

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WENTWORTH-DOUGLASS HOSPITAL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 789 CENTRAL AVENUE City or town, state or country, and ZIP + 4 DOVER, NH 03820-2526	D Employer identification number 02-0260334
F Name and address of principal officer: GREGORY J. WALKER SAME AS C ABOVE		E Telephone number (603) 742-5252
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 238,006,844.
J Website: ▶ WWW.WDHOSPITAL.COM		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1905 M State of legal domicile: NH

Part I Summary								
	1 Briefly describe the organization's mission or most significant activities: HELP INDIVIDUALS AND THEIR FAMILIES ATTAIN THEIR HIGHEST LEVEL OF HEALTH							
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 15						
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12						
	5 Total number of employees (Part V, line 2a)	5 1861						
	6 Total number of volunteers (estimate if necessary)	6 136						
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 835,337.						
	b Net unrelated business taxable income from Form 990-T, line 34	7b -66,851.						
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">517,497.</td> <td align="right">339,037.</td> </tr> </table>		Prior Year	Current Year		517,497.
		Prior Year	Current Year					
		517,497.	339,037.					
9 Program service revenue (Part VIII, line 2g)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">206,533,152.</td> <td align="right">217,797,771.</td> </tr> </table>		Prior Year	Current Year		206,533,152.	217,797,771.
		Prior Year	Current Year					
	206,533,152.	217,797,771.						
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">3,308,236.</td> <td align="right">1,405,612.</td> </tr> </table>		Prior Year	Current Year		3,308,236.	1,405,612.	
	Prior Year	Current Year						
	3,308,236.	1,405,612.						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">-16,316,055.</td> <td align="right">-11,189,015.</td> </tr> </table>		Prior Year	Current Year		-16,316,055.	-11,189,015.	
	Prior Year	Current Year						
	-16,316,055.	-11,189,015.						
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">194,042,830.</td> <td align="right">208,353,405.</td> </tr> </table>		Prior Year	Current Year		194,042,830.	208,353,405.	
	Prior Year	Current Year						
	194,042,830.	208,353,405.						
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td></td> <td align="right">255,980.</td> </tr> </table>		Prior Year	Current Year			255,980.
		Prior Year	Current Year					
			255,980.					
	14 Benefits paid to or for members (Part IX, column (A), line 4)							
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">95,535,552.</td> <td align="right">102,177,523.</td> </tr> </table>		Prior Year	Current Year		95,535,552.	102,177,523.
	Prior Year	Current Year						
	95,535,552.	102,177,523.						
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶								
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">93,301,474.</td> <td align="right">94,403,496.</td> </tr> </table>		Prior Year	Current Year		93,301,474.	94,403,496.	
	Prior Year	Current Year						
	93,301,474.	94,403,496.						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">188,837,026.</td> <td align="right">196,836,999.</td> </tr> </table>		Prior Year	Current Year		188,837,026.	196,836,999.	
	Prior Year	Current Year						
	188,837,026.	196,836,999.						
19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td></td> <td align="right">5,205,804.</td> <td align="right">11,516,406.</td> </tr> </table>		Prior Year	Current Year		5,205,804.	11,516,406.	
	Prior Year	Current Year						
	5,205,804.	11,516,406.						
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> <tr> <td></td> <td align="right">272,657,728.</td> <td align="right">297,036,119.</td> </tr> </table>		Beginning of Current Year	End of Year		272,657,728.	297,036,119.
		Beginning of Current Year	End of Year					
		272,657,728.	297,036,119.					
21 Total liabilities (Part X, line 26)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> <tr> <td></td> <td align="right">130,560,341.</td> <td align="right">125,866,477.</td> </tr> </table>		Beginning of Current Year	End of Year		130,560,341.	125,866,477.	
	Beginning of Current Year	End of Year						
	130,560,341.	125,866,477.						
22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> <tr> <td></td> <td align="right">142,097,387.</td> <td align="right">171,169,642.</td> </tr> </table>		Beginning of Current Year	End of Year		142,097,387.	171,169,642.	
	Beginning of Current Year	End of Year						
	142,097,387.	171,169,642.						

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer PETER E. WALCEK, CFO/V.P. OF FINANCE Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
WENTWORTH-DOUGLASS IS THE LARGEST ACUTE CARE HOSPITAL IN THE SEACOAST REGION OF NEW HAMPSHIRE AND SOUTHERN MAINE, SPECIALIZING IN TRAUMA AND EMERGENCY SERVICES, SURGERY, CANCER CARE, BIRTHING, ORTHOPEDIC SERVICES, CARDIOVASCULAR SERVICES, SLEEP DISORDERS, REHABILITATION,

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 [X]
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 [X]
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 171950782. including grants of \$) (Revenue \$ 205960251.)
WENTWORTH-DOUGLASS HOSPITAL (WDH OR THE HOSPITAL) IS AN ACUTE CARE HOSPITAL LOCATED IN DOVER, NEW HAMPSHIRE. WDH IS A NOT-FOR-PROFIT ORGANIZATION, AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. WENTWORTH-DOUGLASS HOSPITAL IS THE LARGEST ACUTE CARE HOSPITAL IN THE SEACOAST REGION OF NEW HAMPSHIRE AND SOUTHERN MAINE, SPECIALIZING IN TRAUMA AND EMERGENCY SERVICES, SURGERY, CANCER CARE, BIRTHING, ORTHOPEDIC SERVICES, CARDIOVASCULAR SERVICES, SLEEP DISORDERS, REHABILITATION, PAIN MANAGEMENT, WOUND HEALING, WELLNESS, AND PREVENTION PROGRAMS PLUS EXTENSIVE DIAGNOSTIC SERVICES. A HEALTHCARE LEADER IN THE SEACOAST SINCE 1906, WENTWORTH-DOUGLASS HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS.

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

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

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

4e Total program service expenses \$ 171,950,782.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
7	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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; 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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	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>		X
19	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>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 208		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1861		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PETER E. WALCEK, CFO/V.P. OF FINANCE - (603) 740-2804**
789 CENTRAL AVENUE, DOVER, NH 03820-2526

