	20,443	11,138
Right of use assets	<u>10,964</u>	<u>10,547</u>
	755,354	774,207
Less accumulated depreciation	(432,116)	(444,123)
Less accumulated depreciation – right of use assets	<u>(2,183)</u>	<u>(1,108)</u>
Total property, plant and equipment	<u>321,055</u>	<u>328,976</u>
Total assets	\$ <u>981,257</u>	\$ <u>931,409</u>

## **LIABILITIES AND NET ASSETS**

	<b><u>2020</u></b>	<b><u>2019</u></b>
Current liabilities:		
Accounts payable	\$ 20,206	\$ 35,728
Accrued expenses and other liabilities	56,723	44,320
Estimated third-party payor settlements (note 3)	10,879	12,827
Other current liabilities (note 2)	28,655	—
Current portion of lease liability	2,454	2,659
Current portion of long-term debt (note 5)	<u>14,425</u>	<u>15,199</u>
Total current liabilities	133,342	110,733
Long-term debt, less current portion (note 5)	214,606	230,104
Long-term lease liability, less current portion	6,326	6,698
Defined benefit pension obligation (note 6)	(52)	2,289
Other liabilities (note 2)	60,250	20,615
Professional liability loss reserves (note 2)	<u>31,059</u>	<u>35,557</u>
Total liabilities	445,531	405,996
Net assets:		
Without donor restrictions	474,611	465,958
With donor restrictions (note 7)	<u>61,115</u>	<u>59,455</u>
Total net assets	535,726	525,413
Total liabilities and net assets	\$ <u>981,257</u>	\$ <u>931,409</u>

See accompanying notes.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF OPERATIONS**  
**AND CHANGES IN NET ASSETS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

	<u><b>2020</b></u>	<u><b>2019</b></u>
Operating revenue:		
Patient service revenue (note 3)	\$618,685	\$702,555
Other revenue (note 2)	96,775	41,617
Net assets released from restrictions for operations	<u>3,275</u>	<u>967</u>
Total operating revenue	718,735	745,139
Operating expenses (note 12):		
Salaries and wages	334,891	351,544
Employee benefits (notes 2 and 6)	64,848	66,066
Supplies	77,045	85,762
Other expenses	185,943	175,392
Interest	10,053	10,979
Provider tax (note 3)	21,906	22,814
Depreciation and amortization	<u>30,146</u>	<u>30,801</u>
Total operating expenses	<u>724,832</u>	<u>743,358</u>
(Loss) income from operations	(6,097)	1,781
Net periodic pension cost (note 6)	(489)	(2,432)
Nonoperating gains, net (notes 4 and 9)	<u>13,962</u>	<u>48,207</u>
Excess of revenue over expenses	\$ <u>7,376</u>	\$ <u>47,556</u>

Continued next page.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**CONSOLIDATED STATEMENTS OF OPERATIONS**  
**AND CHANGES IN NET ASSETS (CONTINUED)**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total <u>Net Assets</u>
Balances at January 1, 2019	\$412,728	\$54,478	\$467,206
Excess of revenue over expenses	47,556	—	47,556
Net change in unrealized gains on investments (note 4)	—	1,244	1,244
Restricted contributions and investment income	—	3,926	3,926
Net assets released from restrictions	—	(967)	(967)
Adjustment to defined benefit pension obligation (note 6)	5,674	—	5,674
Change in fair value of beneficial interest in perpetual trusts	<u>—</u>	<u>774</u>	<u>774</u>
	<u>53,230</u>	<u>4,977</u>	<u>58,207</u>
Balances at December 31, 2019	465,958	59,455	525,413
Excess of revenue over expenses	7,376	—	7,376
Net change in unrealized losses on investments (note 4)	—	(594)	(594)
Restricted contributions and investment income	—	7,765	7,765
Net assets released from restrictions	934	(4,209)	(3,275)
Adjustment to defined benefit pension obligation (note 6)	343	—	343
Change in fair value of beneficial interest in perpetual trusts	<u>—</u>	<u>(1,302)</u>	<u>(1,302)</u>
	<u>8,653</u>	<u>1,660</u>	<u>10,313</u>
Balances at December 31, 2020	<u>\$474,611</u>	<u>\$61,115</u>	<u>\$535,726</u>

See accompanying notes.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

	<u><b>2020</b></u>	<u><b>2019</b></u>
Cash flows from operating activities:		
Change in net assets	\$ 10,313	\$ 58,207
Adjustments to reconcile change in net assets to cash provided by operating activities:		
Net realized and unrealized change in investments	4,143	(37,844)
Net gain from joint ventures	(161)	(44)
Restricted contributions and investment income	(7,765)	(3,926)
Depreciation and amortization	30,146	30,801
Adjustment to defined benefit pension obligation	(343)	(5,674)
Gain on sale of property, plant and equipment	86	(161)
Changes in operating assets and liabilities:		
Patient accounts receivable	18,484	(10,244)
Inventories, prepaid expenses and other current assets	(21,628)	(3,042)
Other assets	(2,002)	5,093
Pledges receivable	5,209	1,946
Accounts payable, accrued expenses and other liabilities	65,171	(500)
Estimated third-party payor settlements, net	(1,948)	908
Professional liability loss reserves	<u>(4,498)</u>	<u>(6,539)</u>
Net cash provided by operating activities	95,207	28,981
Cash flows from investing activities:		
Purchases of investments and assets whose use is limited or restricted	(89,855)	(39,995)
Sales of investments and assets whose use is limited or restricted	38,649	37,608
Purchases of property, plant and equipment	<u>(22,311)</u>	<u>(14,753)</u>
Net cash used by investing activities	(73,517)	(17,140)
Cash flows from financing activities:		
Payments on long-term debt and lease obligations	(23,910)	(10,889)
Proceeds from issuance of long-term debt	7,061	—
Restricted contributions and investment income	<u>7,765</u>	<u>3,926</u>
Net cash used by financing activities	<u>(9,084)</u>	<u>(6,963)</u>
Increase in cash and cash equivalents	12,606	4,878
Cash and cash equivalents, beginning of year	<u>54,011</u>	<u>49,133</u>
Cash and cash equivalents, end of year	\$ <u>66,617</u>	\$ <u>54,011</u>
Supplemental disclosure:		
Cash paid for interest	\$ <u>10,964</u>	\$ <u>12,001</u>
Amount of right-of-use assets included in lease liability	\$ <u>—</u>	\$ <u>10,547</u>

See accompanying notes.



**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**1. Organization**

Covenant Health, Inc. (Covenant) is organized to coordinate the corporate, administrative, clinical and service strengths and potentials of its member organizations. Covenant functions as the parent company to its member organizations which include St. Joseph Hospital of Nashua NH (Nashua, NH), St. Mary's Health System (Lewiston, ME), St. Joseph Healthcare Foundation (Bangor, ME), Youville House, St. Andre Health Care Facility, Mary Immaculate Health Care Services, Inc., Fanny Allen Corporation, Fanny Allen Holdings, St. Joseph Manor Health Care, Inc., CHS of Waltham, Inc. d/b/a Maristhill, CHS of Worcester, Inc. d/b/a St. Mary Health Care Center, St. Mary's Villa Nursing Home, Inc. (St. Mary's Villa), Covenant Health Insurance Ltd. (CHIL), Covenant Health Foundation, Providentia Prima Trust (Providentia Prima), Mount St. Rita Health Centre, Penacook Place, Inc. and Youville Place. All member organizations are providers of health care services except CHIL, which is licensed to write professional and general liability insurance for the other member organizations; Fanny Allen Corporation (foundation with activities in Vermont); Fanny Allen Holdings (real estate in Vermont); and Providentia Prima, which is a unitized investment trust. Covenant and its member organizations, and their various related entities are collectively referred to herein as the "System." The System provides acute, long-term and other health care services to patients and residents in New England and Pennsylvania.

**2. Significant Accounting Policies**

*Principles of Consolidation*

The consolidated financial statements of the System include the accounts of Covenant and its member organizations. Significant intercompany accounts and transactions have been eliminated in consolidation.

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of accounts receivable, fair value of financial instruments, estimated third-party payor settlements, professional liability loss reserves and self-insurance reserves.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Concentration of Credit Risk*

Financial instruments which subject the System to credit risk consist of cash and cash equivalents, accounts receivable, investments and estimated third-party payor settlements. At December 31, 2020 and 2019, the System had cash balances in several financial institutions that exceeded federal depository insurance limits. The System has not experienced any losses in such accounts and it believes it is not exposed to any significant risk. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. Accounts receivable represent receivables from patients and third-party payors for services provided by the System. Patient accounts receivable from the Medicare and Medicaid programs comprise approximately 49% of receivables for the years ended December 31, 2020 and 2019. The System's investments consist of diversified investments and, while subject to market risk, are not subject to concentrations in any sector. Estimated third-party payor settlements are primarily comprised of amounts due to state and federal agencies as well as commercial insurers. The System does not expect any credit losses from net recorded amounts. Revenue from the Medicare and Medicaid programs accounted for approximately 57% and 55%, respectively, of the System's patient service revenue for the years ended December 31, 2020 and 2019, and revenue with Anthem accounted for approximately 13% of patient service revenue for 2020 and 2019.

*Income Taxes*

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

St. Joseph Hospital Corporate Services, Inc., a wholly-owned subsidiary of Nashua, is a for-profit organization, which is subject to federal and state income taxes. St. Joseph Hospital Corporate Services, Inc. has net operating loss (NOL) carryforwards for tax purposes. The NOLs are not anticipated to be utilized so the amounts have been fully offset with a reserve.

CHIL, a wholly-owned subsidiary, is domiciled in the Cayman Islands. No income taxes are levied in the Cayman Islands and CHIL has been granted an exemption for any taxes that might be introduced. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2020.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Net Assets With Donor Restrictions*

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), restricted net assets are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital-related items) or net assets released from restrictions for property, plant and equipment (for capital-related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

*Statement of Operations*

Transactions deemed by management to be ongoing, major or central to the provision of the services offered by the System are reported as operating revenue and operating expenses. Other transactions, which primarily include certain types of investment income and unrestricted contributions, are reported as nonoperating gains (losses).

Management has determined that the net result of the CHIL insurance operations should be reported in the consolidated nonoperating portion of the consolidated statements of operations and the actuarially determined premium paid by the insured (member organization) should remain as an operating expense. The operating results of Providentia Prima are the net result of investment operations and are reported in the nonoperating section of the consolidated statements of operations. The operations of Fanny Allen Corporation and Fanny Allen Holdings have been included in nonoperating gains (losses) on the consolidated statements of operations.

*Excess of Revenue Over Expenses*

The consolidated statements of operations include excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purpose of acquiring such assets) and pension obligation adjustments.

*Patient Service Revenue*

Patient service revenue is reported at the estimated realizable amounts from patients, third-party payors and others for services rendered, including any estimated adjustments under reimbursement agreements with third-party payors due to audits, reviews or investigations. Adjustments are recorded as changes in estimates when final settlements are determined. Changes in estimated settlements from third-party payors and other changes from prior years resulted in a net increase of \$4,209 and \$8,200 to patient service revenue for the years ended December 31, 2020 and 2019, respectively.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Charity Care*

The System has a formal charity care policy under which patient care is provided to patients who meet certain criteria without charge or at amounts less than its established rates. The System does not pursue collection of amounts determined to qualify as charity care, therefore, they are not reported as revenue.

*Cash and Cash Equivalents*

Cash and cash equivalents include investments in highly liquid instruments which have a maturity of three months or less when purchased.

*Beneficial Interest in Perpetual Trust*

The System is the beneficiary of several trust funds administered by trustees or other third parties. Trusts, wherein the System has an irrevocable right to receive the income earned on the trust assets in perpetuity, are recorded as net assets with donor restrictions at the fair value of the trust at the date of receipt and are included in donor-restricted funds in the consolidated balance sheet. Income distributions from the trusts are reported as investment income that increase net assets without donor restrictions, unless restricted by the donor. Annual changes in market value of the trusts are recorded as increases or decreases to net assets with donor restrictions.

*Inventories*

Inventories of pharmaceuticals and medical supplies are carried at the lower of cost (determined primarily by the first-in, first-out method) or net realizable value.

*Property, Plant and Equipment*

Property, plant and equipment is stated at cost, or if donated or acquired, at fair market value at time of donation or acquisition, less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. The provision for depreciation is determined by the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives.

The System reviews its long-lived assets when events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. Upon determination that an impairment has occurred, these assets are reduced to fair value. No such impairment losses have been recognized to date. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value less the cost to dispose.

Gifts of long-lived assets such as property or equipment are reported as contributions without donor restrictions and are excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as contributions with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Conditional Asset Retirement Obligations*

The System recognizes a liability for the cost of conditional obligations if the fair value can be reasonably estimated. When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations.

*Financing Costs/Original Issue Discount*

Costs associated with debt issuance and any original issue discount or premium related to the System's debt are being amortized by the interest method over the repayment period of the bonds and classified net within outstanding debt balances.

*Assets Whose Use is Limited or Restricted*

Assets whose use is limited or restricted include certain assets set aside by the Board of Directors to provide for the future replacement of property, plant and equipment and certain internal designations by members of the System. These assets are reported as Board-designated funds and other long-term investments. Also, under certain debt agreements, the System is required to maintain assets which have been segregated as externally designated trustee funds. Donor-restricted funds include amounts donated for endowments and other special purpose funds.

*Investments and Investment Income*

Investments in equity securities with readily determinable market values and all investments in debt securities are recorded at fair market value. At December 31, 2020 and 2019, the System held interests in certain funds that do not have a readily determinable fair market value and are valued by investment advisors based upon net asset value (NAV). Interests in such investments are generally recorded at fair market value based on the System's ownership share and rights of the investments.

The valuation of the investments that do not have a readily determinable market value is estimated by management based on fair values (NAV) provided by external investment managers. The System reviews and evaluates the valuations provided by the investment managers and believes that these valuations are a reasonable estimate of fair value at December 31, 2020 and 2019, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed and such differences could be material. The amount of gain or loss associated with these investments is reflected in the accompanying consolidated financial statements based on information provided by the management of the fund.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. Realized gains or losses on the sale of investment securities are determined by the specific identification method.

Investment income on investments without donor restrictions is reported as nonoperating gains. Investment income on investments with donor restrictions is reported as nonoperating gains unless specifically restricted by the donor or state law, in which case it is reported as an increase in net assets with donor restrictions.

*Market Volatility*

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the value of the investment will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet and statement of operations and changes in net assets.

*Donor-Restricted Gifts*

Unconditional promises to give that are expected to be collected within one year are recorded at estimated net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at fair value at the date the promise is received based on the present value of their estimated future cash flows. The discount on those amounts is computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discount is included in contribution revenue.

Conditional promises to give and indications of intentions to give are not recognized until the related conditions have been met. The gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net assets are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions.

*Professional Liability Loss Contingencies*

CHIL is a wholly-owned captive insurance company incorporated and based in the Cayman Islands for the purpose of providing professional and general liability insurance. The System maintains insurance of its professional risks on a claims made basis and general liability risks on an occurrence basis through CHIL.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

Estimated liability costs, as calculated by the System's consulting actuaries, consist of specific reserves to cover the estimated liability resulting from medical or general liability incidents or potential claims which have been reported, as well as a provision for claims incurred but not reported. Estimated malpractice liabilities include estimates of future trends in loss severity and frequency and other factors that could vary as the claims are ultimately settled. Although it is not possible to measure the degree of variability inherent in such estimates, management believes the reserves for claims are adequate. These estimates are periodically reviewed, and necessary adjustments are reflected in the consolidated statements of operations in the year the need for such adjustments becomes known. Management is unaware of any claims that would cause the ultimate expense for medical malpractice risks to vary materially from the amounts provided.

A significant portion of the System's workers' compensation exposure is covered by an industry trust. All claims are paid and settled through the trust and the System has no significant exposure for claims covered by the trust.

The System maintains malpractice insurance coverage on a claims made basis. At December 31, 2020, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accrual. The System intends to renew coverage on a claims made basis and anticipates that such coverage will be available.

Self-Insurance Reserves

Certain members of the System are self-insured for workers' compensation. These costs are accounted for on an accrual basis to include estimates of future payments on claims incurred.