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
THEODORE RISTAINO CHAIRMAN	5.00	X		X				0.	0.	0.
NEIL GARVEY VICE CHAIRMAN (PART YEAR)	3.00	X		X				0.	0.	0.
WES KENNEDY VICE CHAIRMAN (PART YEAR)	2.00	X						0.	0.	0.
ROGER HAMEL TREASURER	3.00	X		X				0.	0.	0.
WILLIAM BOC SECRETARY	3.00	X		X				0.	0.	0.
CAROL BAILEY TRUSTEE	2.00	X						0.	0.	0.
GERALD DALEY, ED.D. TRUSTEE	2.00	X						0.	0.	0.
LISA DESTEFANO TRUSTEE	2.00	X						0.	0.	0.
PETER DIRKSMEIER, MD TRUSTEE	2.00	X						0.	0.	0.
DAVID FLAVIN, MD TRUSTEE	2.00	X						0.	0.	0.
WILLIAM HASSETT, MD TRUSTEE/MED STAFF PRES	8.00	X						0.	236,498.	16,530.
DONNA RINALDI TRUSTEE	2.00	X						0.	0.	0.
MICHAEL STEINBERG TRUSTEE	2.00	X						0.	0.	0.
ANN TORR TRUSTEE - EMERITUS	2.00	X						0.	0.	0.
STEVEN C. WEBB TRUSTEE	3.00	X						0.	0.	0.
GREGORY J. WALKER PRESIDENT/CEO	55.00	X		X	X			587,656.	0.	110,472.
PETER E. WALCEK CFO/VP FINANCE	55.00			X	X			298,629.	0.	34,522.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ELLEN L. CAILLE EXECUTIVE VP PHYSICIAN S	45.00					X		231,626.	0.	35,464.
PAUL R. CASS VP MEDICAL AFFAIRS/CMO	45.00					X		279,739.	0.	33,944.
DANIEL N. DUNN COO/SR. VP OPERATIONS	45.00					X		255,772.	0.	30,587.
MALCOLM D. ROSENSON, MD CHIEF DEPT MEDICINE	45.00					X		233,341.	0.	25,434.
SHEILA M. WOOLLEY CNO/VP PATIENT CARE	45.00					X		237,860.	0.	20,744.
1b Total								2,124,623.	236,498.	307,697.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **122**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS 51 VALLEY STREAM PARKWAY, MALVERN, PA 19355	INFORMATION SERVICES	1,812,557.
SODEXHO INC & AFFILIATES, 9801 WASHINGTONIAN BOULEVARD, GAITHERSBURG, MD	FOOD SERVICES/MANAGEMENT	1,498,648.
LEO A. DALY 8600 INDIAN HILLS DRIVE, OMAHA, NE 68114	ARCHITECTURAL SERVICES	1,288,440.
DOVER PAIN MANAGEMENT LLC 789 CENTRAL AVENUE, DOVER, NH 03802	PAIN MANAGEMENT	1,089,832.
INSIGHT HEALTH CORPORATION, 26250 ENTERPRISE COURT, SUITE 100, LAKE FOREST,	DIAGNOSTIC IMAGING SERVICES	440,200.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **23**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	119,886.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	219,151.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		339,037.			
	Program Service Revenue	2 a NET PATIENT SERVICE RE	Business Code 900099	215453129.	215453129.	
b CAFETERIA		722320	1,051,198.	1,025,135.	26,063.	
c CHILD CARE SERVICE		624410	874,283.	874,283.		
d REBATES		900099	338,092.	338,092.		
e MEDICAL & SURGICAL SUP		900099	58,053.	58,053.		
f All other program service revenue		900099	23,016.	23,016.		
g Total. Add lines 2a-2f			217797771.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		947,612.		945,459.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	2231334.			
		(ii) Personal				
		b Less: rental expenses	446,345.			
	c Rental income or (loss)	1784989.				
	d Net rental income or (loss)		1,784,989.	1,969,668.	-184,679.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	29349065	316,029.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	29006484	200,610.		
	c Gain or (loss)	342,581.	115,419.			
	d Net gain or (loss)		458,000.		458,000.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a LEASED SERVICES	900099	883,242.	79,721.	803,521.		
b OTHER	541200	865,386.	861,786.	3,600.		
c TRANSCRIPTION	900099	347,825.	347,825.			
d All other revenue	900099	-15070457.	-15070457.			
e Total. Add lines 11a-11d		-12974004.				
12 Total revenue. See instructions.		208353405.	205960251.	835,337.	1218780.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	255,980.	255,980.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,415,792.	839,378.	1,576,414.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	77,369,865.	67,170,859.	10,199,006.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,706,480.	2,415,210.	291,270.	
9 Other employee benefits	12,439,566.	10,558,820.	1,880,746.	
10 Payroll taxes	7,245,820.	6,137,210.	1,108,610.	
11 Fees for services (non-employees):				
a Management				
b Legal	399,210.		399,210.	
c Accounting	95,730.		95,730.	
d Lobbying	36,337.		36,337.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	57,420.		57,420.	
g Other	1,299,857.	1,258,509.	41,348.	
12 Advertising and promotion	212,250.	212,250.		
13 Office expenses	2,610,103.	2,401,600.	208,503.	
14 Information technology				
15 Royalties				
16 Occupancy	4,032,740.	3,165,701.	867,039.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	254,903.	191,177.	63,726.	
20 Interest	3,682,090.	3,497,985.	184,105.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,983,893.	13,586,309.	2,397,584.	
23 Insurance	1,332,967.	1,266,319.	66,648.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES & OTHER EXPENS	25,617,211.	21,767,119.	3,850,092.	
b PROVISION FOR BAD DEBT	10,766,690.	10,766,690.		
c PHARMACY	10,567,902.	10,567,902.		
d PURCHASED SERVICES	9,482,156.	9,008,048.	474,108.	
e SERVICE CONTRACTS	3,832,759.	3,257,845.	574,914.	
f All other expenses	4,139,278.	3,625,871.	513,407.	
25 Total functional expenses. Add lines 1 through 24f	196,836,999.	171,950,782.	24,886,217.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	41,912.	1	36,419.	
	2 Savings and temporary cash investments	14,936,763.	2	35,663,824.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	29,012,026.	4	27,487,526.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	3,492,728.	8	3,051,612.	
	9 Prepaid expenses and deferred charges	1,648,270.	9	2,342,187.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 264,204,587.			
	b Less: accumulated depreciation	10b 128,613,116.			
		125,892,221.	10c	135,591,471.	
	11 Investments - publicly traded securities	69,696,313.	11	61,449,522.	
	12 Investments - other securities. See Part IV, line 11	13,060,697.	12	14,951,672.	
	13 Investments - program-related. See Part IV, line 11	12,345,389.	13	13,976,602.	
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	2,531,409.	15	2,485,284.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	272,657,728.	16	297,036,119.		
Liabilities	17 Accounts payable and accrued expenses	38,616,865.	17	29,474,358.	
	18 Grants payable		18		
	19 Deferred revenue	220,077.	19	193,148.	
	20 Tax-exempt bond liabilities	88,735,618.	20	91,929,006.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,000,000.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	1,987,781.	25	4,269,965.	
	26 Total liabilities. Add lines 17 through 25	130,560,341.	26	125,866,477.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	139,426,188.	27	168,102,683.	
	28 Temporarily restricted net assets	1,654,656.	28	1,968,164.	
	29 Permanently restricted net assets	1,016,543.	29	1,098,795.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	142,097,387.	33	171,169,642.	
34 Total liabilities and net assets/fund balances	272,657,728.	34	297,036,119.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

COPY

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL** Employer identification number **02-0260334**

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL

Employer identification number

02-0260334

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 foundation

Check 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization WENTWORTH-DOUGLASS HOSPITAL	Employer identification number 02-0260334
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 119,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 28,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 7,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WENTWORTH-DOUGLASS HOSPITAL	Employer identification number 02-0260334
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WENTWORTH-DOUGLASS HOSPITAL	Employer identification number 02-0260334
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization WENTWORTH-DOUGLASS HOSPITAL	Employer identification number 02-0260334
--	---

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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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 payments were made. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		100.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		3,000.
j Total. Add lines 1c through 1i			5,600.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

DURING 2009, WDH REPRESENTATIVES ATTENDED NEW HAMPSHIRE HOSPITAL

ASSOCIATION MEETINGS AND CONTACTED STATE LEGISLATORS TO PROVIDE

EDUCATIONAL INFORMATION AND WDH'S POSITION ON KEY BILLS. IN ADDITION,

GREGORY WALKER, CEO, PROVIDED CORRESPONDENCE TO SENATORS REGARDING

PERTINENT FEDERAL AND STATE ISSUES.