Retirement Plans

The System's members sponsor several defined contribution retirement plans which cover substantially all employees who have met certain eligibility requirements of the respective plans. Contributions to the defined contribution plans are discretionary and are based upon certain percentages of eligible income. Expenses related to the defined contribution plans were \$3,972 and \$2,767 for 2020 and 2019, respectively. In addition, Nashua and Bangor have frozen defined benefit pension plans. See Note 6 for further information on the defined benefit plans. The System maintains a supplemental executive retirement plan (SERP) for certain executives. There were no expenses related to the SERP for the years ended December 31, 2020 or 2019.

Deferred Compensation

The System has recorded its obligations under deferred compensation agreements with certain employees of \$12,096 and \$11,322 at December 31, 2020 and 2019, respectively, which are included in other liabilities on the balance sheet. Assets of \$13,205 and \$13,415 at December 31, 2020 and 2019, respectively, related to these obligations are segregated and included in assets whose use is limited or restricted on the balance sheet.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

Reclassifications

Certain 2019 amounts have been reclassified to permit comparison with the 2020 consolidated financial statements presentation format.

COVID-19 Pandemic, CARES Act and Other Relief Funding

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19, a disease caused by the novel coronavirus, a pandemic. This disease continues to spread throughout the United States and other parts of the world. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets.

In 2020, the federal government and certain state governments provided financial assistance to healthcare systems as a result of the COVID-19 pandemic. During the year ended December 31, 2020, the System received \$52.2 million of accelerated Medicare payments. Payments under the Medicare Accelerated and Advanced Payment program are advances that must be repaid. At year end, no repayments had been made and, based on repayment guidelines, \$17.5 million was recorded as a short-term liability and \$34.7 million as a long-term liability.

In addition, during 2020, the System received \$63.1 million in relief funds and grants from federal and state sources that is not required to be repaid, subject to use towards eligible expenses and lost revenue incurred as a result of the COVID-19 pandemic. The majority of the federal and state funds received is related to the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) Provider Relief Funds (PRF payments). As of December 31, 2020, the System has recognized \$63.1 million in relief funding as revenue which is classified as other revenue on the consolidated statement of operations.

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021, and the remaining half until December 2022. At December 31, 2020, the System had deferred approximately \$11.2 million of payroll taxes, which is recorded within other current and long-term liabilities in the accompanying 2020 consolidated balance sheet.

Subsequent Events

Events occurring after the balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through May 4, 2021 which is the date the consolidated financial statements were available to be issued.



# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2020 and 2019

(In thousands)

### 3. Patient Service Revenue

Revenue generally relates to contracts with third-party payors representing patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge or per identified service. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

Revenue is based upon estimated amounts that the System expects to be entitled to receive from patients and third-party payors. Revenue under managed care and commercial insurance plans is based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts) and the recorded revenue is based primarily on historical collection experience.

Revenue from third-party payors and private pay/self-pay is summarized as follows at December 31:

	<u>2020</u>	<u>2019</u>
Medicare	\$215,631	\$227,058
Medicaid	139,440	156,773
Commercial	246,819	280,856
Patients (private pay/self pay)	<u>16,795</u>	<u>37,868</u>
	<u>\$618,685</u>	<u>\$702,555</u>

# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2020 and 2019  
(In thousands)

### 3. Patient Service Revenue (Continued)

The collection of outstanding receivables for Medicare, Medicaid, managed care payors, other third-party payors and patients is the System's primary source of operating cash and is critical to operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of the System's revenues and accounts receivable as a primary source of information in estimating the collectability of accounts receivable.

The consolidated balance sheets include amounts due from the State of Maine under the MaineCare program. The amounts recorded from the State have been determined based upon applicable regulations and the System expects that these amounts will ultimately be paid in full. The amount represents payment based on interim cost reports and is an estimate pending final settlement. Due to the complex nature of such regulations, there is at least a reasonable possibility that recorded estimates will change by a material amount.

Under the State of New Hampshire's tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of patient service revenue, with certain exclusions for the years ended December 31, 2020 and 2019. The amount of tax incurred by Nashua for fiscal 2020 and 2019 was \$9,814 and \$9,955, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within patient service revenue and amounted to \$6,186 in 2020 and \$5,164 in 2019.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State in 2011 and 2012, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address any potential exposure based on the audit results to date.

The State of Maine also assesses a provider tax similar to New Hampshire, with disproportionate share funding partially offsetting the tax.

## COVENANT HEALTH, INC. AND SUBSIDIARIES

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2020 and 2019

(In thousands)

#### 3. Patient Service Revenue (Continued)

The estimated third-party payor settlements reflected on the balance sheet represent the estimated net amounts to be received or paid under reimbursement contracts with CMS, Medicaid and any commercial payors with settlement provisions. Settlements have been issued through 2017 for Medicare and through 2018 for Medicaid for Bangor. Settlements have been issued through 2018 for Medicare and Medicaid for Nashua. Medicare has been settled through 2017, and Medicaid settled through 2018 for Lewiston.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The System believes that it is substantially in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing specific to the System. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

#### Community Benefits

The System does not pursue collection of amounts determined to qualify as charity care; therefore, they are not reported as revenue. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended December 31, 2020 and 2019 were \$7,895 and \$6,318, respectively.

As part of the System's charitable mission, its member organizations also provide services which primarily benefit the medically under-served in their communities. The System prepares an annual report utilizing the methodology contained in the Catholic Health Association's Guide to Planning and Reporting Community Benefit. The net unsponsored costs of charity care including clinics, unreimbursed Medicaid cost, outreach programs and community health education programs provided by the System for the years ended December 31, 2020 and 2019 were \$115,254 and \$110,192, respectively.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**4. Investments**

Investments, which are reported at fair value, consist of the following at December 31:

	<u>2020</u>	<u>2019</u>
Investments	\$ 6,123	\$ 1,286
Assets whose use is limited, restricted or board designated	<u>454,255</u>	<u>412,029</u>
Total investments	<u>\$460,378</u>	<u>\$413,315</u>

**Fair Value Measurements**

Financial assets carried at fair value are classified and disclosed in one of the following three categories:

Level 1 – Assets classified as Level 1 represent items that are traded in active exchange markets and for which valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities. Assets classified as Level 1 include cash and cash equivalents, marketable equity securities, mutual funds, accrued interest, and other.

Level 2 – Valuations for assets traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities. Assets classified as Level 2 include U.S. Government securities, corporate bonds and cash surrender value of life insurance policies.

Level 3 – Valuations for assets that are derived from other valuation methodologies not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions in determining the fair value assigned to such assets. Assets classified as Level 3 include beneficial interests in perpetual and other trusts.

In determining the appropriate levels, the System performs a detailed analysis of the valuation methodology of the assets. At each reporting period, all assets for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

Investments which do not have a readily determinable market value and which are valued based upon NAV are not evaluated based upon the above criteria for purposes of the following disclosure and have been excluded from the leveling tables.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**4. Investments (Continued)**

The following presents the balances of assets measured at fair value on a recurring basis at December 31:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2020:				
Cash and cash equivalents	\$ 28,248	\$ —	\$ —	\$ 28,248
U.S. Government securities	—	8,528	—	8,528
Corporate bonds	—	4,204	—	4,204
Asset back securities	—	15	—	15
Marketable equity securities:				
Consumer discretionary	883	—	—	883
Consumer staples	822	—	—	822
Energy	176	—	—	176
Financial services	1,577	—	—	1,577
Healthcare	1,232	—	—	1,232
Industrial	1,176	—	—	1,176
Technology	1,739	—	—	1,739
Materials	161	—	—	161
Telecommunications	877	—	—	877
Mutual funds:				
Equity funds	102,676	—	—	102,676
Fixed income funds	174,317	—	—	174,317
International equity funds	63,633	—	—	63,633
Accrued interest and other	1,703	—	—	1,703
Beneficial interest in perpetual and other trusts	—	—	3,998	3,998
Cash surrender value of life insurance policies	<u>—</u>	<u>8,609</u>	<u>—</u>	<u>8,609</u>
	<u>\$379,220</u>	<u>\$21,356</u>	<u>\$ 3,998</u>	404,574
Investments valued at NAV not classified by level:				
International emerging equity				23,221
Fixed income				10,236
Global balances				14,350
Real assets				<u>7,997</u>
				<u>55,804</u>
				<u>\$460,378</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**4. Investments (Continued)**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2019:				
Cash and cash equivalents	\$ 48,276	\$ —	\$ —	\$ 48,276
U.S. Government securities	—	20,904	—	20,904
Corporate bonds	—	23,684	—	23,684
Asset back securities	—	7,448	—	7,448
Marketable equity securities:				
Consumer discretionary	661	—	—	661
Consumer staples	818	—	—	818
Energy	370	—	—	370
Financial services	3,584	—	—	3,584
Healthcare	1,167	—	—	1,167
Industrial	1,415	—	—	1,415
Technology	2,436	—	—	2,436
Materials	285	—	—	285
Telecommunications	491	—	—	491
Mutual funds:				
Equity funds	204,727	—	—	204,727
Fixed income funds	122	—	—	122
International equity funds	2,321	—	—	2,321
Accrued interest and other	2,213	—	—	2,213
Beneficial interest in perpetual and other trusts	—	—	5,300	5,300
Cash surrender value of life insurance policies	<u>—</u>	<u>9,260</u>	<u>—</u>	<u>9,260</u>
	<u>\$268,886</u>	<u>\$61,296</u>	<u>\$ 5,300</u>	335,482
Investments valued at NAV not classified by level:				
International emerging equity				23,500
Fixed income				33,016
Global balances				13,548
Real assets				<u>7,769</u>
				<u>77,833</u>
				<u>\$413,315</u>

The alternative investments are subject to certain redemption terms based upon net asset value. Amounts may be redeemed monthly with notification periods ranging from 5 – 15 days. There are no commitments to purchase additional units.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**4. Investments (Continued)**

*Investment Strategies*

International Emerging Equity

The purpose of international emerging equity funds is to provide increased return potential and to reduce overall volatility of the portfolio through greater diversification. These investments can be made either in the form of direct investment, partnerships, fund-of-funds or with an investment manager. These assets require a longer investment horizon.

Fixed Income Investments

The purpose of the fixed income allocation is to provide a hedge against deflation, to increase current income relative to an all-equity fund, and to reduce overall volatility of the fund. The purpose of including fixed income assets such as, but not limited to, inflation-linked bonds, global and high yield securities in the portfolio is to enhance the overall risk-return characteristics of the fund.

Global Balances

The purpose of the global balances allocation is to provide an attractive long-term real return potential while improving portfolio diversification, reducing portfolio volatility and adding an explicit inflation buffer. The strategy emphasizes diversifying investments including emerging market bonds and stocks, alternative investments, and inflation-related assets that offer attractive long term return potential with lower correlation to mainstream markets and greater responsiveness to rising inflation.

Real Assets

Real assets include investments in liquid instruments, such as inflation-linked bonds, master limited partnership income funds and commodity futures. Investments are made in financial assets which are related to or strongly influenced by the value of one or more underlying tangible assets. The purpose of the real asset allocation is to provide a source of growth in an inflationary environment when other investments may underperform.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**4. Investments (Continued)**

The principal components of total investment return for the years ended December 31 include:

	<u>2020</u>	<u>2019</u>
Investment income:		
Interest and dividends	\$ 9,642	\$ 11,638
Net realized gains on sales of securities	1,048	12,520
Net unrealized (losses) gains on investments	<u>(5,191)</u>	<u>25,324</u>
Net realized and unrealized (losses) gains on investments	<u>(4,143)</u>	<u>37,844</u>
Investment income and losses	<u>\$ 5,499</u>	<u>\$ 49,482</u>

All unrestricted investment income and (losses) gains including unrealized (losses) gains are included as part of nonoperating gains.

**5. Lines of Credit, Long-Term Debt and Lease Liability**

The System maintains a line of credit totaling \$5,000, which had no outstanding balances at December 31, 2020 and 2019.

**Long-Term Debt**

Long-term debt at December 31 consists of the following:

	<u>2020</u>	<u>2019</u>
In June 2020, the Maine Health and Higher Educational Facilities Authority (MHHEFA) issued tax-exempt revenue bonds (Series 2020A) and loaned \$3,753 of the proceeds to St. Mary's Regional Medical Center (SMRMC). The proceeds were used to refund the Series 2010B Bonds. The bonds are secured by substantially all the assets of SMRMC and a moral obligation pledge by the State of Maine. The bonds bear interest at 4% and mature in varying annual amounts to 2031	\$ 3,753 <sup>(1)</sup>	\$ —
In June 2020, MHHEFA issued tax-exempt revenue bonds (Series 2020A) and loaned \$3,308 of the proceeds to St. Joseph Hospital Bangor (SJHB). The proceeds were used to refund the Series 2010B Bonds. The bonds are secured by substantially all the assets of SJHB and a moral obligation pledge by the State of Maine. The bonds bear interest at 4% and mature in varying annual amounts to 2026	3,308	—
In June 2020, Community Clinical Services, Inc. obtained \$1,671 from TD Bank, which is eligible for forgiveness under the CARES Act. The debt bears interest at 1% and matures in 2022	1,671	—



**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Long-Term Debt (continued)

	<u>2020</u>	<u>2019</u>
In December 2017, MHHEFA issued tax-exempt revenue bonds (Series 2017B) and loaned \$4,420 to SMRMC. The bonds are secured by substantially all the assets of SMRMC and a moral obligation pledge by the State of Maine. The bonds bear interest at 3.5% to 5% and mature in varying amounts to 2037	\$ 4,150 <sup>(1)</sup>	\$ 4,315
In March 2017, MHHEFA, the New Hampshire Health and Education Facilities Authority (NHHEFA) and the Massachusetts Development Finance Authority (MDFA) issued four series of bonds and loaned approximately \$20 million of the proceeds to the Obligated Group. MHHEFA issued the Series 2017A bonds (SJHB) in the amount of \$3,400 and the Series 2017B bonds (SMRMC) in the amount of \$6,000. NHHEFA issued the Series 2017-NH bonds in the amount of \$7,960 and MDFA issued the Series 2017-MA bonds in the amount of \$2,500. The bonds are secured under the Master Trust Indenture. The bonds bear interest at approximately 3.6% and mature in varying amounts to 2047	19,860	19,860
In March 2017, the Obligated Group entered into a taxable loan agreement for \$55 million to fund certain capital projects. The loan bears interest at a fixed rate of approximately 3.7% with interest only payments through March 2019. The loan is secured under the Master Trust Indenture. Monthly payments of principal and interest of approximately \$420,000 are to be made through April 2027	49,630	52,745
In July 2014, NHHEFA issued tax-exempt bonds (Series 2014) and loaned \$16,900 to the Obligated Group. Proceeds borrowed were used to refinance the NHHEFA 2004 bonds. The bonds are secured under the Master Trust Indenture. The bonds bear interest at 2.54% and mature in varying annual amounts to 2034	12,660	13,405
In July 2014, MHHEFA issued tax-exempt revenue bonds (Series 2014A) and loaned \$6,929 to SMRMC and \$1,834 to St. Mary's d'Youville Pavilion (d'Youville Pavilion). The bonds are collateralized by substantially all the assets of SMRMC and d'Youville Pavilion and a moral obligation pledge by the State of Maine. The bonds bear interest at rates ranging from 3% to 5% and mature in varying annual amounts to 2023	921 <sup>(1)</sup>	1,849
In 2013, the Scranton-Lackawanna Health and Welfare Authority issued two series of tax-exempt revenue notes and loaned \$2,740 to St. Mary's Villa. The 2013A note was in the amount of \$685 and matured in 2020. The Series 2013B note in the amount of \$2,055 matures in 2029. Both notes bear interest at 3.25%	1,237	1,375
In October 2012, MHHEFA issued tax-exempt revenue bonds (Series 2012) and loaned \$13,490 of the proceeds to SJHB. The bonds are guaranteed with an obligation issued pursuant to the Master Trust Indenture. The bonds bear interest at 3.43% and mature in varying annual amounts to 2032	9,255	9,362

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Long-Term Debt (continued)