Part IV Supplemental Information (continued)

NHHA, PORTION OF DUES ALLOCATED TO LOBBYING, \$24,176

AHA, PORTION OF DUES ALLOCATED TO LOBBYING, \$6,561

COPY

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL

Employer identification number

02-0260334

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 organization answered "Yes" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	87480527.	98989793.			
b Contributions	9,452,164.	17943608.			
c Net investment earnings, gains, and losses	9,150,040.	-29452874.			
d Grants or scholarships					
e Other expenditures for facilities and programs	-16959842.				
f Administrative expenses					
g End of year balance	89122889.	87480527.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 80.35 %
 - b Permanent endowment 1.23 %
 - c Term endowment 18.42 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,414,601.		2,414,601.
b Buildings		93,012,110.	30,960,062.	62,052,048.
c Leasehold improvements		7,934,700.	757,837.	7,176,863.
d Equipment		105,140,058.	80,519,357.	24,620,701.
e Other		55,703,118.	16,375,860.	39,327,258.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				135,591,471.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	208,353,405.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	196,836,999.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	11,516,406.
4	Net unrealized gains (losses) on investments	4	15,126,811.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,429,038.
9	Total adjustments (net). Add lines 4 through 8	9	17,555,849.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	29,072,255.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	225,851,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	15,126,811.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2,429,038.
e	Add lines 2a through 2d	2e	17,555,849.
3	Subtract line 2e from line 1	3	208,295,985.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,420.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	57,420.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	208,353,405.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	196,779,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	196,779,579.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	57,420.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	57,420.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	196,836,999.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO FURTHER THE HOSPITAL'S CHARITABLE MISSION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN FV OF INTEREST RATE SWAP AGREEMENT: 2315630.

NET CHANGE IN RESTRICTED CONTRIBUTIONS HELD BY WDHHF: 113408.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FV OF INTEREST RATE SWAP AGREEMENT: 2315630.

Part XIV Supplemental Information (continued)

NET INCREASE IN RESTRICTED CONTRIBUTIONS HELD BY WDHHF: 113408.

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL** Employer identification number **02-0260334**

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	<input checked="" type="checkbox"/>	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Does the organization prepare an annual community benefit report?	<input checked="" type="checkbox"/>	
b If "Yes," does 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 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		10,135	7132095.		7132095.	3.62%
b Unreimbursed Medicaid (from Worksheet 3, column a)			11206994.		11206994.	5.69%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		10,135	18339089.		18339089.	9.31%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		12,248	1043670.		1043670.	.53%
f Health professions education (from Worksheet 5)			254,903.		254,903.	.13%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			419,121.	307,337.	111,784.	.06%
i Cash and in-kind contributions to community groups (from Worksheet 8)			115,978.		115,978.	.06%
j Total. Other Benefits		12,248	1833672.	307,337.	1526335.	.78%
k Total. Add lines 7d and 7j		22,383	20172761.	307,337.	19865424.	10.09%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	50,152,357.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	88,601,976.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-38,449,619.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVENUE DOVER, NH 03820-2526	X	X					X		
HEALTH PARTNERS OF NEW HAMPSHIRE, INC. 789 CENTRAL AVENUE DOVER, NH 03820-2526									OUTPATIENT PHYSICIAN CLINIC
STRAFFORD HEALTH ALLIANCE 200 ROUTE 108 #3 SOMERSWORTH, NH 03878-1106									OUTPATIENT PHYSICIAN & PHYSICAL THERAPY
DOVER MRI, LLC 789 CENTRAL AVENUE DOVER, NH 03820-2526									DIAGNOSTIC IMAGING CENTER
DOVER PAIN MANAGEMENT, LLC 789 CENTRAL AVENUE DOVER, NH 03820-2526									INPATIENT & OUTPATIENT PAIN MANAGEMENT
WENTWORTH HOMECARE & HOSPICE 113 NEW ROCHESTER ROAD DOVER, NH 03820									HOSPICE
WDPC - ADULT & CHILDREN'S MEDICINE 10 MEMBERS WAY, SUITE 201 DOVER, NH 03820									PRIMARY CARE PRACTICE
WDPC - BARRINGTON HEALTH CENTER 2 CENTURY PINES DRIVE BARRINGTON, NH 03825									PRIMARY CARE PRACTICE
WDPC - BELLAMY HEALTH CENTER 15 OLD ROLLINSFORD ROAD DOVER, NH 03820									PRIMARY CARE PRACTICE
WDPC - DOVER FAMILY PRACTICE 10 MEMBERS WAY DOVER, NH 03820									PRIMARY CARE PRACTICE
WDPC - DOVER INTERNAL AND GERIATRIC MEDI 10 MEMBERS WAY, SUITE 301 DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - DURHAM HEALTH CENTER 36 MADBURY ROAD DURHAM, NH 03824									PRIMARY CARE PRACTICE
WDPC - GREAT BAY FAMILY PRACTICE 60 EXETER ROAD, UNIT 3 NEWMARKET, NH 03857									PRIMARY CARE PRACTICE
WDPC - HILLTOP FAMILY PRACTICE 85 MAIN STREET SOMERSWORTH, NH 03878									PRIMARY CARE PRACTICE
WDPC - LEE FAMILY PRACTICE 65 CALEF HIGHWAY, SUITE 200 LEE, NH 03861									PRIMARY CARE PRACTICE
WDPC - MARSHWOOD FAMILY CARE 19 LEVESQUE DRIVE, SUITE 2 ELIOT, ME 03903									PRIMARY CARE PRACTICE

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
WDPC - PRIMARY CARE OF DOVER 10 MEMBERS WAY, SUITE 300 DOVER, NH 03820									PRIMARY CARE PRACTICE
WDPC - SOUTH BERWICK FAMILY PRACTICE 31 COLCORD STREET SOUTH BERWICK, ME 03908									PRIMARY CARE PRACTICE
WDPC - STRAFFORD MEDICAL ASSOCIATES 10 MEMBERS WAY, SUITE 302 DOVER, NH 03820									PRIMARY CARE PRACTICE
WDPC - WENTWORTH INTERNAL MEDICINE 10 MEMBERS WAY, SUITE 303 DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - ENDOCRINOLOGY & DIABETES 19 WEBB PLACE DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - HOSPITALISTS 789 CENTRAL AVENUE, LEVEL 2 DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - PALLIATIVE CARE 789 CENTRAL AVENUE, LEVEL 3 DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - SEACOAST ARTHRITIS & OSTEOPOROSIS 15 OLD ROLLINSFORD ROAD, SUITE 204 DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - SEACOAST PULMONARY (INTENSIVISTS) 789 CENTRAL AVENUE, LEVEL 3 DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - SUMMIT INFECTIOUS DISEASE 15 OLD ROLLINSFORD ROAD DOVER, NH 03820									OUTPATIENT PHYSICIAN CLINIC
WDPC - WENTWORTH COMMUNITY DENTAL CARE 668 CENTRAL AVENUE DOVER, NH 03820									DENTAL SERVICES
WENTWORTH-DOUGLASS HOSPITAL EARLY LEARNI 789 CENTRAL AVENUE DOVER, NH 03820									CHILDCARE SERVICES
WDPC - DOVER INTERNAL AND GERIATRIC MEDI 31 COLCORD STREET SOUTH BERWICK, ME 03908									OUTPATIENT PHYSICIAN CLINIC
LEE URGENT CARE 65 CALEF HIGHWAY, SUITE 200 LEE, NH 03861									URGENT CARE FACILITY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 2: WENTWORTH-DOUGLASS HOSPITAL'S COMMUNITY BENEFIT TASK