	<u>2020</u>	<u>2019</u>
In June 2012, MHHEFA issued tax-exempt revenue bonds (Series 2012) and loaned \$19,270 to SMRMC. The bonds are guaranteed with an obligation pursuant to the Master Trust Indenture. The bonds bear interest at 3.42% and mature in varying annual amounts to 2036	\$ 16,465 <sup>(1)</sup>	\$ 17,440
In June 2012, the Massachusetts Health and Educational Facilities Authority (MHEFA) and NHHEFA issued tax-exempt bonds and loaned \$39,365 to the Obligated Group. The bonds are secured under the Master Trust Indenture. The bonds bear interest at rates ranging from 3% to 5% and mature in varying annual amounts to 2042	36,815	37,410
In 2012, MHHEFA issued tax-exempt revenue bonds (Series 2012) and loaned \$1,780 of the proceeds to SJHB. The 2012 bond indenture required the establishment of a debt service reserve fund in the amount of \$195 held by a trustee. The bonds are secured by substantially all the assets of SJHB and a moral obligation pledge by the State of Maine. The bonds bear interest at rates ranging from 2.5% to 5% and mature in varying annual amounts to 2027	865	990
In June 2010, MHHEFA issued tax-exempt revenue bonds (2010B) and loaned \$7,222 to SMRMC. The 2010B Bonds were redeemed in 2020 with proceeds from the Series 2020A bonds	—	4,586
In June 2010, MHHEFA issued tax-exempt revenue bonds (2010B) and loaned \$11,660 of the proceeds to SJHB. The 2010B Bonds were redeemed in 2020 with proceeds from the Series 2020A bonds	—	4,446
In 2009, the Finance Authority of Maine issued revenue bonds and loaned \$5,300 of the proceeds to SMRMC. The bonds were paid in full in January 2020	—	2,570
In October 2007, MHEFA issued Series 2007A bonds in the amount of \$12,940 and Series 2007B bonds in the amount of \$11,890, and NHHEFA issued Series 2007A bonds in the amount of \$17,030 and Series 2007B bonds in the amount of \$36,650. MHEFA and NHHEFA loaned the aggregate proceeds of approximately \$78,510 to the Obligated Group. The 2007 Bond indenture require the establishment of a debt service reserve fund to be held in trust, which amounted to approximately \$886 at December 31, 2020 and 2019. The amount is included in the consolidated balance sheet as funds held by trustees. The bonds are secured under the Master Trust Indenture. The bonds bear interest at rates ranging from 4.5% to 5% and mature in varying annual amounts to 2037	56,635	61,935
St. Mary's Residences has a mortgage payable to Maine State Housing Authority with an interest rate of 7.5%. The mortgage matures in July 2023 and is collateralized by real property	2,008	2,089
MI Residential Communities, Inc. has a mortgage payable to the Department of Housing and Urban Development and Midland Loans Services, Inc., collateralized by their real property. The note bears interest at 4.05% through March 2053	7,392	7,500

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Long-Term Debt (continued)

	<u>2020</u>	<u>2019</u>
Additional mortgages payable to various financial institutions are held primarily at St. Joseph Manor and M&J	\$ <u>2,512</u>	\$ <u>3,267</u>
	229,137	245,144
Unamortized original issue premium	1,803	1,608
Deferred financing costs	<u>(1,909)</u>	<u>(1,449)</u>
	229,031	245,303
Less current portion	<u>(14,425)</u>	<u>(15,199)</u>
	<u>\$214,606</u>	<u>\$230,104</u>

Obligated Group

Covenant and certain member organizations are collectively referred to as the "Obligated Group" or as "Members," and each individually is sometimes referred to herein as a "Member." The Obligated Group is established pursuant to a Master Indenture of Trust, dated January 15, 2002, as supplemented to date (the Master Indenture), between the Obligated Group and U.S. Bank National Association, as successor master trustee (the Master Trustee). Each Member of the Obligated Group is jointly and severally liable for obligations issued pursuant to, and outstanding under, the Master Indenture (Obligations).

Each Obligated Group Member has granted a security interest in its gross revenue for the benefit of the Master Trustee to secure Obligations issued pursuant to the Master Indenture. In addition, Nashua has granted a mortgage on its hospital facility in favor of the Master Trustee to secure Obligations issued pursuant to the Master Indenture.

The Master Indenture and certain other Obligated Group's financing agreements contain restrictive covenants, including maintenance of a debt ratio, liquidity covenant, limitations on the amount of any additional borrowings, and limitations on the disposal or transfer of assets to nonobligated group members. The Obligated Group has complied with such financial covenants and restrictions at December 31, 2020.

- (1) Certain debt obligations of SMRMC did not meet the required debt service coverage ratio (DSCR) as of December 31, 2020 as required in the debt agreement. If the DSCR is not met, the debt agreement calls for management to hire a consultant to make recommendations to bring SMRMC into compliance prospectively.

As long as management hires a consultant as set forth, the debt is considered to be in compliance with the covenants in the debt agreement. Management has hired a consultant as required and, accordingly, the debt has been classified on the balance sheet in accordance with the scheduled payments. Except for SMRMC, the System was in compliance with all debt covenants as of December 31, 2020.

- (2) During 2020, certain 2010 bonds held at SMRMC and SJHB were refinanced. The gain (loss) on refinance was not significant and included in nonoperating gains (loss on the consolidated statement of operations).

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Collateral

The 2007, 2012 and 2014 Bonds are collateralized by all property, plant and equipment and accounts receivable.

Maturities on long-term debt liability for the five years ending December 31 and thereafter are as follows:

2021	\$ 14,425
2022	11,874
2023	15,288
2024	12,808
2025	13,085
Thereafter	<u>161,657</u>
	<u>\$ 229,137</u>

Lease Liability

In 2019, the System adopted ASU 2016-02, *Leases*. As of December 31, 2020 and 2019, the System recorded the cost of right-of-use assets in the amount of \$10,964 and \$10,547, respectively. The cost of these assets has been included with property, plant and equipment. Amortization expense for assets under lease liability was \$1,075 and \$1,108 for the years ended December 31, 2020 and 2019, respectively and has been included with depreciation expense in the accompanying consolidated financial statements. Accumulated amortization associated with the lease totaled \$2,183 and \$1,108 as of December 31, 2020 and 2019, respectively.

Lease obligations at December 31 consist of the following:

	<u>2020</u>	<u>2019</u>
Total of future lease payments	\$ 9,631	\$ 10,228
Amounts representing interest	<u>(851)</u>	<u>(871)</u>
Present value of minimum lease payments	8,780	9,357
Less current portion	<u>(2,454)</u>	<u>(2,659)</u>
	<u>\$ 6,326</u>	<u>\$ 6,698</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

A summary of the future lease payments under lease liabilities is as follows at December 31, 2020:

2021	\$ 2,713
2022	2,225
2023	1,785
2024	1,380
2025	956
Thereafter	<u>572</u>
	<u>\$ 9,631</u>

The System paid interest in the amount of \$10,336 in 2020 and \$12,001 in 2019 including capitalized interest in the amount of \$283 in 2019.

**6. Defined Benefit Pension Plan**

The System maintains two noncontributory defined benefit plans in Nashua and Bangor. The total accumulated benefit obligation, plan assets and funded status is summarized below as of December 31:

	<u>2020</u>	<u>2019</u>
Accumulated benefit obligation (ABO)	\$49,824	\$49,316
Plan assets	<u>49,876</u>	<u>47,027</u>
Funded status	\$ <u>52</u>	\$ <u>(2,289)</u>

In 2020, the financial markets experienced significant volatility which affected both the investment markets which would affect the plans' assets as well as the debt markets which would impact the calculation of the ABO.

Nashua

Nashua maintains a noncontributory defined benefit plan. The measurement date is December 31. Effective June 2, 2007, plan participation was frozen. Benefit service and plan compensation have been frozen effective December 31, 2007.

Net periodic pension cost includes the following components for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Service cost	\$ —	\$ —
Interest cost on projected benefit obligation	869	1,153
Expected return on plan assets	(1,822)	(1,606)
Amortization of loss	910	1,262
Recognition of settlement	<u>1,113</u>	<u>1,275</u>
Net periodic pension expense	\$ <u>1,070</u>	\$ <u>2,084</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

The following table sets forth the plan's benefit obligation, funded status and amounts recognized in the consolidated financial statements at December 31:

	<u>2020</u>	<u>2019</u>
Accumulated benefit obligation	\$28,796	\$29,401
Changes in projected benefit obligations:		
Projected benefit obligations, beginning of period	\$29,401	\$30,540
Benefits paid	(610)	(696)
Interest cost	869	1,153
Impact of assumption changes	1,154	1,672
Experience loss	664	384
Settlement amount	<u>(2,682)</u>	<u>(3,652)</u>
Projected benefit obligations, end of period	28,796	29,401
Changes in plan assets:		
Fair value of plan assets, beginning of period	27,906	25,326
Actual return on plan assets	2,597	4,810
Employer contributions	2,400	2,400
Benefits paid and other	(610)	(696)
Settlement amount	<u>(3,445)</u>	<u>(3,934)</u>
Fair value of plan assets, end of period	28,848	27,906
Funded status	\$ <u>52</u>	\$ <u>(1,495)</u>

The weighted average assumptions used in accounting for the defined benefit pension plan are as follows as of and for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Discount rate used to determine net periodic pension cost	3.22%	4.22%
Discount rate used to determine benefit obligation	2.52	3.22
Expected long-term rate of return on plan assets	7.00	7.00
Rate of increase in future compensation levels	N/A	N/A

The following is a summary of the allocation of plan assets for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 282	\$ 81
Mutual funds:		
Equity funds	<u>28,566</u>	<u>27,825</u>
	<u>\$28,848</u>	<u>\$27,906</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

All pension assets are considered to be Level 1 assets (as defined in Note 4).

In selecting the expected long-term rate of return on assets, Nashua considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of this plan. This includes considering the trusts' asset allocation and the expected returns likely to be earned over the life of the plan. This basis is consistent with the prior year.

Nashua and affiliates anticipate making contributions totaling \$2,400 to its defined benefit pension plan in 2021.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid during the period ended December 31:

2021	\$ 2,320
2022	3,087
2023	1,934
2024	2,077
2025	1,344
2026 through 2030	8,196

**Bangor**

Bangor maintains a noncontributory defined benefit plan. The measurement date is December 31. Effective January 1, 2004, plan participation was frozen. In 2011, Bangor elected to freeze the plan for purposes of benefit services and plan compensation effective June 30, 2012.

Net periodic pension cost includes the following components for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Service cost	\$ —	\$ —
Interest cost on projected benefit obligation	627	983
Expected return on plan assets	(1,208)	(1,330)
Amortization of net loss	—	238
Recognized settlement loss	<u>—</u>	<u>457</u>
Net periodic pension cost (income)	<u>\$ (581)</u>	<u>\$ 348</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

The following table sets forth the plan's benefit obligation, funded status and amounts recognized in the consolidated financial statements at December 31:

	<u>2020</u>	<u>2019</u>
Accumulated benefit obligation	\$ <u>21,028</u>	\$ <u>19,915</u>
Changes in projected benefit obligations:		
Projected benefit obligations, beginning of period	\$19,915	\$23,801
Interest cost	627	984
Benefits paid and other	(1,042)	(6,632)
Experience gain	<u>1,528</u>	<u>1,762</u>
Projected benefit obligations, end of period	21,028	19,915
Changes in plan assets:		
Fair value of plan assets, beginning of period	19,121	21,052
Actual return on plan assets	2,949	4,701
Benefits paid	<u>(1,042)</u>	<u>(6,632)</u>
Fair value of plan assets, end of period	<u>21,028</u>	<u>19,121</u>
Funded status	\$ <u>—</u>	\$ <u>(794)</u>

The weighted average assumptions used in accounting for the defined benefit pension plan are as follows as of and for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Discount rate used to determine net periodic pension cost	3.22%	4.22%
Discount rate used to determine benefit obligation	2.52	3.22
Expected long-term rate of return on plan assets	6.50	6.50
Rate of increase in future compensation levels	N/A	N/A

The following is a summary of the allocation of plan assets for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Mutual funds:		
Equity funds	\$11,878	\$10,993
Fixed income funds	<u>9,150</u>	<u>8,128</u>
	<u>\$21,028</u>	<u>\$19,121</u>

All pension assets are considered to be Level 1 assets (as defined in Note 4).



**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**

**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

The target allocation percentage for investments is designed to meet the expected return on plan assets. The plan trustee evaluates its target allocation periodically in relation to market performance and overall market conditions. The plan does not allow for the purchase of derivatives and the overall goal is to provide for adequate investment growth, along with contributions, to provide adequate funding to meet plan obligations on a current and projected basis.

Bangor and affiliates do not expect to make contributions to its defined benefit pension plan during the year ended December 31, 2021.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid during the period ended December 31:

2021	\$ 1,143
2022	1,169
2023	1,165
2024	1,185
2025	1,182
2026 through 2030	5,949

**7. Net Assets With Donor Restrictions**

Net assets with donor restrictions are available for the following purposes at December 31:

	<u>2020</u>	<u>2019</u>
Purpose restriction:		
Health care services	\$ 3,090	\$ 7,975
Equipment and capital improvements	15,302	15,732
Education and scholarships	523	843
Employee emergency assistance	112	—
Designated for certain communities	<u>1,423</u>	<u>2,708</u>
	20,450	27,258
Perpetual in nature:		
Investments, gains and income from which is donor restricted	26,539	26,875
Investments, gains and income from which is released to net assets without donor restrictions	12,223	1,615
Beneficial interest in perpetual trust	<u>1,903</u>	<u>3,707</u>
	<u>40,665</u>	<u>32,197</u>
Total net assets with donor restrictions	<u>\$61,115</u>	<u>\$59,455</u>

Net assets with donor restrictions are managed in accordance with donor intent and are invested in various portfolios.

# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2020 and 2019

(In thousands)

### 8. Pledges Receivable

Pledges receivable represent unconditional promises to give. Pledges expected to be collected within one year are recorded at their net realizable value. Pledges that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The present value of estimated future cash flows has been measured utilizing risk-free rates of return adjusted for market and credit risk established at the time a contribution is received.

Pledges are expected to be collected as follows at December 31, 2020:

Within one year	\$ 6,069
Two to three years	<u>615</u>
Pledges receivable	<u>\$ 6,684</u>

### 9. Investments in Joint Ventures

The System has ownership interests in joint ventures. All of the investments are accounted for under the equity method of accounting. The more significant investments in joint ventures are as follows:

The System has an interest in United Ambulance Services which has operations in Lewiston and Auburn, Maine. The investment has a carrying value at December 31, 2020 and 2019 of \$2,466 and \$2,546, respectively.

The System has an ownership interest in Nashua Regional Cancer Center. The investment has a carrying value of \$2,127 and \$1,945 at December 31, 2020 and 2019, respectively.

### 10. Financial Assets and Liquidity Resources

As of December 31, 2020 and 2019, respectively, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, consisted of the following:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 66,617	\$ 54,011
Short-term investments	6,123	1,286
Patient accounts receivable	75,614	94,098
Less Medicare advance payments	<u>(52,217)</u>	<u>—</u>
	<u>\$ 96,137</u>	<u>\$149,395</u>

## COVENANT HEALTH, INC. AND SUBSIDIARIES

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2020 and 2019

(In thousands)

#### 10. Financial Assets and Liquidity Resources (Continued)

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of December 31, 2020, the balance of liquid investments in board-designated assets was \$368,368.

The System also has a \$5 million line of credit available to support future operations. See Note 5 for information about the System's line.

#### 11. St. Mary's Villa

St. Mary's Villa has certain regulatory disclosure requirements. The following information has been included to meet those regulatory disclosure requirements and applies specifically to St. Mary's Villa:

##### Entrance Fees

Fees paid by a resident upon entering into a continuing care contract are refundable and amortized to income using the straight-line method over a period of five years. There was one CCRC resident at December 31, 2020 and two CCRC residents at December 31, 2019. There were no fees received or amounts refunded in 2020 or 2019. At December 31, 2019, \$10 remained to be amortized, which was amortized in 2020.

St. Mary's Villa has not and will not accept any entrance fee under any continuing care agreement until the date of admission and this practice will continue into the future. St. Mary's Villa Disclosure Statements and Admissions Agreements reflect this practice. It is management's understanding that this practice exempts St. Mary's Villa's CCRC from maintaining a formal escrow agreement with an appointed escrow agent or other manner of security as described in 40 P.S. § 3212.

##### Obligation to Provide Future Services

The CCRC annually calculates the present value of the net cost of future services and the use of facilities to be provided to current residents and compares that amount with the balance of deferred revenue from advance fees. If the present value of the net cost of future services and the use of facilities exceeds the deferred revenue from advance fees, a liability is recorded (obligation to provide future services and use of facilities) with the corresponding charge to income. At December 31, 2020 and 2019, the calculated net cost did not exceed the deferred revenue from advance fees and no liability was required to be recorded.

##### Statutory Liquid Reserves

The *Continuing Care Provider Registration and Disclosure Act* requires a working capital reserve equivalent to the greater of the total debt service payments of any loan or long-term financing due during the next twelve months or 10% of the projected annual expenses of the facility, exclusive of depreciation and amortization. The reserve is computed on the proportional share of debt service or operating expenses that are applicable to resident agreements.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2020 and 2019**  
**(In thousands)**

**11. St. Mary's Villa (Continued)**

Statutory liquid reserves are calculated as follows at December 31:

	<u>2020</u>	<u>2019</u>
Principal and interest payments due within the next twelve months	\$ 668	\$ 639
Percent of residents subject to agreements	<u>2.02%</u>	<u>3.37%</u>
Reserve calculated	\$ <u>14</u>	\$ <u>22</u>
Projected operating expenses, excluding depreciation and amortization	\$ 12,522	\$ 12,929
Percent of residents subject to agreements	<u>10.00%</u>	<u>10.00%</u>
	253	1,292
Percent of residents subject to agreements	<u>2.02%</u>	<u>3.37%</u>
Reserve calculated	\$ <u>5</u>	\$ <u>44</u>
Minimum reserve required (greater of above)*	\$ <u>14</u>	\$ <u>44</u>
CCRC residents	1	2
Total beds	64 <sup>(a)</sup>	64 <sup>(a)</sup>
Average occupancy	77% <sup>(b)</sup>	93% <sup>(b)</sup>
Average beds (a)*(b)	49	59
Percentage of residents subject to agreements (CCRC residents / average beds)	2.02%	3.37%

\* The Villa records amounts required to satisfy reserve requirements above in funds held by trustee which totaled \$14 and \$44 at December 31, 2020 and 2019, respectively.

**12. Functional Expenses**

The System provides acute and long-term health care services. Expenses related to providing these services are as follows for the years ended December 31:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Total</u>
<u>2020</u>			
Salaries and wages	\$ 321,323	\$ 13,568	\$ 334,891
Employee benefits	62,690	2,158	64,848
Supplies	77,045	—	77,045
Other expenses	93,856	92,087	185,943
Interest	10,053	—	10,053
Provider tax	21,906	—	21,906
Depreciation	<u>30,146</u>	<u>—</u>	<u>30,146</u>
	<u>\$ 617,019</u>	<u>\$ 107,813</u>	<u>\$ 724,832</u>

# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2020 and 2019

(In thousands)

### 12. Functional Expenses (Continued)

	Health Services	General and Administrative	Total
<u>2019</u>			
Salaries and wages	\$302,892	\$ 48,652	\$351,544
Employee benefits	58,481	7,585	66,066
Supplies	85,672	90	85,762
Other expenses	119,270	56,122	175,392
Interest	10,979	—	10,979
Provider tax	22,814	—	22,814
Depreciation	<u>30,801</u>	<u>—</u>	<u>30,801</u>
	<u>\$630,909</u>	<u>\$112,449</u>	<u>\$743,358</u>

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits were allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

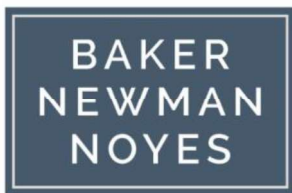
### 13. Commitments and Contingencies

#### Litigation

On occasion the System is subject to various potential legal claims that may arise in the normal course of business. The System intends to vigorously defend against any such claims that may arise. In the opinion of management, no claims have been asserted against the System which, either individually or in the aggregate, are considered to be material or will be in excess of its insurance coverage.

#### Regulatory

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Recently, government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Compliance with such laws and regulations are subject to government review and interpretations as well as potential regulatory actions. Management believes that the System is in substantial compliance with current laws and regulations and is not aware of any material potential regulatory issues.



## INDEPENDENT AUDITORS' REPORT ON ADDITIONAL INFORMATION

The Board of Directors  
Covenant Health, Inc.

We have audited the consolidated financial statements of Covenant Health, Inc. and Subsidiaries (the System) as of and for the years ended December 31, 2020 and 2019, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A handwritten signature in black ink that reads "Baker Newman; Noyes LLC".

Boston, Massachusetts  
May 4, 2021

**Covenant Health, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

	St. Joseph Hospital of Nashua, NH, Inc.*	Covenant Health, Inc.	Mary Immaculate*	Yorville House	Yorville Place	(Marist Hill) CHS of Waltham Inc.	St. Joseph Manor Health Care, Inc.	(St. Mary) CHS of Worcester, Inc.	Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	Pennacook Place, Inc.	Pennacook Valuation	Fanny Allen Corporation	Elimi- nations	** Total Obligated Group
<b>Assets</b>															
Current assets:															
Cash and cash equivalents	\$ 3,128	\$ 13,394	\$ 6,040	\$ 1,636	\$ 1,268	\$ 494	\$ 2,300	\$ 1,403	\$ 1,642	\$ —	\$ 1,368	\$ —	\$ 93	\$ —	\$ 32,766
Patient accounts receivable	27,162	—	1,427	83	72	1,642	1,114	1,087	264	—	1,299	—	—	—	34,150
Current portion of pledges receivable	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Investments	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inventories	3,337	—	44	—	—	1	14	—	—	—	54	—	—	—	3,450
Prepaid expenses and other current assets	15,219	2,940	173	17	32	56	(8)	59	76	—	66	—	—	(337)	18,293
Current portion of assets whose use is limited or restricted	3,097	831	212	—	68	10	256	27	143	—	134	—	—	—	4,778
Current portion of due from affiliates	393	7,326	541	486	2	—	—	—	—	—	(3,474)	5,274	—	—	5,274
Total current assets	52,336	24,491	8,437	2,222	1,442	2,203	3,676	2,576	2,125	—	2,921	—	93	(3,811)	98,711
Assets whose use is limited or restricted:															
Funds held by trustees, less current portion	4,959	1,624	—	400	1,588	1,067	—	—	—	—	—	—	—	—	9,638
Deferred compensation	659	—	—	—	—	—	—	—	—	—	—	—	—	—	659
Board designated funds and other long-term investments	158,513	39,271	46,225	17,209	5,137	1,686	1,454	—	1,061	—	8	—	8,550	—	279,114
Replacement reserve	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Donor restricted funds	2,812	—	53	4,232	495	72	61	74	31	—	51	—	1,749	—	9,630
Total assets whose use is limited or restricted	166,943	40,895	46,278	21,841	7,220	2,825	1,515	74	1,092	—	59	—	10,299	—	299,041
Other assets:															
Pledges receivable, less current portion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other assets	15,610	34,490	—	69	198	84	51	40	37	—	97	—	—	(856)	49,820
Due from affiliates, less current portion	14,175	3,287	—	—	—	—	—	—	—	—	—	—	—	(13,617)	3,845
Investments in joint ventures	2,739	5	—	—	—	—	—	—	—	—	—	—	—	—	2,744
Total other assets	32,524	37,782	—	69	198	84	51	40	37	—	97	—	—	(14,473)	56,409
Property, plant and equipment:															
Land and improvements	3,783	—	641	—	750	485	269	485	523	—	31	—	—	—	6,967
Buildings and improvements	106,706	61	16,032	17,325	15,386	8,428	4,486	3,432	8,065	3,222	7,561	1,517	—	—	192,221
Equipment	64,352	87,038	2,649	372	474	3,179	523	717	1,198	—	2,492	—	—	—	162,994
Construction in progress	7,510	2,505	178	234	534	39	198	20	117	—	—	—	—	—	11,335
Right of use assets	4,082	1,405	—	—	—	—	—	—	—	—	—	—	—	—	5,487
Total property, plant and equipment	186,433	91,009	19,500	17,931	17,144	12,131	5,476	4,654	9,903	3,222	10,084	1,517	—	—	379,004
Less accumulated depreciation	(124,294)	(17,487)	(13,434)	(7,683)	(6,413)	(6,774)	(2,604)	(2,396)	(6,508)	395	(7,770)	209	—	—	(194,749)
Less accumulated depreciation — right of use assets	(1,270)	(461)	—	—	—	—	—	—	—	—	—	—	—	—	(1,731)
Total property, plant and equipment	60,869	73,091	6,046	10,248	10,731	5,357	2,872	2,258	3,395	3,617	2,314	1,726	—	—	182,524
Total assets	\$ 312,672	\$ 176,259	\$ 60,761	\$ 34,380	\$ 19,591	\$ 10,469	\$ 8,114	\$ 4,948	\$ 6,649	\$ 3,617	\$ 5,391	\$ 1,726	\$ 10,392	\$ (18,284)	\$ 636,685

\* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc. and Mary Immaculate are not included in the Obligated Group.

\*\* Total of Obligated Group carried forward to next page.

**Covenant Health, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

	Current Assets				Property, Plant and Equipment				Intangible Assets				Other Assets				Liabilities				Equity			
	12/31/2023	12/31/2022	12/31/2021	12/31/2020	12/31/2023	12/31/2022	12/31/2021	12/31/2020	12/31/2023	12/31/2022	12/31/2021	12/31/2020	12/31/2023	12/31/2022	12/31/2021	12/31/2020	12/31/2023	12/31/2022	12/31/2021	12/31/2020	12/31/2023	12/31/2022	12/31/2021	12/31/2020
Assets																								
Current assets:																								
Cash and cash equivalents	\$ 12,873	\$ 9,884	\$ -	\$ 336	\$ 2,405	\$ 1,816	\$ 3,603	\$ 45	\$ 1,732	\$ 1,157	\$ -	\$ -	\$ 66,617											
Patient accounts receivable	23,251	16,186	-	6	(29)	1,037	982	-	-	31	-	-	75,614											
Current portion of pledges receivable	853	415	-	-	-	-	-	4,801	-	-	-	-	6,069											
Investments	156	5,967	-	-	-	-	-	-	-	-	-	-	6,123											
Inventories	2,185	3,544	-	-	-	-	16	-	-	-	-	-	9,195											
Prepaid expenses and other current assets	1,545	6,100	-	135	107	34	121	-	-	7,244	-	-	33,579											
Current portion of assets whose use is limited or restricted	893	898	-	-	-	22	566	-	-	-	-	-	7,157											
Current portion of due from affiliates	277	(50)	-	5,803	-	-	-	-	-	-	-	(11,304)	-											
Total current assets	42,033	42,944	-	6,280	2,483	2,909	5,288	4,846	1,732	8,432	-	(11,304)	204,354											
Assets whose use is limited or restricted:																								
Funds held by trustees, less current portion	1,639	-	-	-	382	-	26	-	-	-	-	-	11,685											
Deferred compensation	-	-	-	12,546	-	-	-	-	-	-	-	-	13,205											
Board designated funds and other long-term investments	5,397	10,120	-	-	-	702	13,711	1,079	847	57,398	327,463	(327,463)	368,368											
Replacement reserve	566	-	-	-	5,164	-	-	-	-	-	-	-	5,730											
Donor restricted funds	9,065	7,833	-	-	83	41	15	21,443	-	-	-	-	48,110											
Total assets whose use is limited or restricted	16,667	17,953	-	12,546	5,629	743	13,752	22,522	847	57,398	327,463	(327,463)	447,098											
Other assets:																								
Pledges receivable, less current portion	381	234	-	-	-	-	-	-	-	-	-	-	615											
Other assets	209	-	(25)	44	-	72	89	-	-	-	-	(49,127)	1,082											
Due from affiliates, less current portion	-	123	-	-	-	-	-	-	-	-	-	(3,968)	-											
Investments in joint ventures	3,021	355	(247)	1,180	-	-	-	-	-	-	-	-	7,053											
Total other assets	3,611	712	(272)	1,224	-	72	89	-	-	-	-	(53,095)	8,750											
Property, plant and equipment																								
Land and improvements	5,894	5,198	-	1,615	106	424	299	-	716	-	-	-	21,219											
Buildings and improvements	104,880	57,061	11,935	11,823	31,292	2,084	16,290	-	1,324	-	-	-	428,910											
Equipment	61,745	41,756	-	90	1,370	947	4,459	-	457	-	-	-	273,818											
Construction in progress	7,522	1,303	-	-	12	96	175	-	-	-	-	-	20,443											
Right of use asset	4,309	345	-	823	-	-	-	-	-	-	-	-	10,964											
Less accumulated depreciation	184,350	105,663	11,935	14,351	32,780	3,551	21,223	-	2,497	-	-	-	755,354											
Less accumulated depreciation - right of use assets	(117,580)	(76,059)	1,724	(5,709)	(24,788)	(1,497)	(12,283)	-	(1,175)	-	-	-	(432,116)											
Total property, plant and equipment	(13)	(42)	-	(397)	-	-	-	-	1,322	-	-	-	(2,183)											
Total assets	\$ 129,068	\$ 91,171	\$ 13,387	\$ 28,295	\$ 16,104	\$ 5,778	\$ 28,069	\$ 27,368	\$ 3,901	\$ 65,830	\$ 327,463	\$ (391,862)	\$ 981,257											



**Covenant Health, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion  
Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction  
With donor restriction  
Total net assets

Total liabilities and net assets

St. Joseph Hospital of Nashua, NH, Inc.*	Covenant Health, Inc.	Mary Immaculate <sup>b</sup>	Yonville House	Yonville Place	(Marist Hill) CHS of Walworth Inc.	St. Joseph Manor Health Care, Inc.	(St. Mary) CHS of Worcester, Inc.	Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	Penacook Place, Inc.	Penacook Valuation	Fanny Allen Corporation	Elimi- nations	** Total Obligated Group
\$ 12,137	\$ 980	\$ 562	\$ 635	\$ 808	\$ 591	\$ 185	\$ 240	\$ 456	\$ —	\$ 885	\$ —	\$ —	\$ (3,285)	\$ 14,194
18,016	13,133	1,331	418	446	742	550	549	509	—	514	—	—	—	36,208
6,511	—	34	—	—	143	251	184	251	—	204	—	—	—	7,484
9,399	—	—	—	—	(1)	(5)	52	21	—	11	—	—	—	9,477
5,860	618	334	136	24	168	—	—	—	—	—	—	—	(1,144)	5,996
797	338	—	—	—	—	—	—	—	—	—	—	—	—	1,135
3,310	3,759	(5)	345	335	273	183	—	—	—	—	—	—	—	8,200
56,030	18,828	2,256	1,534	1,613	1,916	1,164	1,025	1,143	—	1,614	—	—	(4,429)	82,694
79,923	49,585	—	9,105	9,504	7,078	915	—	—	—	2,471	—	—	—	158,581
2,014	606	—	—	—	—	—	—	—	—	—	—	—	—	2,620
836	11,331	—	—	—	—	—	—	—	—	—	—	—	(12,999)	(832)
(52)	—	—	—	—	—	—	—	—	—	—	—	—	—	(52)
23,235	459	583	444	428	356	61	79	31	—	117	—	—	—	25,793
1,228	—	102	28	32	33	44	46	104	—	50	—	—	—	1,667
163,214	80,809	2,941	11,111	11,577	9,383	2,184	1,150	1,278	—	4,252	—	—	(17,428)	270,471
146,646	95,157	57,608	19,481	7,946	1,076	5,674	3,771	5,228	3,617	1,005	1,726	8,643	(856)	356,722
2,812	293	212	3,788	68	10	256	27	143	—	134	—	1,749	—	9,492
149,458	95,450	57,820	23,269	8,014	1,086	5,930	3,798	5,371	3,617	1,139	1,726	10,392	(856)	366,214
\$ 312,672	\$ 176,259	\$ 60,761	\$ 34,380	\$ 19,591	\$ 10,469	\$ 8,114	\$ 4,948	\$ 6,649	\$ 3,617	\$ 5,391	\$ 1,726	\$ 10,392	\$ (18,284)	\$ 636,685

\* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc. and Mary Immaculate are not included in the Obligated Group.