FORCE, A COMMITTEE OF THE BOARD OF TRUSTEES THAT WAS ESTABLISHED IN 2000, CONDUCTS COMMUNITY NEEDS ASSESSMENTS EVERY 3-5 YEARS. THE MOST RECENT NEEDS ASSESSMENT, COMPLETED IN 2008, INCLUDED FIVE FOCUS GROUPS WITH KEY LEADERS FROM PROVIDERS, GOVERNMENT, HEALTHCARE, SCHOOLS AND SOCIAL SERVICE AGENCIES IN THE HOSPITAL'S PRIMARY SERVICE AREA. FOUR MAIN PROJECTS ARE CONTAINED IN THE ANNUAL COMMUNITY ASSISTANCE (BENEFIT) PLAN AS A RESULT OF THE NEEDS IDENTIFIED IN THE ORIGINAL AND SUBSEQUENT ASSESSMENTS: FINANCIAL ASSISTANCE (CHARITY CARE), MEDICATION ASSISTANCE, CARE-VAN FREE PATIENT TRANSPORT AND THE WENTWORTH-DOUGLASS COMMUNITY DENTAL CENTER WHICH PROVIDES DENTAL HEALTH SERVICES AND ACCESS TO DENTAL CARE TO NEEDY FAMILIES IN THE COMMUNITY.

PART VI, LINE 3: WDH & WDPC TAKE AN ACTIVE ROLE IN ASSISTING PATIENTS WHOM MAY BE INTERESTED AND QUALIFY FOR FINANCIAL ASSISTANCE, WHETHER IT IS STATE, FEDERAL OR OUR OWN CHARITY CARE BENEFITS. OUR FAMILY RESOURCE/COMMUNITY BENEFITS DEPARTMENT HAS SEVERAL PROCESSES IN PLACE TO ENSURE PATIENTS ARE AWARE OF THE FINANCIAL ASSISTANCE AVAILABLE TO THEM.

PATIENTS CAN LEARN MORE ABOUT THESE PROGRAMS BY VISITING OUR WEBSITE, READING OUR FOUNDATION NEWSLETTERS, OR CONTACTING OUR FINANCIAL ASSISTANCE

Part VI Supplemental Information

OFFICE. FROM THE TIME OF REGISTRATION THROUGH OUR BILLING PROCESS, PATIENTS HAVE AVAILABLE THE OPPORTUNITY TO OBTAIN AN APPLICATION FOR FINANCIAL ASSISTANCE. ALL SELF PAY PATIENTS AT THE TIME OF REGISTRATION ARE PROVIDED WITH OUR CHARITY CARE COVER LETTER AND APPLICATION, WITH INFORMATION ABOUT THE CHARITY CARE PROGRAM AND DETAILS ON HOW TO CONTACT OUR FINANCIAL ASSISTANCE REPRESENTATIVE(S). OUR REPRESENTATIVES ALSO SEE MANY PATIENTS WHILE THEY ARE HERE FOR SERVICES. SOCIAL WORK SERVICES AND COMMUNITY BENEFITS TEAM UP TO ASSIST AND MAKE SURE OUR PATIENTS ARE RECEIVING THE OPPORTUNITIES TO GET ANY AND ALL ASSISTANCE AVAILABLE TO THEM. WE SEND FIVE BILLING STATEMENTS TO OUR PATIENTS WITH THE FINANCIAL ASSISTANCE GUIDELINES AND CONTACT INFORMATION IF PATIENTS FEEL THEY MAY MEET THESE GUIDELINES AND NEED ASSISTANCE WITH THEIR BILL(S).

PART VI, LINE 4: WENTWORTH-DOUGLASS HOSPITAL SERVES THE SEACOAST AREA OF NEW HAMPSHIRE AND SOUTHERN MAINE - STRAFFORD COUNTY, ROCKINGHAM COUNTY AND YORK COUNTY, MAINE. OUR COMMUNITY INCLUDES A SMALL BUT GROWING INDONESIAN POPULATION, WELCOMED BY LOCAL CHURCH GROUPS. THE COMMUNITY ALSO INCLUDES LOW-INCOME, UNINSURED ADULTS AND CHILDREN SUPPORTED BY THE HOSPITAL'S COMMUNITY ASSISTANCE PLAN PROGRAMS.

PART VI, LINE 5: SEE FORM 990, PART III, LINE 4A.

PART VI, LINE 6: WDH OWNS 100% OF WENTWORTH-DOUGLASS PHYSICIAN CORPORATION (WDPC), WHICH FILES ITS OWN FORM 990 (SEE SCHEDULE R FOR MORE DETAILS). WDH OVERSEES ALL OF WDPC'S PRIMARY CARE PRACTICES, OUTPATIENT PHYSICIAN CLINICS AND ITS DENTAL CLINIC. ACCORDINGLY, ALL OF WDPC'S FACILITY LOCATIONS HAVE BEEN LISTED ON WDH'S SCHEDULE H.

Part VI Supplemental Information

WDPC PROVIDED COMMUNITY BENEFITS EXCEEDING \$795,000 IN 2009. THE CORPORATION SUPPORTS NUMEROUS COMMUNITY BASED PROGRAMS, INCLUDING THE COMMUNITY DENTAL CENTER AND PETE'S PLACE, WHICH IS A GRIEF SUPPORT ORGANIZATION FOR CHILDREN WHO HAVE SUFFERED THE LOSS OF A LOVED ONE OR FRIEND. THE PROGRAM ALSO PROVIDES GROUP COUNSELING AT AREA SCHOOLS FOR STUDENTS WHO HAVE LOST A CLASSMATE.

THE WENTWORTH-DOUGLASS COMMUNITY DENTAL CENTER IS OPEN TO LOW-INCOME, UNINSURED ADULTS AND CHILDREN LIVING IN THE HOSPITAL'S PRIMARY SERVICE AREA (DOVER, DURHAM, MADBURY, LEE, BARRINGTON, SOMERSWORTH, ROLLINSFORD, NH AND BERWICK AND SO. BERWICK, ME) OR PATIENTS OF THE PHYSICIAN PRACTICES WHO HAVE A FAMILY INCOME AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES IN CONJUNCTION WITH A DISCOUNTED FEE SCHEDULE. IN 2009, THE DENTAL CENTER PROVIDED \$505,000 OF COMMUNITY-BASED CLINIC SERVICES THROUGH 6,100 VISITS.

WDPC PROVIDES FINANCIAL AID INFORMATION AND RESOURCES TO ASSIST PATIENTS WITH THEIR HEALTHCARE BILLS. MEDICAL CARE IS PROVIDED AT NO CHARGE FOR ELIGIBLE PATIENTS AT 300% OF THE FEDERAL POVERTY LEVEL. IN 2009 WDPC PROVIDED \$290,000 OF FINANCIAL AID (STATED AT COST).

MEDICAID COSTS EXCEEDING REIMBURSEMENT TOTALED \$411,077 FOR THE CORPORATION IN 2009.

PART VI, LINE 7: THE AFFILIATES OF WENTWORTH-DOUGLASS HOSPITAL INCLUDE WENTWORTH-DOUGLASS PHYSICIAN CORPORATION, WENTWORTH-DOUGLASS COMMUNITY HEALTH COALITION AND THE WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION. OUR AFFILIATES SERVE TO FURTHER OUR MISSION OF HELPING OUR

Part VI Supplemental Information

PATIENTS AND THEIR FAMILIES ATTAIN THEIR HIGHEST LEVEL OF HEALTH.

THE WENTWORTH-DOUGLASS PHYSICIAN CORPORATION WAS FORMED IN RESPONSE TO A COMMUNITY NEEDS ASSESSMENT THAT IDENTIFIED A LACK OF PRIMARY CARE SERVICES IN THE COMMUNITY. THE FORMATION OF THE PHYSICIAN CORPORATION AND RECRUITMENT OF PRIMARY CARE PHYSICIANS CLOSED THE GAP BY IMPROVING ACCESS TO PRIMARY CARE MEDICAL SERVICES IN OUR COMMUNITY.

WENTWORTH-DOUGLASS COMMUNITY HEALTH COALITION (THE WORKS) SERVES TO PROMOTE COMMUNITY HEALTH AND WELLNESS, WHILE REMAINING FAMILY FOCUSED. THE WORKS OFFERS SPECIALLY DESIGNED AND SUPERVISED FITNESS PROGRAMS, AIMED TO HELP MANAGE DIABETES, LOWER RISK OF HEART DISEASE, AND IMPROVE QUALITY OF LIFE. IN ADDITION, THE HOSPITAL COLLABORATES WITH THE WORKS TO OFFER GROUP EXERCISE PROGRAMS TO OUR PATIENTS, INCLUDING CANCER CENTER PATIENTS, WHO ARE PROVIDED A FREE THREE MONTH MEMBERSHIP AND INVITED TO PARTICIPATE IN A PROGRAM THAT COMBINES REHABILITATION AND GROUP EXERCISE.

THE WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION SERVES TO CULTIVATE, SECURE AND STEWARD PHILANTHROPIC GIFTS THAT WILL SUPPORT THE CAPITAL, PROGRAMMATIC AND ENDOWMENT NEEDS OF WENTWORTH-DOUGLASS HOSPITAL.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NH

**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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL** Employer identification number **02-0260334**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN NEW HAMPSHIRE ALCOHOL AND DRUG ABUSE SERVICES - 272 COUNTY FARM ROAD - DOVER, NH 03820	02-0347931	501(C)(3)	12,500.	0.			MEDICAL SUPERVISION
AIDS RESPONSE - SEACOAST 1 JUNKINS AVENUE PORTSMOUTH, NH 03801	22-2884488	501(C)(3)	10,000.	0.			MENTAL HEALTH PROGRAM
AVIS GOODWIN COMMUNITY HEALTH CENTER - 652F CENTRAL AVENUE - DOVER, NH 03820	02-0304203	501(C)(3)	150,000.	0.			PRIMARY CARE FOR THE UNINSURED
CHILDREN'S MUSEUM OF NEW HAMPSHIRE 6 WASHINGTON STREET DOVER, NH 03820	02-0363746	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN FOR MUSEUM PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations **4.**
- 3** Enter total number of other organizations **4.**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

COPY

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL

Employer identification number

02-0260334

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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?		X
b Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM HASSETT, MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	191,665.	40,099.	4,734.	9,600.	6,930.	253,028.	0.
GREGORY J. WALKER	(i)	407,885.	54,656.	125,115.	91,014.	19,458.	698,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETER E. WALCEK	(i)	271,031.	18,056.	9,542.	14,700.	19,822.	333,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELLEN L. CAILLE	(i)	206,137.	15,443.	10,046.	8,820.	26,644.	267,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL R. CASS	(i)	258,543.	17,696.	3,500.	14,700.	19,244.	313,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL N. DUNN	(i)	229,638.	15,298.	10,836.	13,104.	17,483.	286,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MALCOLM D. ROSENSON, MD	(i)	229,141.	200.	4,000.	8,732.	16,702.	258,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHEILA M. WOOLLEY	(i)	213,099.	14,372.	10,389.	11,078.	9,666.	258,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: CERTAIN RETIREMENT AND FRINGE BENEFITS FOR GREGORY J.

WALKER (PRESIDENT/CEO) HAVE BEEN GROSSED-UP UTILIZING THE APPLICABLE

MARGINAL FEDERAL TAX RATE AS THE MOST EFFICIENT AND COST EFFECTIVE MEANS TO

FULFILL THE TARGET BENEFIT GOAL AT RETIREMENT.

PART I, LINE 4B: GREGORY J. WALKER (PRESIDENT/CEO) - 2009 TOTAL

CONTRIBUTIONS TO THE 457(F) PLAN = \$76,314. THIS SUPPLEMENTAL RETIREMENT

PLAN CONTRIBUTION IS INTENDED TO FUND BENEFITS ACCRUING AND PAYABLE AT

RETIREMENT FOR MULTIPLE YEARS OF SERVICE THAT BEGAN IN CALENDAR YEAR 1997.

PART I, LINE 7: AT-RISK COMPENSATION, WHICH IS SUBJECT TO REVIEW AND PAID

ANNUALLY

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL

Employer identification number
02-0260334

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS									
(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	
						Yes	No	Yes	No
A NHHEFA CAPITAL ANTICIPATION NOTE/WDH IS	02-0279866	NONEAVAIL	04/01/09	30000000.	ASSIST IN FUNDING OF SIGNIFICANT CAPI		X		X
B NHHEFA EQUIPMENT FINANCING 2006	02-0279866	NONEAVAIL	07/19/06	10000000.	CAPITAL EQUIPMENT		X		X
C NHHEFA EQUIPMENT FINANCING 2008	02-0279866	NONEAVAIL	05/29/08	20000000.	CAPITAL EQUIPMENT		X		X
D									
E									

Part II Proceeds										
	A		B		C		D		E	
	1 Total proceeds of issue	30,000,000.		10,000,000.		20,000,000.				
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds	9,414,028.				910,397.					
5 Issuance costs from proceeds	37,500.		35,371.		29,251.					
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds	20,548,472.		10,000,000.		19,089,603.					
8 Year of substantial completion	2010		2007		2009					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...	X			X		X				
10 Were the bonds issued as part of an advance refunding issue? ...		X		X		X				
11 Has the final allocation of proceeds been made? ...		X	X			X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? ...	X		X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
b Are there any research agreements with respect to the financed property which may result in private business use? ...		X		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		.00 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %					
6 Total of lines 4 and 500 %		.00 %		.00 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?		X		X		X				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X				
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X				
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X		X				

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Employer identification number

02-0260334

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PAIN MANAGEMENT, WOUND HEALING, WELLNESS AND PREVENTION PROGRAMS, PLUS
EXTENSIVE DIAGNOSTIC SERVICES.

A HEALTHCARE LEADER IN THE SEACOAST REGION SINCE 1906,

WENTWORTH-DOUGLASS HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON
ACCREDITATION OF HEALTHCARE ORGANIZATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AT WENTWORTH-DOUGLASS HOSPITAL, WE ARE COMMITTED TO SERVING OUR
COMMUNITY AND ADDRESSING THE NEEDS OF ALL OUR PATIENTS. OUR COMMUNITY
BENEFITS PROGRAMS ARE AVAILABLE TO LOCAL RESIDENTS WITH INCOME AT OR
BELOW 300% OF FEDERAL POVERTY LEVEL GUIDELINES, ONE OF THE MOST
GENEROUS PROGRAMS IN THE STATE OF NH. WDH FILES AN ANNUAL COMMUNITY
BENEFITS REPORT WITH THE STATE OF NH WHICH OUTLINES THE COMMUNITY AND
CHARITABLE BENEFITS PROVIDED. NUMEROUS PROGRAMS WERE DEVELOPED TO
ASSIST PEOPLE IN THE AREA WE SERVE, INCLUDING FINANCIAL AID, FAMILY
RESOURCE COUNSELOR PROGRAM, MEDICATION ASSISTANCE PROGRAM, PHYSICIAN
REFERRAL SERVICES, CARE-VAN TRANSPORTATION SERVICES, AND
WENTWORTH-DOUGLASS COMMUNITY DENTAL CENTER. THE HOSPITAL PROVIDED
\$17,399,000 OF COMMUNITY ASSISTANCE PROGRAMS IN 2009 (AS MEASURED BY
GROSS CHARGES) IMPACTING 22,340 PATIENTS.