\*\* Total of Obligated Group carried forward to next page.

**Covenant Health, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

**Liabilities and Net Assets**

**Current liabilities:**

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt

Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

**Net assets:**

Without donor restriction  
With donor restriction

Total net assets

Total liabilities and net assets

St. Mary's Health System	St. Joseph Healthcare Foundation	St. Joseph Valuation Co.	St. Joseph Hospital Corporate Services, Inc.	MI Residential Community Inc.	St. Andre Health Care Facility	St. Mary's Nursing Home, Inc.	Covenant Health Foundation	Fanny Allen Holdings	Covenant Health Insurance LTD	Providentia Prima Trust	Eliminations	System Consolidated
\$ 7,551	\$ 1,872	\$ -	\$ 15	\$ 102	\$ 348	\$ 197	\$ -	\$ -	\$ 158	\$ -	\$ (4,231)	\$ 20,206
11,393	7,838	-	182	66	500	795	-	-	9	-	(268)	56,723
(450)	3,226	-	-	-	617	2	-	-	-	-	-	10,879
5,885	6,271	-	5	(24)	11	298	-	1	6,731	-	-	28,655
193	246	-	-	207	-	86	-	-	-	-	(6,728)	-
1,008	221	-	90	-	-	-	-	-	-	-	-	2,454
3,900	1,802	-	-	114	3	406	-	-	-	-	-	14,425
29,480	21,476	-	292	465	1,479	1,784	-	1	6,898	-	(11,227)	133,342
31,922	15,395	-	-	7,043	-	1,665	-	-	-	-	-	214,606
3,288	82	-	336	-	-	-	-	-	-	-	-	6,326
2,453	-	-	-	-	-	2,424	-	-	-	-	(4,045)	-
-	-	-	-	-	-	-	-	-	-	-	-	(52)
10,455	11,853	91	11,469	83	158	328	-	20	-	-	-	60,250
2,046	1,251	-	1,478	-	49	43	-	-	24,525	-	-	31,059
79,644	50,057	91	13,575	7,591	1,686	6,244	-	21	31,423	-	(15,272)	445,531
39,076	32,763	13,296	14,720	2,466	4,070	21,259	1,079	3,880	34,407	327,463	(376,590)	474,611
10,348	8,351	-	-	6,047	22	566	26,289	-	-	-	-	61,115
49,424	41,114	13,296	14,720	8,513	4,092	21,825	27,368	3,880	34,407	327,463	(376,590)	535,726
\$ 129,068	\$ 91,171	\$ 13,387	\$ 28,295	\$ 16,104	\$ 5,778	\$ 28,069	\$ 27,368	\$ 3,901	\$ 65,830	\$ 327,463	\$ (391,862)	\$ 981,257

**Covenant Health, Inc.**  
**Consolidating Statement of Operations**  
**December 31, 2020**  
**(In thousands)**

Operating revenue:	St. Joseph Hospital of Nashua, NH, Inc.*	Covenant Health, Inc.	Mary Immaculate <sup>a</sup>	Yonville House	Yonville Place	(Marist Hill) CHS of Walham Inc.	St. Joseph Manor Health Care, Inc.	(St. Mary) CHS of Worcester, Inc.	Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	Penacook Place, Inc.	Penacook Valuation	Fanny Allen Corporation	Elimi- nations	** Total Obligated Group
Patient service revenue	\$ 193,616	\$ —	\$ 18,409	\$ 5,999	\$ 6,962	\$ 8,980	\$ 9,294	\$ 9,696	\$ 8,238	\$ —	\$ 9,402	\$ —	\$ —	\$ (179)	\$ 270,417
Other revenue	29,833	64,031	3,900	676	453	1,184	1,744	1,896	777	—	1,900	—	—	(23,384)	83,010
Net assets released from restrictions for operations	666	50	310	165	31	2	7	—	75	—	10	—	—	—	1,316
Total operating revenue	224,115	64,081	22,619	6,840	7,446	10,166	11,045	11,592	9,090	—	11,312	—	—	(23,563)	354,743
Operating expenses:															
Salaries and wages	86,976	27,297	12,619	2,593	3,369	4,848	4,709	5,284	3,867	—	5,357	—	—	—	156,919
Employee benefits	19,161	1,205	2,497	534	658	941	874	910	978	—	1,316	—	—	(179)	28,895
Supplies and other	22,660	42	1,843	—	—	1,090	1,364	1,070	815	—	1,193	—	—	—	30,077
Other expenses	71,364	25,936	4,889	1,638	1,841	2,175	2,528	2,706	2,284	—	2,823	—	—	(23,384)	94,800
Interest	2,859	2,603	—	418	506	357	40	—	—	—	95	—	—	—	6,878
Provider tax	9,814	—	96	—	—	540	513	759	468	—	626	—	—	—	12,816
Depreciation	7,172	6,998	721	722	815	394	306	190	307	14	304	77	—	—	18,020
Total operating expenses	220,006	64,081	22,665	5,905	7,189	10,345	10,334	10,919	8,719	14	11,714	77	—	(23,563)	348,405
Income (loss) from operations	4,109	—	(46)	935	257	(179)	711	673	371	(14)	(402)	(77)	—	—	6,338
Net periodic pension cost	(1,070)	—	—	—	—	—	—	—	—	—	—	—	—	—	(1,070)
Nonoperating gains (losses), net:															
Dividend and interest income	5,697	718	736	366	62	28	(7)	—	18	—	—	—	134	—	7,752
Realized gain (loss) from investments	1,468	785	907	292	74	30	30	—	6	—	—	—	175	—	3,767
Unrealized gain (loss) from investments	(95)	3,530	(770)	(703)	(60)	(22)	3	—	33	—	—	—	(160)	—	1,756
Gain (loss) on sale of assets	83	—	—	—	—	—	—	—	—	—	—	—	—	—	83
Other nonoperating income	117	4	—	—	—	—	—	7	—	—	—	—	41	(81)	88
Other nonoperating expense	(338)	—	(7)	—	—	—	—	—	—	—	—	—	(332)	—	(677)
Total nonoperating gains (losses), net	6,932	5,037	866	(45)	76	36	26	7	57	—	—	—	(142)	(81)	12,769
Excess (deficiency) of revenue over expenses	9,971	5,037	820	890	333	(143)	737	680	428	(14)	(402)	(77)	(142)	(81)	18,037
Other changes in net assets without donor restriction:															
Net assets released from restrictions — nonoperating	55	—	—	—	—	—	—	—	—	—	—	—	342	—	397
Adjustment to long-term pension obligation	137	—	—	—	—	—	—	—	—	—	—	—	—	—	137
Transfer among affiliates	(1,019)	357	—	—	—	—	—	—	—	—	662	—	200	—	200
Increase (decrease) in net assets without donor restriction	\$ 9,144	\$ 5,394	\$ 820	\$ 890	\$ 333	\$ (143)	\$ 737	\$ 680	\$ 428	\$ (14)	\$ 260	\$ (77)	\$ 400	\$ (81)	\$ 18,771

\* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc. and Mary Immaculate are not included in the Obligated Group.

\*\* Total of Obligated Group carried forward to next page.

**Covenant Health, Inc.**  
**Consolidating Statement of Operations**  
**December 31, 2020**  
**(In thousands)**

	St. Mary's Health System	St. Joseph Healthcare Foundation	St. Joseph Valuation Co.	St. Joseph Hospital Corporate Services, Inc.	MI Residential Community Inc.	h St. Andre Health Care Facility	St. Mary's Villa Nursing Home, Inc.	Covenant Health Foundation	Fanny Allen Holdings	Covenant Health Insurance LTD	Providentia Prima Trust	Eliminations	System Consolidated
Operating revenue:													
Patient service revenue	\$ 182,823	\$ 143,898	\$ —	\$ —	\$ —	\$ 9,430	\$ 12,117	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 618,685
Other revenue	29,000	14,465	—	6,330	4,485	230	1,404	—	—	11	—	(42,160)	96,775
Net assets released from restrictions for operations	1,163	97	—	—	—	6	—	693	—	—	—	—	3,275
Total operating revenue	212,986	158,460	—	6,330	4,485	9,666	13,521	693	—	11	—	(42,160)	718,735
Operating expenses:													
Salaries and wages	97,267	64,773	—	3,616	704	4,645	6,967	—	—	—	—	—	334,891
Employee benefits	18,000	13,957	—	1,406	—	935	1,547	—	—	—	—	—	64,848
Supplies and other	23,009	21,757	—	—	—	1,020	982	—	—	—	—	—	77,045
Other expenses	75,449	50,669	—	647	1,673	1,911	2,574	—	—	380	—	(42,160)	185,943
Interest	1,917	750	(33)	20	309	3	209	—	—	—	—	—	10,053
Provider tax	4,984	3,277	—	—	—	586	243	—	—	—	—	—	21,906
Depreciation	5,739	3,452	146	589	1,115	212	873	—	—	—	—	—	30,146
Total operating expenses	226,565	158,635	113	6,278	3,909	9,312	13,395	—	—	380	—	(42,160)	724,832
Income (loss) from operations	(13,579)	(175)	(113)	52	576	354	126	693	—	(369)	—	—	(6,097)
Net periodic pension cost	—	581	—	—	—	—	—	—	—	—	—	—	(489)
Nonoperating gains (losses), net:													
Dividend and interest income	195	429	—	1,042	—	11	411	—	19	966	9,131	(10,314)	9,642
Realized gain (loss) from investments	206	206	—	—	—	14	285	—	—	713	5,277	(5,277)	5,191
Unrealized gain (loss) from investments	(15)	(79)	—	91	(79)	(14)	(906)	—	23	2,397	(7,351)	3,644	(454)
Gain (loss) on sale of assets	3	—	—	—	—	—	—	—	—	—	—	—	86
Other nonoperating income	65	78	—	—	—	—	15	—	960	—	—	—	1,206
Other nonoperating expense	(279)	(351)	—	—	—	—	(402)	—	(402)	—	—	—	(1,709)
Total nonoperating gains (losses), net	175	283	—	1,133	—	11	(195)	—	600	4,076	7,057	(11,947)	13,962
Excess (deficiency) of revenue over expenses	(13,404)	689	(113)	1,185	576	365	(69)	693	600	3,707	7,057	(11,947)	7,376
Other changes in net assets without donor restriction:													
Net assets released from restrictions – nonoperating	214	323	—	—	—	—	—	—	—	—	—	—	934
Adjustment to long-term pension obligation	—	206	—	—	—	—	—	—	—	—	—	—	343
Transfer among affiliates	—	—	—	—	—	—	—	—	(200)	—	51,594	(51,594)	—
Increase (decrease) in net assets without donor restriction	\$ (13,190)	\$ 1,218	\$ (113)	\$ 1,185	\$ 576	\$ 365	\$ (69)	\$ 693	\$ 400	\$ 3,707	\$ 58,651	\$ (63,541)	\$ 8,653

**St. Joseph Hospital of Nashua, NH**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	St. Joseph Hospital Corporate Services, Inc. Eliminations	St. Joseph Hospital Obligated Group Eliminations	St. Joseph Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
<b>Assets</b>									
Current assets:									
Cash and cash equivalents	\$ 3,126	\$ 2	\$ 203	\$ 114	\$ 19	\$	\$	\$	\$ 3,464
Patient accounts receivable	27,162	-	-	-	5	-	-	-	27,167
Current portion of pledges receivable	-	-	-	-	-	-	-	-	-
Investments	-	-	-	-	-	-	-	-	-
Inventories	3,337	-	-	-	-	-	-	-	3,337
Prepaid expenses and other current assets	15,219	-	-	23	112	-	-	-	15,354
Current portion of assets whose use is limited or restricted	3,097	-	-	-	-	-	-	-	3,097
Current portion of due from affiliates	393	-	-	1	5,801	-	-	(5,803)	392
Total current assets	52,334	2	203	138	5,937	-	-	(5,803)	52,811
Assets whose use is limited or restricted:									
Funds held by trustees, less current portion	4,959	-	-	-	-	-	-	-	4,959
Deferred compensation	659	-	516	-	12,031	-	-	-	13,206
Board designated funds and other long-term investments	157,664	849	-	-	-	-	-	-	158,513
Replacement reserve	-	-	-	-	-	-	-	-	-
Donor restricted funds	2,094	718	-	-	-	-	-	-	2,812
Total assets whose use is limited or restricted	165,376	1,567	516	-	12,031	-	-	-	179,490
Other assets:									
Pledges receivable, less current portion	-	-	-	-	-	-	-	-	-
Other assets	15,610	-	-	19	26	(15,350)	(856)	(14,720)	79
Due from affiliates, less current portion	14,175	-	-	-	-	-	-	-	14,175
Investments in joint ventures	2,739	-	-	-	1,180	-	-	-	3,919
Total other assets	32,524	-	15,350	19	1,206	(15,350)	(856)	(14,720)	18,173
Property, plant and equipment									
Land and improvements	3,783	-	-	1,615	-	-	-	-	5,398
Buildings and improvements	106,666	40	-	11,823	-	-	-	-	118,529
Equipment	64,336	15	-	90	-	-	-	-	64,441
Construction in progress	7,510	-	-	-	-	-	-	-	7,510
Right of use assets	4,082	-	-	823	-	-	-	-	4,905
Less accumulated depreciation	186,377	55	-	14,351	-	-	-	-	200,783
Less accumulated depreciation – right of use assets	(124,245)	(49)	-	(5,709)	-	-	-	-	(130,003)
Total property, plant and equipment	(1,270)	-	-	(397)	-	-	-	-	(1,667)
	60,862	6	-	8,245	-	-	-	-	69,113
Total assets	\$ 311,096	\$ 1,575	\$ 16,069	\$ 8,402	\$ 19,174	\$ (15,350)	\$ (856)	\$ (20,523)	\$ 319,587



**St. Joseph Hospital of Nashua, NH**  
**Consolidating Statement of Operations**  
**December 31, 2020**  
**(In thousands)**

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Obligated Group Eliminations	St. Joseph Hospital Obligated Group	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Eliminations	St. Joseph Hospital Nonobligated Group Eliminations	St. Joseph Hospital Nonobligated Group	St. Joseph Hospital Consolidated
Operating revenue:											
Patient service revenue	\$ 193,616	\$ -	\$ (179)	\$ 193,437	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 193,437
Other revenue	29,833	-	(114)	29,719	-	1,241	5,090	-	(5,923)	408	30,127
Net assets released from restrictions for operations	666	-	-	666	-	-	-	-	-	-	666
Total operating revenue	224,115	-	(293)	223,822	-	1,241	5,090	-	(5,923)	408	224,230
Operating expenses:											
Salaries and wages	86,976	-	-	86,976	-	-	3,616	-	-	3,616	90,592
Employee benefits	19,161	-	(179)	18,982	-	-	1,406	-	-	1,406	20,388
Supplies and other	22,660	-	-	22,660	-	-	-	-	-	-	22,660
Other expenses	71,348	16	(114)	71,250	-	582	68	-	(5,923)	(5,273)	65,977
Interest	2,859	-	-	2,859	-	20	-	-	-	20	2,879
Provider tax	9,814	-	-	9,814	-	-	-	-	-	-	9,814
Depreciation	7,168	4	-	7,172	-	589	-	-	-	589	7,761
Total operating expenses	219,986	20	(293)	219,713	-	1,191	5,090	-	(5,923)	358	220,071
Income (loss) from operations	4,129	(20)	-	4,109	-	50	-	-	-	50	4,159
Net periodic pension cost	(1,070)	-	-	(1,070)	-	-	-	-	-	-	(1,070)
Nonoperating gains (losses), net:											
Dividend and interest income	5,655	41	-	5,696	-	-	1,042	-	(1,183)	(141)	5,555
Realized gain (loss) from investments	1,468	-	-	1,468	-	-	-	-	-	-	1,468
Unrealized gain (loss) from investments	(155)	60	-	(95)	9	-	82	-	-	91	(4)
Gain (loss) on sale of assets	83	-	-	83	-	-	-	-	-	-	83
Other nonoperating income	117	-	(81)	36	-	-	-	-	-	-	36
Other nonoperating expense	(337)	-	-	(337)	-	-	-	-	-	-	(337)
Total nonoperating gains (losses), net	6,831	101	(81)	6,851	9	-	1,124	-	(1,183)	(50)	6,801
Excess of revenue over expenses	9,890	81	(81)	9,890	9	50	1,124	-	(1,183)	-	9,890
Other changes in net asset without donor restriction:											
Net assets released from restrictions	55	-	-	55	-	-	-	-	-	-	55
Adjustment to defined benefit pension obligation	137	-	-	137	-	-	-	-	-	-	137
Transfer among affiliates	(1,019)	-	-	(1,019)	-	-	-	-	-	-	(1,019)
Increase (decrease) in net assets without donor restriction	\$ 9,063	\$ 81	\$ (81)	\$ 9,063	\$ 9	\$ 50	\$ 1,124	\$ -	\$ (1,183)	\$ -	\$ 9,063

Mary Immaculate Health Care Services, Inc.  
Consolidating Balance Sheet  
December 31, 2020  
(In thousands)

Assets	MI Nursing Restorative Center, Inc.	MI Transpor- tation, Inc.	MI Adult Day Health, Inc.	MI Management, Inc.	Mary Immaculate Guild Inc.	MIHCS Obligated Group	MI Residential	Mary Immaculate Consolidated
Current assets:								
Cash and cash equivalents	\$ 3,623	\$ 655	\$ 491	\$ 1,265	\$ 6	\$ 6,040	\$ 2,405	\$ 8,445
Patient accounts receivable	1,399	(16)	(6)	50	-	1,427	(29)	1,398
Current portion of pledges receivable	-	-	-	-	-	-	-	-
Investments	-	-	-	-	-	-	-	-
Inventories	44	-	-	-	-	44	-	44
Prepaid expenses and other current assets	173	-	-	-	-	173	107	280
Current portion of assets whose use is limited or restricted	212	-	-	-	-	212	-	212
Current portion of due from affiliates	541	-	-	-	-	541	-	541
Total current assets	5,992	639	485	1,315	6	8,437	2,483	10,920
Assets whose use is limited or restricted:								
Funds held by trustees, less current portion	-	-	-	-	-	-	382	382
Deferred compensation	-	-	-	-	-	-	-	-
Board designated funds and other long-term investments	31,795	4,521	3,932	5,977	-	46,225	-	46,225
Replacement reserve	-	-	-	-	-	-	5,164	5,164
Donor restricted funds	50	-	-	3	-	53	83	136
Total assets whose use is limited or restricted	31,845	4,521	3,932	5,980	-	46,278	5,629	51,907
Other assets:								
Pledges receivable	-	-	-	-	-	-	-	-
Other assets	-	-	-	-	-	-	-	-
Due from affiliates, less current portion	-	-	-	-	-	-	-	-
Investments in joint ventures	-	-	-	-	-	-	-	-
Total other assets	-	-	-	-	-	-	-	-
Property, plant and equipment:								
Land and improvements	641	-	-	-	-	641	106	747
Buildings and improvements	15,330	-	408	294	-	16,032	31,292	47,324
Equipment	1,788	564	67	230	-	2,649	1,370	4,019
Construction in progress	-	-	-	178	-	178	12	190
Right of use assets	-	-	-	-	-	-	-	-
Less accumulated depreciation	17,759	564	475	702	-	19,500	32,780	52,280
Less accumulated depreciation - right of use assets	(12,525)	(439)	(327)	(163)	-	(13,454)	(24,788)	(38,242)
Total property, plant and equipment	5,234	125	148	539	-	6,046	7,992	14,038
Total assets	\$ 43,071	\$ 5,285	\$ 4,565	\$ 7,834	\$ 6	\$ 60,761	\$ 16,104	\$ 76,865



Mary Immaculate Health Care Services, Inc.  
Consolidating Balance Sheet  
December 31, 2020  
(In thousands)

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of leases  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction  
With donor restriction  
Total net assets

Total liabilities and net assets

	MI Nursing Restorative Center, Inc.	MI Transpor- tation, Inc.	MI Adult Day Health, Inc.	MI Management, Inc.	Mary Immaculate Guild Inc.	MIHCS Obligated Group	MI Residential	Mary Immaculate Consolidated
\$	547	\$	\$	\$	\$	\$	\$	\$
1,193	9	30	15	99	—	1,331	66	1,397
34	—	—	—	—	—	34	—	34
—	18	98	218	—	—	—	(24)	(24)
—	—	—	—	—	—	334	207	541
(5)	—	—	—	—	—	(5)	114	—
1,769	27	128	332	—	—	2,256	465	2,721
—	—	—	—	—	—	—	7,043	7,043
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
580	—	—	3	—	—	583	83	666
102	—	—	—	—	—	102	—	102
2,451	27	128	335	—	—	2,941	7,591	10,532
40,408	5,258	4,437	7,499	6	6	57,608	2,466	60,074
212	—	—	—	—	—	212	6,047	6,259
40,620	5,258	4,437	7,499	6	6	57,820	8,513	66,333
\$ 43,071	\$ 5,285	\$ 4,565	\$ 7,834	\$ 6	\$ 6	\$ 60,761	\$ 16,104	\$ 76,865

**Mary Immaculate Health Care Services, Inc.**  
**Consolidating Statement of Operations**  
**December 31, 2020**  
**(In thousands)**

	MI Nursing Restorative Center, Inc.	MI Transpor- tation, Inc.	MI Adult Day Health, Inc.	MI Management, Inc.	Mary Immaculate Guild Inc.	MIHCS Obligated Group	MI Residential	Mary Immaculate Consolidated
Operating revenue:								
Patient service revenue	\$ 14,792	\$ -	\$ 1,343	\$ 2,274	\$ -	\$ 18,409	\$ -	\$ 18,409
Other revenue	2,807	238	61	794	-	3,900	4,485	8,385
Net assets released from restrictions for operations	310	-	-	-	-	310	-	310
Total operating revenue	17,909	238	1,404	3,068	-	22,619	4,485	27,104
Operating expenses:								
Salaries and wages	10,053	135	781	1,650	-	12,619	704	13,323
Employee benefits	2,038	32	162	265	-	2,497	108	2,605
Supplies and other	1,826	-	10	7	-	1,843	-	1,843
Other expenses	3,333	152	426	978	-	4,889	1,673	6,562
Interest	-	-	-	-	-	-	309	309
Provider tax	96	-	-	-	-	96	-	96
Depreciation and amortization	621	48	18	34	-	721	1,115	1,836
Total operating expenses	17,967	367	1,397	2,934	-	22,665	3,909	26,574
Income (loss) from operations	(58)	(129)	7	134	-	(46)	576	530
Net periodic pension cost	-	-	-	-	-	-	-	-
Nonoperating gains (losses), net:								
Dividend and interest income	-	-	-	-	-	-	-	-
Realized gain (loss) from investments	502	74	64	96	-	736	-	736
Unrealized gain (loss) from investments	638	82	75	112	-	907	-	907
Gain (loss) on sale of assets	(562)	(60)	(61)	(87)	-	(770)	-	(770)
Other nonoperating income	-	-	-	-	-	-	-	-
Other nonoperating expense	-	-	-	-	(7)	(7)	-	(7)
Total nonoperating gains (losses), net	578	96	78	121	(7)	866	-	866
Excess of revenue over expenses	520	(33)	85	255	(7)	820	576	1,396
Other changes in net assets without donor restriction:								
Adjustment to defined benefit pension obligation	-	-	-	-	-	-	-	-
Net assets released from restriction	-	-	-	-	-	-	-	-
Transfer among affiliates	-	-	-	-	-	-	-	-
Increase (decrease) in net assets without donor restriction	\$ 520	\$ (33)	\$ 85	\$ 255	\$ (7)	\$ 820	\$ 576	\$ 1,396

**St. Mary's Villa Nursing Home, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

	Skilled Nursing Facility	Personal Care Residence	St. Mary's Villa Nursing Home, Inc. Consolidated
<b>Assets</b>			
Current assets:			
Cash and cash equivalents	\$ 1,798	\$ 1,805	\$ 3,603
Patient accounts receivable	553	429	982
Current portion of pledges receivable	—	—	—
Investments	—	—	—
Inventories	16	—	16
Prepaid expenses and other current assets	121	—	121
Current portion of assets whose use is limited or restricted	191	375	566
Current portion of due from affiliates	5	(5)	—
Total current assets	2,684	2,604	5,288
Assets whose use is limited or restricted:			
Funds held by trustees, less current portion	—	26	26
Deferred compensation	—	—	—
Board designated funds and other long-term investments	8,695	5,016	13,711
Replacement reserve	—	—	—
Donor restricted funds	15	—	15
Total assets whose use is limited or restricted	8,710	5,042	13,752
Other assets:			
Pledges receivable, less current portion	—	—	—
Other assets	53	36	89
Due from affiliates, less current portion	—	—	—
Investments in joint ventures	—	—	—
Total other assets	53	36	89
Property, plant and equipment			
Land and improvements	80	219	299
Buildings and improvements	10,536	5,754	16,290
Equipment	3,479	980	4,459
Construction in progress	175	—	175
Right of use assets	—	—	—
Less accumulated depreciation	14,270	6,953	21,223
Less accumulated depreciation — right of use assets	(8,234)	(4,049)	(12,283)
Total property, plant and equipment	6,036	2,904	8,940
Total assets	\$ 17,483	\$ 10,586	\$ 28,069

St. Mary's Villa Nursing Home, Inc.  
Consolidating Balance Sheet  
December 31, 2020  
(In thousands)

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction  
With donor restriction  
Total net assets

Total liabilities and net assets

	Skilled Nursing Facility	Personal Care Residence	St. Mary's Villa Nursing Home, Inc. Consolidated
\$	171	\$ 26	\$ 197
	655	140	795
	4	(2)	2
	—	298	298
	86	—	86
	—	—	—
	285	121	406
	1,201	583	1,784
	549	1,116	1,665
	—	—	—
	2,424	—	2,424
	—	—	—
	328	—	328
	35	8	43
	4,537	1,707	6,244
	12,755	8,504	21,259
	191	375	566
	12,946	8,879	21,825
\$	17,483	\$ 10,586	\$ 28,069

**St. Mary's Villa Nursing Home, Inc.**  
**Consolidating Statement of Operations**  
**December 31, 2020**  
**(In thousands)**

	Skilled Nursing Facility	Personal Care Residence	St. Mary's Villa Nursing Home, Inc. Consolidated
Operating revenue:			
Patient service revenue	\$ 9,452	\$ 2,665	\$ 12,117
Other revenue	1,307	97	1,404
Net assets released from restrictions for operations	—	—	—
Total operating revenue	10,759	2,762	13,521
Operating expenses:			
Salaries and wages	5,541	1,426	6,967
Employee benefits	1,229	318	1,547
Supplies and other	941	41	982
Other expenses	2,030	544	2,574
Interest	162	47	209
Provider tax	243	—	243
Depreciation	660	213	873
Total operating expenses	10,806	2,589	13,395
Income (loss) from operations	(47)	173	126
Nonoperating gains (losses), net			
Dividend and interest income	324	87	411
Realized gain (loss) from investments	182	103	285
Unrealized gain (loss) from investments	(641)	(265)	(906)
Gain (loss) on sale of assets	—	—	—
Other nonoperating income	15	—	15
Other nonoperating expense	—	—	—
Total nonoperating gains (losses), net	(120)	(75)	(195)
Excess of revenue over expenses	(167)	98	(69)
Other changes in net assets without donor restriction:			
Net assets released from restrictions	—	—	—
Adjustment to defined benefit pension obligation	—	—	—
Transfer among affiliates	—	—	—
Increase (decrease) in net assets without donor restriction	\$ (167)	\$ 98	\$ (69)

**St. Joseph Healthcare Foundation**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

	St. Joseph Hospital (Bangor)	St. Joseph Healthcare Foundation	M&J Company	St. Joseph Ambulatory Care, Inc.	Alternative Health Services	Strauss Corporation	Nonobligated Eliminations	St. Joseph Healthcare Foundation Consolidated
<b>Assets</b>								
Current assets:								
Cash and cash equivalents	\$ 6,814	\$ 1,279	\$ 1,734	\$ 13	\$ 44	\$ -	\$ -	\$ 9,884
Patient accounts receivable	15,067	-	-	514	605	-	-	16,186
Current portion of pledges receivable	-	415	-	-	-	-	-	415
Investments	5,134	-	-	833	-	-	-	5,967
Inventories	3,389	-	2	153	-	-	-	3,544
Prepaid expenses and other current assets	6,032	-	68	-	-	-	-	6,100
Current portion of assets whose use is limited or restricted	898	-	-	-	-	-	-	898
Current portion of due from affiliates	2,279	-	-	53	-	-	(2,382)	(50)
Total current assets	39,613	1,694	1,804	1,566	649	-	(2,382)	42,944
Assets whose use is limited or restricted:								
Funds held by trustees, less current portion	-	-	-	-	-	-	-	-
Deferred compensation	-	-	-	-	-	-	-	-
Board designated funds and other long-term investments	10,007	113	-	-	-	-	-	10,120
Replacement reserve	-	-	-	-	-	-	-	-
Donor restricted funds	2,777	5,056	-	-	-	-	-	7,833
Total assets whose use is limited or restricted	12,784	5,169	-	-	-	-	-	17,953
Other assets:								
Pledges receivable, less current portion	-	234	-	-	-	-	-	234
Other assets	-	-	-	-	-	-	-	-
Due from affiliates, less current portion	123	-	-	-	-	-	-	123
Investments in joint ventures	301	53	-	-	-	-	1	355
Total other assets	424	287	-	-	-	-	1	712
Property, plant and equipment:								
Land and improvements	2,170	80	2,948	-	-	-	-	5,198
Buildings and improvements	49,108	-	7,953	-	-	-	-	57,061
Equipment	40,407	-	431	781	137	-	-	41,756
Construction in progress	1,164	-	139	-	-	-	-	1,303
Right of use assets	345	-	-	-	-	-	-	345
Less accumulated depreciation	93,194	80	11,471	781	137	-	-	105,663
Less accumulated depreciation – right of use assets	(67,716)	-	(7,469)	(737)	(137)	-	-	(76,059)
Total property, plant and equipment	25,436	80	4,002	44	-	-	-	29,562
Total assets	\$ 78,257	\$ 7,230	\$ 5,806	\$ 1,610	\$ 649	\$ -	\$ (2,381)	\$ 91,171

**St. Joseph Healthcare Foundation**  
**Consolidating Balance Sheet**  
**December 31, 2020**  
**(In thousands)**

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction

With donor restriction

Total net assets

Total liabilities and net assets

	St. Joseph Hospital (Bangor)	St. Joseph Healthcare Foundation	M&J Company	St. Joseph Ambulatory Care, Inc.	Alternative Health Services	Strauss Corporation	Nonobligated Eliminations	St. Joseph Healthcare Foundation Consolidated
	\$ 1,674	\$ 64	\$ 1	\$ 109	\$ 24	\$ -	\$ -	\$ 1,872
	7,430	152	-	57	198	1	-	7,838
	3,226	-	-	-	-	-	-	3,226
	5,860	-	-	-	411	-	-	6,271
	55	467	-	1,944	162	-	(2,382)	246
	221	-	-	-	-	-	-	221
	1,780	-	22	-	-	-	-	1,802
	20,246	683	23	2,110	795	1	(2,382)	21,476
	15,184	-	211	-	-	-	-	15,395
	82	-	-	-	-	-	-	82
	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
	11,214	-	-	22	617	-	-	11,853
	1,251	-	-	-	-	-	-	1,251
	47,977	683	234	2,132	1,412	1	(2,382)	50,057
	27,380	1,096	5,572	(522)	(763)	(1)	1	32,763
	2,900	5,451	-	-	-	-	-	8,351
	30,280	6,547	5,572	(522)	(763)	(1)	1	41,114
	\$ 78,257	\$ 7,230	\$ 5,806	\$ 1,610	\$ 649	\$ -	\$ (2,381)	\$ 91,171

**St. Joseph Healthcare Foundation**  
**Consolidating Statement of Operations**  
**December 31, 2020**  
**(In thousands)**