THE HOSPITAL'S CORE PROGRAMS INCLUDE OUR CANCER CENTER, EMERGENCY
DEPARTMENT, AND SURGICAL SERVICES. IN ADDITION, WDH OFFERS OTHER KEY

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SERVICES IN THE AREAS OF WOMEN'S AND CHILDREN'S SERVICES AND CARDIOLOGY SERVICES.

1. THE SEACOAST CANCER CENTER AT WENTWORTH-DOUGLASS HOSPITAL OFFERS THE MOST COMPREHENSIVE CANCER TREATMENT SERVICES COVERING THE SEACOAST REGION OF NEW HAMPSHIRE AND SOUTHERN MAINE. FOUNDED 30 YEARS AGO AS A SINGLE ROOM ADJACENT TO THE EMERGENCY DEPARTMENT, THE CANCER CENTER'S SERVICES NOW INCLUDE EXTENSIVE, STATE OF THE ART MEDICAL AND RADIATION ONCOLOGY DIAGNOSTIC SERVICES WITH MULTIPLE TREATMENT OPTIONS. IN 2008, A \$9.3 MILLION EXPANSION PROJECT BROUGHT THE NOVALIS TX STEREOTACTIC RADIOSURGERY TO THE SEACOAST, SAVING PATIENTS TRAVEL TIME TO DISTANT TREATMENT CENTERS.

THE NEW SERVICE GIVES HOPE TO PATIENTS WITH COMPLEX TUMORS OF THE BRAIN, LIVER AND OTHER VITAL ORGANS. WENTWORTH-DOUGLASS HOSPITAL WAS THE FIRST HOSPITAL, NATIONWIDE, TO INSTALL THE NOVALIS TX SYSTEM CREATED BY BRAINLAB AND VARIAN MEDICAL.

A MULTIDISCIPLINARY CHEST CLINIC, LOCATED IN THE SEACOAST CANCER CENTER, SAW ITS FIRST PATIENTS IN OCTOBER 2008. THE MEDICAL TEAM FOCUSES ON TIMELY ACCESS TO SERVICES FOR PATIENTS WITH LUNG NODULES AND LUNG CANCER.

2. THE EMERGENCY DEPARTMENT AT WENTWORTH-DOUGLASS HOSPITAL IS THE BUSIEST IN THE SEACOAST AND FOURTH BUSIEST IN THE STATE OF NEW HAMPSHIRE. CLOSE LINKAGES TO LOCAL EMERGENCY SERVICES PERSONNEL AND

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FIRE & RESCUE DEPARTMENTS CONTINUE TO EXTEND THE SKILL AND CAPABILITIES OF THE DEPARTMENT. THROUGH INTERNAL AND EXTERNAL EDUCATION EFFORTS, THE EMERGENCY DEPARTMENT FOCUSED ON IMPROVING PATIENT CARE FOR SPECIFIC TYPES OF HEART ATTACK (STEMI) AND STROKE. THE DEPARTMENT'S EFFORTS IN THE FALL OF 2008, THROUGH A CLINICAL COLLABORATION WITH MASSACHUSETTS GENERAL HOSPITAL, CREATED THE STROKE INITIATIVE TO FORM A CENTER OF EXCELLENCE FOR STROKE CARE. IN OCTOBER 2009 THE AMERICAN HEART/STROKE ASSOCIATION AWARDED WDH THE BRONZE AWARD FOR ACHIEVING THEIR HIGH STANDARD, QUALITY GUIDELINES FOR SIX CONSECUTIVE MONTHS. IN JUNE 2010 THE HOSPITAL RECEIVED NOTICE OF THEIR SILVER PLUS AWARD FOR 12 CONSECUTIVE MONTHS OF ACHIEVEMENT.

TO ACCOMMODATE INCREASING PATIENTS THE DEPARTMENT ALSO ADDED ADDITIONAL SPACE FOR SIX TREATMENT ROOMS AND OPENED A WALK-IN URGENT CARE CENTER IN LEE, NH TO SUPPORT THE GROWING POPULATION AREAS IN THE TOWNS SURROUNDING LEE.

THE HOSPITAL'S GENEROUS CHARITY CARE PROGRAM OFFERS EMERGENCY, WALK-IN AND OTHER HOSPITAL SERVICES AT NO CHARGE FOR QUALIFYING PATIENTS AT 300% OF THE FEDERAL POVERTY LEVEL.

3. SURGICAL SERVICES AT WENTWORTH-DOUGLASS HOSPITAL INCLUDE A WIDE ARRAY OF SERVICES AND TECHNOLOGICAL ADVANCES FREQUENTLY ASSOCIATED WITH LARGER MEDICAL CENTERS. A RECENT RENOVATION TO ENLARGE OPERATING ROOMS CREATED DIGITAL ORS AND SPACE FOR NEW EQUIPMENT SUCH AS THE DAVINCI ROBOTIC SURGICAL SYSTEM. NOW IN ITS FOURTH YEAR, THE ROBOTIC PROGRAM

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BEGAN WITH OB/GYN SURGEONS, AND NOW INCLUDES THORACIC, GENERAL SURGERY
AND UROLOGY. ANOTHER CLINICAL COLLABORATION WITH MGH AT WDH BRINGS A
GYN/ONCOLOGY SURGEON TO WDH TO PERFORM "MEDICAL CENTER" SURGERY IN THE
COMMUNITY SETTING, ELIMINATING THE TIME AND THE FRUSTRATION OF TRAVEL
TO AND PARKING AT METROPOLITAN CITIES.

A RANGE OF MINIMALLY INVASIVE PROCEDURES INCLUDING ROBOTIC SURGERY,
SINGLE INCISION LAPORASCOPIC SURGERY (SILS) USED BY GENERAL SURGEONS
AND VIDEO ASSISTED THORACIC SURGERY (VATS) PROCEDURES USED BY THE
THORACIC SURGEON OFFER PATIENTS THE BENEFITS OF COMPLEX SURGERY WITH
LESS BLOOD LOSS, LESS INFECTION AND FASTER RECOVERY.

THE JOINT REPLACEMENT PROGRAM INTRODUCED IN 2006 OFFERS A UNIQUE
APPROACH TO JOINT REPLACEMENT SURGERY WITH PRE-OP GROUP EDUCATION AND
POST-OP GROUP REHAB. SURGEONS, ANESTHESIOLOGISTS, NURSING, REHAB AND
NUTRITION STAFF WORKED COLLABORATIVELY TO CREATE THIS NEW APPROACH TO
JOINT REPLACEMENT CARE. IN 2009 THE HOSPITAL CREATED THE NORTHERN NEW
ENGLAND SPINE CENTER, A PARTNERSHIP OF SPECIALISTS TO COORDINATE AND
EXPEDITE THE CARE OF PATIENTS WITH NECK AND BACK PAIN. THE SPINE
CENTER MEMBERS INCLUDE A SPINE SURGEON, PHYSIATRY SPECIALISTS, PAIN
SPECIALISTS, WDH REHAB, BEHAVIORAL HEALTH SPECIALISTS AND A WDH SPINE
COORDINATOR. THE VIRTUAL CENTER HOLDS BIMONTHLY MULTIDISCIPLINARY
CONFERENCES TO COORDINATE THE CARE AND TREATMENT OF SPINE CENTER
PATIENTS.

OTHER SERVICES:

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IN ADDITION TO THE SERVICES LISTED ABOVE, WENTWORTH-DOUGLASS HOSPITAL OFFERS TRADITIONAL SERVICES WITH NON-TRADITIONAL COMPONENTS. ONE EXAMPLE IS THE BIRTH CENTER. CURRENTLY THE BIRTH CENTER IS THE FASTEST GROWING BIRTHING SERVICE IN THE SEACOAST AREA WITH CLOSE TO 1,000 BIRTHS PER YEAR. IN AN EFFORT TO SUPPORT A SMALL BUT GROWING AND YOUNG INDONESIAN POPULATION, THE BIRTH CENTER TRANSLATED ALL FORMS AND INFORMATION FOR NEW MOMS INTO INDONESIAN. LOCAL CHURCH GROUPS WELCOMED INDONESIAN FAMILIES INTO THEIR COMMUNITIES.

CARDIOLOGY SERVICES RECENTLY REPLACED THE CATH LAB WITH NEW EQUIPMENT AND THE DEPARTMENT ADDED NON-INVASIVE CARDIOVASCULAR SERVICES AT A NEW, OFFSITE MEDICAL OFFICE BUILDING IN DOVER, EXTENDING THE OPTIONS NOW AVAILABLE FOR PATIENTS. A SECOND CARDIOVASCULAR INTERVENTIONAL LAB WILL BE OPEN LATE IN 2010 TO ACCOMMODATE GROWING PATIENT VOLUME AND URGENT CASES.

ALL THE COMMUNITY ASSISTANCE (BENEFIT) SERVICES SUPPORT LOW INCOME, UNINSURED INDIVIDUALS AND FAMILIES IN THE HOSPITAL'S SERVICE AREA WITH CHARITY CARE (FINANCIAL ASSISTANCE), MEDICATION ASSISTANCE, THE WENTWORTH-DOUGLASS COMMUNITY DENTAL CENTER AND THE CARE-VAN FREE PATIENT TRANSPORT SERVICE.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 IS INITIALLY REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND KEY FINANCE EMPLOYEES. THEREAFTER, THE FINAL DRAFT IS PRESENTED TO THE FULL BOARD PRIOR

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TO FILING WITH THE IRS. EACH MEMBER OF THE BOARD AND FINANCE COMMITTEE IS PROVIDED WITH A DRAFT OF THE FORM 990 IN ADVANCE OF EACH MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE HOSPITAL CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, TRUSTEES, MEDICAL STAFF OFFICERS AND COMMITTEE MEMBERS, AND THE MANAGEMENT TEAM. ALL ARE REQUIRED TO REPORT ANY CONFLICTS AND SIGN, DATE, AND RETURN THE POLICY, WHETHER OR NOT A CONFLICT EXISTS, TO CONFIRM COMPLIANCE. CONFLICTS ARE DISCLOSED IN ACCORDANCE WITH STATE OF NEW HAMPSHIRE RSA 7:19-A, IN THE LOCAL NEWSPAPER AND SUBMITTED TO THE NEW HAMPSHIRE ATTORNEY GENERAL.

FORM 990, PART VI, SECTION B, LINE 15: CEO'S COMPENSATION: THE CEO'S COMPENSATION AND BENEFITS ARE REVIEWED, ADJUSTED AND VOTED ON BY THE FULL BOARD ANNUALLY. EVERY OTHER YEAR, A NATIONAL INDEPENDENT CONSULTING FIRM IS ENGAGED BY THE BOARD TO PROVIDE COMPARATIVE MARKET COMPENSATION DATA FOR EXECUTIVE AND MANAGEMENT POSITIONS AT THE HOSPITAL. THE BOARD OF TRUSTEES USES THE DATA TO COMPARE WENTWORTH DOUGLASS' CEO COMPENSATION WITH THAT OF OTHER HOSPITAL EXECUTIVES NATIONALLY AND IN THE NORTHEAST REGION TO DETERMINE THE CEO'S ANNUAL SALARY. ON ALTERNATE YEARS, WHEN THE CONSULTING FIRM IS NOT ENGAGED, THE BOARD USES SALARY RANGES ESTABLISHED THE PRIOR YEAR AND MARKET ECONOMIC DATA TO VALIDATE THAT THE CEO'S SALARY IS COMPETITIVE AND MAKE MARKET ADJUSTMENTS. THE CEO IS EXCUSED FROM BOARD DISCUSSION AND VOTING ON ISSUES SURROUNDING CEO COMPENSATION AND BENEFITS.

COMPENSATION OF KEY EMPLOYEES: THE CEO REVIEWS THE SALARIES OF KEY EMPLOYEES ANNUALLY AND DETERMINES COMPENSATION BASED ON PERFORMANCE, SALARY

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RANGES AND MARKET COMPETITIVE DATA. COMPENSATION DATA IS PROVIDED BY AN INDEPENDENT NATIONAL CONSULTING FIRM EVERY OTHER YEAR. THE CEO PRESENTS SALARY RANGE DATA FOR KEY EMPLOYEES TO THE BOARD ANNUALLY FOR APPROVAL. USING THE BOARD APPROVED SALARY RANGE DATA, THE CEO RECOMMENDS SALARY INCREASES FOR VICE PRESIDENTS TO THE BOARD FOR APPROVAL AND THE VICE PRESIDENTS RECOMMEND SALARY INCREASES FOR DIRECTORS AND OTHER MANAGEMENT POSITIONS TO THE CEO, FOR APPROVAL. PHYSICIAN SALARY RANGES ARE ESTABLISHED ANNUALLY USING THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) SALARY SURVEY DATA. DUE TO A POTENTIAL CONFLICT OF INTEREST, DR. WILLIAM HASSETT, PRESIDENT OF THE MEDICAL STAFF AND AN EMPLOYEE OF A RELATED ORGANIZATION (WENTWORTH-DOUGLASS PHYSICIAN CORPORATION), IS EXCLUDED FROM SALARY DISCUSSIONS.

FORM 990, PART VI, SECTION C, LINE 19: WENTWORTH-DOUGLASS HOSPITAL FILES AUDITED FINANCIAL STATEMENTS ANNUALLY WITH THE NEW HAMPSHIRE ATTORNEY GENERAL'S CHARITABLE TRUST UNIT AND INFORMS THE DIRECTOR OF CHARITABLE TRUSTS OF PECUNIARY BENEFIT TRANSACTIONS THAT HAVE OCCURRED BETWEEN WDH AND A BOARD MEMBER OR OFFICER. NOTICES OF SUCH TRANSACTIONS OF \$5,000 OR MORE ARE ALSO PUBLISHED IN THE LOCAL NEWSPAPER IN ACCORDANCE WITH NH RSA 7:19-A, II(D). CURRENT COPIES OF THE BYLAWS, CONFLICT OF INTEREST POLICY AND FORM 990 ARE ON FILE WITH THE CHARITABLE TRUST UNIT.