	St. Joseph Hospital (Bangor)	St. Joseph Healthcare Foundation	M&J Company	St. Joseph Ambulatory Care, Inc.	Alternative Health Services	Strauss Corporation	Nonobligated Eliminations	St. Joseph Healthcare Foundation Consolidated
Operating revenue:								
Patient service revenue	\$ 137,332	\$ -	\$ -	\$ 2,291	\$ 4,275	\$ -	\$ -	\$ 143,898
Other revenue	13,455	-	1,020	1,854	66	-	(1,930)	14,465
Net assets released from restrictions for operations	83	-	-	-	14	-	-	97
Total operating revenue	150,870	-	1,020	4,145	4,355	-	(1,930)	158,460
Operating expenses:								
Salaries and wages	61,171	-	-	1,627	1,975	-	-	64,773
Employee benefits	13,142	-	-	332	483	-	-	13,957
Supplies and other	19,541	-	-	2,111	105	-	-	21,757
Other expenses	50,411	1	267	252	1,668	-	(1,930)	50,669
Interest	741	-	9	-	-	-	-	750
Provider tax	3,277	-	-	-	-	-	-	3,277
Depreciation	3,092	-	339	21	-	-	-	3,452
Total operating expenses	151,375	1	615	4,343	4,231	-	(1,930)	158,635
Income (loss) from operations	(505)	(1)	405	(198)	124	-	-	(175)
Net periodic pension cost	465	116	-	-	-	-	-	581
Nonoperating gains (losses), net:								
Dividend and interest income	310	101	-	18	-	-	-	429
Realized gain (loss) from investments	206	-	-	-	-	-	-	206
Unrealized gain (loss) from investments	(163)	62	-	22	-	-	-	(79)
Gain (loss) on sale of assets	-	-	-	-	-	-	-	-
Other nonoperating income	64	14	-	-	-	-	-	78
Other nonoperating expense	(348)	(3)	-	-	-	-	-	(351)
Total nonoperating gains (losses), net	69	174	-	40	-	-	-	283
Excess of revenue over expenses	29	289	405	(158)	124	-	-	689
Other changes in net assets without donor restriction:								
Net assets released from restrictions	323	-	-	-	-	-	-	323
Adjustment to defined benefit pension obligation	163	43	-	-	-	-	-	206
Transfer among affiliates	-	-	-	-	-	-	-	-
Increase (decrease) in net assets without donor restriction	\$ 515	\$ 332	\$ 405	\$ (158)	\$ 124	\$ -	\$ -	\$ 1,218



**St. Mary's Health System  
Consolidating Balance Sheet  
December 31, 2020  
(In thousands)**

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	Community Clinical Services, Inc.	St. Mary's d'Youville Pavilion	Elimi- nations	St. Mary's Health System Consolidated
<b>Assets</b>							
Current assets:							
Cash and cash equivalents	\$ 10,244	\$ 4	\$ 1,176	\$ 1,449	\$ -	\$ -	\$ 12,873
Patient accounts receivable	22,542	-	-	709	-	-	23,251
Current portion of pledges receivable	853	-	-	-	-	-	853
Investments	-	-	156	-	-	-	156
Inventories	2,166	-	-	19	-	-	2,185
Prepaid expenses and other current assets	1,289	129	29	98	-	-	1,545
Current portion of assets whose use is limited or restricted	893	-	-	-	-	-	893
Current portion of due from affiliates	19,785	485	34	1,437	-	(21,464)	277
Total current assets	57,772	618	1,395	3,712	-	(21,464)	42,033
Assets whose use is limited or restricted:							
Funds held by trustees, less current portion	-	1,639	-	-	-	-	1,639
Deferred compensation	-	-	-	-	-	-	-
Board designated funds and other long-term investments	4,616	728	9	44	-	-	5,397
Replacement reserve	-	-	566	-	-	-	566
Donor restricted funds	8,354	1,718	11	250	-	(1,268)	9,065
Total assets whose use is limited or restricted	12,970	4,085	586	294	-	(1,268)	16,667
Other assets:							
Pledges receivable	381	-	-	-	-	-	381
Other assets	(20)	114	115	-	-	-	209
Due from affiliates, less current portion	-	-	-	-	-	-	-
Investments in joint ventures	2,466	555	-	-	-	-	3,021
Total other assets	2,827	669	115	-	-	-	3,611
Property, plant and equipment:							
Land and improvements	3,603	2,147	144	-	-	-	5,894
Buildings and improvements	90,232	7,719	6,867	62	-	-	104,880
Equipment	59,620	849	543	733	-	-	61,745
Construction in progress	7,522	-	-	-	-	-	7,522
Right of use assets	4,309	-	-	-	-	-	4,309
Less accumulated depreciation	165,286	10,715	7,554	795	-	-	184,350
Less accumulated depreciation - right of use assets	(104,698)	(5,486)	(6,691)	(705)	-	-	(117,580)
Total property, plant and equipment	(13)	-	-	-	-	-	(13)
Total assets	60,575	5,229	863	90	-	-	66,757
	\$ 134,144	\$ 10,601	\$ 2,959	\$ 4,096	\$ -	\$ (22,732)	\$ 129,068

**St. Mary's Health System  
Consolidating Balance Sheet  
December 31, 2020  
(In thousands)**

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of leases  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction  
With donor restriction  
Total net assets

Total liabilities and net assets

St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	Community Clinical Services, Inc.	St. Mary's d'Youville Pavilion	Elimi- nations	St. Mary's Health System Consolidated
\$ 7,489	\$ 33	\$ 16	\$ 13	\$ -	\$ -	\$ 7,551
10,437	348	9	599	-	-	11,393
(498)	-	-	48	-	-	(450)
5,581	2	49	253	-	-	5,885
433	21,173	1	54	-	(21,468)	193
1,008	-	-	-	-	-	1,008
2,126	-	103	1,671	-	-	3,900
26,576	21,556	178	2,638	-	(21,468)	29,480
30,068	(37)	1,891	-	-	-	31,922
3,288	-	-	-	-	-	3,288
2,428	1,289	-	-	-	(1,264)	2,453
-	-	-	-	-	-	-
9,880	287	14	274	-	-	10,455
-	2,046	-	-	-	-	2,046
72,240	25,141	2,083	2,912	-	(22,732)	79,644
52,491	(15,214)	865	934	-	-	39,076
9,413	674	11	250	-	-	10,348
61,904	(14,540)	876	1,184	-	-	49,424
\$ 134,144	\$ 10,601	\$ 2,959	\$ 4,096	\$ -	\$ (22,732)	\$ 129,068

**St. Mary's Health System  
Consolidating Statement of Operations  
December 31, 2020  
(In thousands)**

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	Community Clinical Services, Inc.	St. Mary's d'Youville Pavilion	Elimi- nations	St. Mary's Health System Consolidated
Operating revenue:							
Patient service revenue	\$ 173,527	\$ —	\$ —	\$ 9,296	\$ —	\$ —	\$ 182,823
Other revenue	29,569	3,478	1,879	2,025	—	(7,951)	29,000
Net assets released from restrictions for operations	860	100	89	114	—	—	1,163
Total operating revenue	203,956	3,578	1,968	11,435	—	(7,951)	212,986
Operating expenses:							
Salaries and wages	90,043	916	—	6,308	—	—	97,267
Employee benefits	17,655	1,215	—	1,475	—	—	18,000
Supplies and other	23,344	69	—	168	—	(2,345)	23,209
Other expenses	73,351	1,083	1,172	5,077	—	(5,234)	75,449
Interest	1,753	9	155	—	—	—	1,917
Provider tax	4,984	—	—	—	—	—	4,984
Depreciation and amortization	5,193	380	140	26	—	—	5,739
Total operating expenses	216,323	3,672	1,467	13,054	—	(7,951)	226,565
	(12,367)	(94)	501	(1,619)	—	—	(13,579)
Income (loss) from operations	—	—	—	—	—	—	—
Net periodic pension cost	—	—	—	—	—	—	—
Nonoperating gains (losses), net:							
Dividend and interest income	159	32	3	1	—	—	195
Realized gain (loss) from investments	206	—	—	—	—	—	206
Unrealized gain (loss) from investments	(34)	18	—	1	—	—	(15)
Gain (loss) on sale of assets	2	1	—	—	—	—	3
Other nonoperating income	41	24	—	—	—	—	65
Other nonoperating expense	(273)	(6)	—	—	—	—	(279)
Total nonoperating gains (losses), net	101	69	3	2	—	—	175
Excess of revenue over expenses	(12,266)	(25)	504	(1,617)	—	—	(13,404)
Other changes in net assets without donor restriction:							
Adjustment to defined benefit pension obligation	—	—	—	—	—	—	—
Net assets released from restriction	214	—	—	—	—	—	214
Transfer among affiliates	(3,000)	3,000	—	—	—	—	—
Increase (decrease) in net assets without donor restriction	\$ (15,052)	\$ 2,975	\$ 504	\$ (1,617)	\$ —	\$ —	\$ (13,190)

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**St. Joseph Hospital**

**Employer identification number**  
**02-022215**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Southern New Hampshire Medical Center - P.O. Box 2014 - Nashua, NH 03061-2014	02-0483054	501(c)(3)	25,096.	0.			Prescription Assistance
Roman Catholic Bishop of Manchester - 153 Ash Street - Manchester, NH 03104	02-6004670	501(c)(3)	16,000.	0.			General support and funding for the Bishop Assistance program
United Way of Greater Nashua 20 Broad Street, Suite 1 Nashua, NH 03064	02-6015642	501(c)(3)	11,250.	0.			General operating support
Marguerite's Place, Inc. 87 Palm Street Nashua, NH 03060-3828	02-0466392	501(c)(3)	5,000.	0.			Continued Support of Mother and Children in need
City of Nashua 229 Main Street Nashua, NH 03060	02-0170100	GOV	5,000.	0.			General operating support
St. Joseph Community Service Inc. P.O. Box 910 Merrimack, NH 03054	02-0335003	501(c)(3)	5,000.	0.			General operating support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **6.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) 2020**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Employee Emergency Assistance and Financial Support Funds	55	30,422.	0.		

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

**Part I, Line 2:**

All accounting is managed through Covenant Health's Accounts Payable (St. Joseph Hospital's (SJH) parent corporation) and SJH's Finance Department. Specific procedures and management protocols have been established for tracking grant awards. St. Joseph's has a Foundation which houses a Grants Associate that is overseen by Covenant Health's Director of Grants Administration. The Director's background over the last 30 years in the nonprofit sector has focused, in part, on financial management and grants contracts, reporting, and oversight. The Grants Associate is responsible

**Part IV** Supplemental Information

for building and maintaining the Foundations grants research, writing, and reporting program. St. Joseph's grants management systems are also monitored by St. Joseph's Executive Director of Philanthropy to ensure redundant mechanisms of oversight. St. Joseph's Finance Department monitors and maintains a list of all contracts through a contract database. The database provides designated individuals with access to the actual contract. Finance and the Foundation review all contracts to ensure that any payments or financial reporting requirements are met.

All grant expenditures are assigned to specific grants and require authorization from the departmental director requesting the expense, the Grants Associate or the Director of Grants Administration, and the Executive Director of Philanthropy.

Additionally, during 2020, the Organization created an Employee Emergency Assistance Program to solicit donor contributions and to provide financial assistance to employees who meet qualifications as needy or who are experiencing financial hardship. Generally, to be considered needy or experiencing financial hardship, an employee's prior year and projected current year household income must be below 200% of the federal poverty guideline and the employee must be experiencing housing instability, including imminent risk of homelessness.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**St. Joseph Hospital**

Employer identification number

**02-022215**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**1b**

Yes	No

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**2**

**X**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☐ Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**4a**

**X**

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**4b**

**X**

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

**4c**

**X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**5a**

**X**

**b** Any related organization? .....

**5b**

**X**

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**6a**

**X**

**b** Any related organization? .....

**6b**

**X**

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**7**

**X**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**8**

**X**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

**9**

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Albert Tom	(i)	1,059,869.	0.	1,402.	0.	45,070.	1,106,341.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Prasanna Gulur	(i)	730,582.	0.	1,402.	5,350.	43,713.	781,047.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Michael Remar	(i)	565,053.	0.	4,702.	5,403.	45,635.	620,793.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Yong Hwa Lee	(i)	556,831.	0.	3,594.	5,498.	15,981.	581,904.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) John A. Jurczyk	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & President	(ii)	453,981.	18,000.	5,024.	5,700.	27,000.	509,705.	0.
(6) Peter Gould	(i)	445,296.	0.	2,912.	5,215.	43,590.	497,013.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Deepak Vatti	(i)	341,374.	0.	19,768.	5,552.	31,528.	398,222.	0.
Medical Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Alison Madden	(i)	350,715.	4,375.	1,476.	5,523.	26,724.	388,813.	0.
VP Medical Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Richard Plamondon	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer / VP Finance	(ii)	342,675.	7,500.	3,535.	5,192.	25,515.	384,417.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

Part I, Line 3:

All compensation paid to the Hospital's SVP and President is established, reviewed, and approved by Covenant Health, the Hospital's sole corporate member. Covenant Health utilizes a compensation committee, independent compensation consultants, and compensation surveys and studies of similarly experienced executives employed by comparable organizations to determine a reasonable and appropriate compensation package for the Hospital's SVP and President. The compensation plan is subject to the approval of the Compensation Committee of Covenant Health's Board of Directors.

Part I, Line 7:

"Cash in" of earned time.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public**  
**Inspection**

Name of the organization

**St. Joseph Hospital**

**Employer identification number**  
**02-022215**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NH Health & Education Facilities Authority	02-0279866	644614UG2	10/30/07	53,869,522.	Renovations & Equipment		X		X	X	
<b>B</b> NH Health & Education Facilities Authority	04-2456011	575840QA4	06/27/12	27,000,000.	Renovations & Improvements	X			X		X
<b>C</b> NH Health & Education Facilities Authority	04-2456011	None	07/17/14	16,900,000.	Refunding Issue		X		X		X
<b>D</b> NH Health & Education Facilities Authority	04-2456011	None	03/21/17	7,960,000.	Renovations & Equipment		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired								
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	53,869,522.		27,000,000.		16,900,000.		7,960,000.	
<b>4</b> Gross proceeds in reserve funds	4,911,229.							
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	681,812.		572,615.		260,000.		159,200.	
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds			21,991,329.					
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2008				2014			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X			X
<b>16</b> Has the final allocation of proceeds been made?	X			X	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

**Schedule K (Form 990) 2020**

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		.00 %		.00 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test? .....	X		X		X		X	
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....	X		X			X		X
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....					X		X	
<b>b</b> Exception to rebate? .....						X		X
<b>c</b> No rebate due? .....						X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X		X		X

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X		X		X		X

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule K, Part III, Line 9; Part IV, Line 7, &amp; Part V:

All bonds are carefully and consistently monitored for potential violations of Federal tax requirements. However, the monitoring procedures were not written as of the end of the year covered by this tax return. The Organization is considering adopting formal policies that would set forth the Organization's methodology for ensuring post-issuance compliance with IRS requirements pertaining to tax-exempt debt. Such policies would also contain specific language regarding organizational responsibility, record retention, private business use, arbitrage rebate, and remedial actions as applicable to the Organization's tax-exempt debts.

Although formal policies are not in place in regards to the remediation of the Organization's bonds, the Organization does maintain compliance checks to ensure that the monitoring requirements of Section 148 are maintained, and that procedures are in place to ensure that any violations are identified and corrected in a timely manner.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**St. Joseph Hospital**

Employer identification number

**02-022215**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	1	500.	Gift Date FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <b>Med. Supplies</b> )	X	1	53,404.	Gift Date FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

**b** If "Yes," describe in Part II.

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

	Yes	No
<b>30a</b>		X
<b>31</b>	X	
<b>32a</b>	X	
<b>33</b>		

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

**Schedule M (Form 990) 2020**

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

Schedule M, Line 32b:

St. Joseph Hospital of Nashua operates in conformity with the Covenant Health Charitable Gift Acceptance Policy. Additionally, it is with the assistance and faciliation by the Covenant Health System that the Hospital is able to solicit, process, utilize, or dispose of non-cash gifts.

The Policy outlines the following processes and procedures for non-cash contributions:

- Real Property: An interest in real property may be accepted only with approval of the Covenant Health Foundation President, after review by legal counsel and the Chief Financial Officer of Covenant Health Gifts.

- In-Kind Gifts and Gifts of Tangible Personal Property: Covenant Health and its members may accept in-kind gifts of goods or services, or gifts of tangible personal property, including but not limited to medical equipment, works of art, furniture, boats, motor vehicles, computer hardware, and jewelry, only after a thorough review indicates that the goods, services or property are: (i) readily marketable, or (ii) needed by Covenant Health and its members for use in a manner which is related to one of the charitable purposes of the system.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

St. Joseph Hospital

Employer identification number  
02-0222215

Form 990, Part VI, Section A, line 6:

Covenant Health, Inc. is the sole member of St. Joseph Hospital.

Form 990, Part VI, Section A, line 7a:

As the sole member of St. Joseph Hospital, Covenant Health, Inc. retains the ability to elect and remove the Organization's board of directors with or without cause.

Form 990, Part VI, Section A, line 7b:

As the sole corporate member of the Organization, Covenant Health, Inc. has the following powers and rights over the Organization and its subsidiaries as outlined in the Organization's bylaws:

1. To approve any change in the written statements of philosophy and mission;
2. To amend and to repeal the organizing and governing documents;
3. To elect the Board of Directors or remove them with or without cause;
4. To appoint and remove the president;
5. To approve all plans of merger, consolidation, reorganization, dissolution, or the sale, lease assignment, or transfer of substantially all of the assets, or the purchase or acquisition of an interest in any corporation, partnership, joint venture, or other entity;
6. To approve the acquisition, sale, or encumbrance of any real estate valued in excess of an amount set by the Member in writing;
7. To approve the sale, assignment, or transfer of any equity interest or membership interest in any subsidiary;

Name of the organization

St. Joseph Hospital

Employer identification number

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8. To approve any reclassification or other change of any capital stock or other equity security; and,

9. To approve the issuance of, or the creation of any obligation to issue, any equity security.

Form 990, Part VI, Section B, line 11b:

The Forms 990 are prepared by an independent tax accountant, and are then reviewed by the St. Joseph Hospital Finance Committee and board of directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

Each year, St. Joseph Hospital conducts a survey of the board members and key management members to determine whether there are conflicts of interest (be they actual or potential). Board members and key employees have a continuing obligation to report any proposed transactions which may be perceived as a conflict of interest.

Form 990, Part VI, Section B, Line 15:

The compensation of officers and key employees is subject to the oversight and decisions of Covenant Health, a related entity and the sole member of the Center. Every two-to-three years the Compensation Committee of the Covenant Health board of directors engages an external consultant to provide competitive market data from various survey sources, which is used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all



Name of the organization

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executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

Form 990, Part VI, Section C, Line 19:

The Hospital will make its corporate and governing documents and its financial available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Purchased/contract services:

Program service expenses	9,329,272.
Management and general expenses	8,784,567.
Fundraising expenses	0.
Total expenses	18,113,839.

Physician contract services:

Program service expenses	5,648,162.
Management and general expenses	5,318,385.
Fundraising expenses	0.
Total expenses	10,966,547.

Transcription services:

Program service expenses	18,816.
Management and general expenses	17,718.
Fundraising expenses	0.
Total expenses	36,534.

Total Other Fees on Form 990, Part IX, line 11g, Col A	29,116,920.
--	-------------

Form 990, Part XI, line 9, Changes in Net Assets:

Name of the organization

St. Joseph Hospital

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Net assets released from restrictions	276,021.
Net long term pension adjustment	-932,798.
Transfers to affiliates	-1,018,869.
Total to Form 990, Part XI, Line 9	-1,675,646.

Form 990, Part XII, Line 2c:

The audit process has not changed from the previous year.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**St. Joseph Hospital**

Employer identification number

**02-0222215**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SJH Surgicenter, LLC - 20-4181845 172 Kinsley Street Nashua, NH 03061-2013	Inactive Outpatient Surgery	New Hampshire	0.	0.	St. Joseph Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Youville Lifecare Inc. - 04-2103582 1575 Cambridge Street Cambridge, MA 02138	Hospital and health care facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Joseph Manor Health Care - 04-2565937 215 Thatcher Street Brockton, MA 02302	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Mary's Health system - 22-2504349 P.O. Box 7291 Lewiston, ME 04243	Hospital and health care facility	Maine	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Youville Place - 04-3297834 10 Pelham Road Lexington, MA 02421	Assisted living services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X

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

Schedule R (Form 990) 2020

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Mary's Villa Nursing Home, Inc. - 23-2057177, 675 St. Mary's Villa Road, Moscow, PA 18444	Nursing home and restorative facility	Pennsylvania	501(c)(3)	Line 10	Covenant Health, Inc.		X
CHS of Waltham, Inc. d/b/a Maristhill Nursing & Rehab Center - 04-3333609, 66 Newton Street, Waltham, MA 02453	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
CHS of Worcester, Inc. d/b/a St. Mary Care Center - 04-3419625, 39 Queen Street, Worcester, MA 01610	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Fanny Allen Holdings, Inc. - 03-0181052 790 College Parkway Colchester, VT 05446	Real estate holding company	Vermont	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
St. Andre Health Care - 01-0342399 407 Pool Street Biddeford, ME 04005	Nursing home and restorative facility	Maine	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Nursing Restorative Center, Inc. - 04-2104851, 172 Lawrence Street, Lawrence, MA 01841	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Helping Hands of St. Marguerite, Inc. - 80-0199674, 799 Concord Avenue, Cambridge, MA 02138	Private home-care health services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Covenant Health Investment Trust - 04-6835128, 420 Bedford Street, Lexington, MA 02420	Investment trust	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Fanny Allen Corporation, Inc. - 22-2495808 790 College Parkway Colchester, VT 05446	Charitable foundation	Vermont	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Youville House, Inc. - 04-3239593 1573 Cambridge Street Cambridge, MA 02138	Assisted living services	Massachusetts	501(c)(3)	Line 10	Youville Lifecare, Inc.		X
Youville Hospital and Rehabilitation Center, Inc. - 04-3239563, 1575 Cambridge Street, Cambridge, MA 02138	Hospital and health care facility	Massachusetts	501(c)(3)	Line 10	Youville Lifecare, Inc.		X
St. Mary's Regional Medical Center - 01-0211551, P.O. Box 7291, Lewiston, ME 04243	Hospital and health care facility	Maine	501(c)(3)	Line 3	St. Mary's Health System		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Community Clinical Services - 01-0409788 P.O. Box 7291 Lewiston, ME 04243	Physician practice	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
St. Mary's D'Youville Pavilion - 01-0211558 P.O. Box 7291 Lewiston, ME 04243							X
St. Mary's Residences - 22-2504356 P.O. Box 7291 Lewiston, ME 04243							X
Neighborhood Housing Initiative - 01-0539730 P.O. Box 7291 Lewiston, ME 04243	Affordable housing services	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
Souhegan Nursing Association - 02-0222795 24 North River Road Milford, NH 03055						X	
The Surgicenter at St. Joseph Hospital, Inc. - 02-0222215, 172 Kinsley Street, Nashua, NH 03061						X	
MI Management, Inc. - 04-2857794 172 Lawrence Street Lawrence, MA 01841	Assisted living services	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
MI Adult Day Health Care Center, Inc. - 04-2921888, 189 Maple Street, Lawrence, MA 01841							X
MI Residential Community, Inc. - 04-2647207 189 Maple Street Lawrence, MA 01841							X
MI Residential Community II, Inc. - 04-2679954, 189 Maple Street, Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Residential Community III, Inc. - 04-2186043, 189 Maple Street, Lawrence, MA 01841							X
MI Transportation, Inc. - 04-2921889 189 Maple Street Lawrence, MA 01841							X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Mary Immaculate Guild, Inc. - 46-3073987 172 Lawrence Street Lawrence, MA 01841	Supporting grants and donations	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
St. Joseph Healthcare Foundation - 22-2480149, 360 Broadway, Bangor, ME 04402	Healthcare foundation	Maine	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Joseph Hospital - 01-0212435 360 Broadway Bangor, ME 04402	Hospital and health care facility	Maine	501(c)(3)	Line 3	St. Joseph Healthcare Foundation		X
M & J Company - 22-2480150 360 Broadway Bangor, ME 04402	Lease holding company	Maine	501(c)(2)		St. Joseph Healthcare Foundation		X
St Joseph Ambulatory Care, Inc. - 22-2480373 360 Broadway Bangor, ME 04402	Physician practice	Maine	501(c)(3)	Line 10	St. Joseph Healthcare Foundation		X
Alternative Health Services - 01-0422885 360 Broadway Bangor, ME 04402	Home health and hospice	Maine	501(c)(3)	Line 10	St. Joseph Healthcare Foundation		X
Mount St. Rita Health Centre - 05-0342330 15 Sumner Brown Road Cumberland, RI 02864	Nursing home	Rhode Island	501(c)(3)	Line 10	Covenant Health, Inc.		X
Penacook Place, Inc. - 23-7090088 150 Water Street Haverhill, MA 01830	Nursing home	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Covenant Health, Inc. - 22-2484505 100 Ames Pond Drive Tewksbury, MA 01876	Health care management and resource organization	Massachusetts	501(c)(3)	Line 10	N/A		X
Covenant Health Foundation, Inc. - 80-0199674, 100 Ames Pond Drive, Tewksbury, MA 01876	Charitable foundation	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
St. Joseph Hospital Corporate Services - 02-0405197, 172 Kinsley Street, Nashua, NH 03061-2013	Holding company	NH	St. Joseph Hospital of Nashua	C CORP	3,732,467.	28,333,356.	100.00%	X	
First Choice PHO - 02-0461536 172 Kinsley Street Nashua, NH 03060									
Covenant Health Insurance LTD - 04-3360127 P.O. Box 69 Grand Cayman, CAYMAN ISLANDS KY1-1102	Self-insurance company	Cayman Islands	N/A	C CORP	N/A	N/A	N/A		X
Campus Holding - 01-0406049 P.O. Box 7291 Lewiston, ME 04240	Holding company	ME	N/A	C CORP	N/A	N/A	N/A		X
Strauss Incorporated - 01-0391369 360 Broadway Bangor, ME 04402									
	Repairs and transcriptions	ME	N/A	C CORP	N/A	N/A	N/A		X

**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

[illegible]



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Joseph Corporate Services	K	1,263,982.	Cash
(2) St. Joseph Corporate Services	O	3,825.	Cash
(3) St. Joseph Corporate Services	P	3,585,000.	Cash
(4) St. Joseph Corporate Services	R	90,000.	Cash
(5) Souhegan Nursing Association	R	15,000.	Cash
(6)			

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

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

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**Part IV, Identification of Related Organizations Taxable as Corp or Trust:**

Name of Related Organization:

GNM Corporation

Direct Controlling Entity: St. Joseph Hospital Corporate Services

Name of Related Organization:

SJ Physicians Services

Direct Controlling Entity: St. Joseph Hospital Corporate Services

## CARRYOVER DATA TO 2021

Name	Employer Identification Number
St. Joseph Hospital	02-022215

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

Federal Post-2017 Net Operating Loss - Environmental and was	3,059.
Federal Post-2017 Net Operating Loss - Telecommunications	183,371.
Federal Pre-2018 Net Operating Loss	148,832.
Federal Contribution - 50% Cash	67,346.

[illegible]

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**St. Joseph Hospital****02-0222215**

Name and title of officer or person subject to tax

**John Jurczyk**  
**SVP and President****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> <b>0.</b>
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **BAKER NEWMAN & NOYES, LLC** to enter my PIN **65432**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**01102411953**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Nicholas E. Porto**Date ▶ **10/28/21**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

## 2020

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		<b>D</b> Employer identification number	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		<b>Print or Type</b> <b>St. Joseph Hospital</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>172 Kinsley Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Nashua, NH 03061-2013</b>		<b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.	
		<b>C</b> Book value of all assets at end of year ..... <b>311,096,199.</b>			
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity					
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439					
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/>					
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>2</b>					
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶ <b>Covenant Health, Inc. 22-2484505</b>					
<b>L</b> The books are in care of ▶ <b>Richard Plamondon, VP Finance</b> Telephone number ▶ <b>(603) 882-3000</b>					

### Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	1,276.
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	1,276.
4	Charitable contributions (see instructions for limitation rules) .....	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	1,276.
6	Deduction for net operating loss. See instructions ..... <b>Statement 1</b>	6	1,276.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9	Trusts. Section 199A deduction. See instructions .....	9	
10	Total deductions. Add lines 8 and 9 .....	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

### Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3	Proxy tax. See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax (trusts only) .....	5	
6	Tax on noncompliant facility income. See instructions .....	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	SVP and President	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Nicholas E. Porto		10/28/21		P01310283
	Firm's name <b>BAKER NEWMAN &amp; NOYES, LLC</b>		Firm's EIN <b>01-0494526</b>		
	Firm's address <b>650 ELM STREET, SUITE 302 MANCHESTER, NH 03101</b>		Phone no. <b>(800) 244-7444</b>		

Form 990-T (2020)

Form 990-T	Pre 2018 NOL Schedule	Statement	1
<hr/>			
Pre-2018 NOL carry forward from prior year		150,108.	
Pre-2018 NOL deduction included in Part I, Line 6		1,276.	
Schedule A Portion of Pre-2018 NOL			
<u>Schedule A entity</u>	<u>Schedule A Share</u>		
1	0.		
2	0.		
Total Schedule A share of Pre-2018 NOL		0.	
Net Operating Deduction		1,276.	
Balance after Pre-2018 NOL Deduction		0.	
Expiring Net Operating Losses		0.	
Carry forward of Net Operating Loss		148,832.	

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	2
<hr/>			
<u>Corporation's Name</u>		<u>Identifying No</u>	
Covenant Health, Inc.		22-2484505	



**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>St. Joseph Hospital</b>	<b>B</b> Employer identification number <b>02-022215</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>560000</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **Environmental and waste services**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>20,300.</b>			
<b>b</b> Less returns and allowances		<b>1 c</b> <b>20,300.</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <b>20,300.</b>		<b>20,300.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <b>20,300.</b>		<b>20,300.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	<b>5,931.</b>
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8 a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	<b>1,194.</b>
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>See Statement 3</b>	<b>14</b>	<b>11,899.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>19,024.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>1,276.</b>
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>1,276.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**Enter method of inventory valuation 

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> .....			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> .....	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: .....		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Schedule A (Form 990-T) 2020

<b>Part IX</b>	<b>Advertising Income</b>
----------------	---------------------------

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

B ☐

**C** ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

## 2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

**a**

### 3 Direct advertising costs by periodical

**a** Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

**4** Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

## 5 Readership costs

## 6 Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

<b>Part X</b>	<b>Compensation of Officers, Directors, and Trustees</b> (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1

0.

<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
----------------	--

Form 990-T (A)	Other Deductions	Statement	3
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Description	Amount
Supplies	8,728.
Overhead allocation	3,171.
Total to Schedule A, Part II, line 14	11,899.

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity 2

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>St. Joseph Hospital</b>	<b>B</b> Employer identification number <b>02-022215</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>510000</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **Telecommunications**


<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>36,660.</b>			
<b>b</b> Less returns and allowances		<b>1 c</b> <b>36,660.</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <b>36,660.</b>		<b>36,660.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <b>36,660.</b>		<b>36,660.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	<b>65,555.</b>
<b>3</b> Repairs and maintenance	<b>3</b>	<b>2,949.</b>
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8 a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	<b>13,196.</b>
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>See Statement 4</b>	<b>14</b>	<b>52,445.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>134,145.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>-97,485.</b>
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>-97,485.</b>



LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020




**Part III Cost of Goods Sold**Enter method of inventory valuation 

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11	Total dividends-received deductions included in line 10  0.				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> .....			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> .....		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: .....		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Schedule A (Form 990-T) 2020



<b>Part IX</b>	<b>Advertising Income</b>
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**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

## 2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

**a**

### 3 Direct advertising costs by periodical

**a** Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

**4** Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

## 5 Readership costs

## 6 Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

<b>Part X</b>	<b>Compensation of Officers, Directors, and Trustees</b> (see instructions)
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1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1

0.

## Part XI Supplemental Information (see instructions)

Form 990-T (A)	Other Deductions	Statement	4
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Description	Amount
Occupancy costs	30,088.
Overhead allocation	22,357.
Total to Schedule A, Part II, line 14	52,445.

Electronic Filing PDF Attachment