FORM 990, PART XI, LINE 2C

AUDIT REVIEW PROCESS

THE FINANCE COMMITTEE OVERSEES THE AUDIT PROCESS FOR WENTWORTH-DOUGLASS HOSPITAL AND ALL RELATED ORGANIZATIONS. THE AUDIT PROCESS FOR THE

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FINANCIAL STATEMENTS DID NOT CHANGE FROM THE PRIOR YEAR. INDEPENDENT

ACCOUNTANTS PERFORMED THE AUDIT IN BOTH 2008 AND 2009.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: NHHEFA CAPITAL ANTICIPATION NOTE/WDH ISSUE SERIES 2009G

(F) DESCRIPTION OF PURPOSE:

ASSIST IN FUNDING OF SIGNIFICANT CAPITAL PROJECTS AND REFINANCING

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PETER DIRKSMEIER, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE OF SOSMED AND PARTNER IN OATS REALTY AND DOVER MRI

(C) AMOUNT OF TRANSACTION \$ 517388.

(D) DESCRIPTION OF TRANSACTION: IN 2009, WDH PAID SEACOAST ORTHOPEDICS &

SPORTS MEDICINE, P.A. (SOSMED) \$32,800 RENTAL FEES FOR PRIMARY CARE OF

DOVER (4 MONTHS, LEASE EXPIRED) AND ALSO PAID SOSMED \$171,591 FOR THE

PHYSICIAN SERVICES PROVIDED BY DR. BRENNAN. OATS REALTY WAS PAID \$22,729

RENTAL FEES (7 MONTHS, LEASE EXPIRED) FOR THE BLOOD DRAW

STATION/DIAGNOSTIC TESTING CENTER. IN 2009, SOSMED PAID WDPC \$20,615

RENTAL FEES (3 MONTHS) FOR SPACE AT THE WENTWORTH-DOUGLASS PROFESSIONAL

CENTER AT LEE. DOVER MRI, LLC (THE JOINT VENTURE BETWEEN SOSMED AND WDH)

PAID SOSMED A 2009 LLC MEMBER CASH DISTRIBUTION OF \$145,203. THE TOTAL

REPORTED 2009 TAXABLE K-1 INCOME TO SOSMED EQUALED \$65,149. THE JOINT

VENTURE WAS DISSOLVED AUGUST 31, 2009. AS PART OF THE DISSOLUTION,

SOSMED ACQUIRED THE FIXED ASSETS OF DOVER MRI, LLC ON AUGUST 28, 2009 FOR

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL

Employer identification number

02-0260334

THE SUM OF \$269,653. AN INDEPENDENT APPRAISAL DETERMINED THE FAIR MARKET
VALUE OF \$269,653 AND THE WDH BOARD APPROVED THE TRANSACTION IN ADVANCE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART VI, LINE 1A AND LINE 1B

GOVERNING BODY AND MANAGEMENT

STEVEN C. WEBB IS A TRUSTEE OF THE HOSPITAL AND AN EXECUTIVE AT TD
BANKNORTH. THE HOSPITAL MAINTAINS OPERATING AND PAYROLL ACCOUNTS WITH
TD BANKNORTH. TRANSACTIONS IN 2009 WERE IN EXCESS OF \$10,000. AN EXACT
FIGURE CANNOT BE STATED DUE TO DAILY ACCOUNT ACTIVITY AND BALANCE
CHANGES. BOTH ACCOUNTS WERE ACTIVE PRIOR TO MR. WEBB JOINING THE BOARD
AND ALL TRANSACTIONS WITH TD BANKNORTH ARE AT A FAIR MARKET RATE. FOR
2009, MR. WEBB HAS BEEN CLASSIFIED AS AN INDEPENDENT BOARD MEMBER.

FORM 990, PART IV, LINE 26 AND PART X, LINE 15

WDH SPONSORS A SPLIT-DOLLAR LIFE INSURANCE EMPLOYEE BENEFIT PROGRAM FOR
CERTAIN OFFICERS AND KEY EMPLOYEES. SPLIT DOLLAR LIFE INSURANCE IS AN
ARRANGEMENT IN WHICH THE EMPLOYEE IS THE OWNER OF THE LIFE INSURANCE
POLICY AND THE PREMIUMS ARE PAID BY BOTH THE EMPLOYER AND EMPLOYEE.
PURSUANT TO WDH'S SPLIT-DOLLAR AGREEMENT, AND THE COLLATERAL ASSIGNMENT
THEREIN, THE EMPLOYER'S SHARE OF THE POLICY PREMIUMS PAID IS RECOVERED
EITHER UPON TERMINATION OF THE POLICY OR AT THE DEATH OF THE
PARTICIPANT. NOTE THAT THE SPLIT-DOLLAR ARRANGEMENT IS PART OF AN
EMPLOYEE BENEFIT PROGRAM AND ECONOMICALLY NOT A DIRECT EXTENSION OF
CREDIT. FURTHERMORE, THE REPORTABLE COMPENSATION OF THE RESPECTIVE
EMPLOYEES INCLUDES THE ANNUAL VALUE OF THE LIFE INSURANCE.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
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FORM 990, PART VII, SECTION A, COLUMN E

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS

THE 2009 COMPENSATION REPORTED FOR DR. WILLIAM HASSETT WAS PAID BY
WENTWORTH-DOUGLASS PHYSICIAN CORPORATION FOR HIS SERVICES AS A
FULL-TIME PHYSICIAN. DR. HASSETT IS NOT COMPENSATED FOR HIS SERVICES
AS A TRUSTEE OF WDH.

FORM 990, PART IX, COLUMN D

FUNDRAISING EXPENSES

WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION (A RELATED
ORGANIZATION) PERFORMS ALL FUNDRAISING ACTIVITIES ON BEHALF OF
WENTWORTH-DOUGLASS HOSPITAL. ALL FUNDRAISING EXPENSES ARE REPORTED ON
THE FOUNDATION'S SEPARATE FORM 990.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL** **Employer identification number** **02-0260334**

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
WENTWORTH-DOUGLASS PHYSICIAN CORPORATION - 02-0497927, 789 CENTRAL AVENUE, DOVER, NH 03820	HEALTH CARE	NEW HAMPSHIRE	501(C)(3)	170(B)(1) (A)(III)	N/A
WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION - 51-0491062, 789 CENTRAL AVENUE, DOVER, NH 03820	PHILANTHROPIC FUND RAISING & STEWARDSHIP	NEW HAMPSHIRE	501(C)(3)	509(A)(3)	N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
DOVER MRI, LLC - DISSOLVED IN 2009 - 20-3139416, 789 CENTRAL AVENUE, DOVER, NH 03820	DIAGNOSTIC IMAGING	NH	N/A	RELATED	67,807.	0.		X	N/A	X	
DOVER PAIN MANAGEMENT, LLC - DISSOLVED IN 2009 - 26-0419705, 789 CENTRAL AVENUE, DOVER, NH 03820	PAIN MANAGEMENT	NH	N/A	RELATED	122,331.	0.		X	N/A	X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
WENTWORTH-DOUGLASS COMMUNITY HEALTH CORPORATION - 02-0399963, 789 CENTRAL AVENUE, DOVER, NH 03820	HEALTH FITNESS CENTER	NH		C CORP	243,283.	12002382.	100%

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

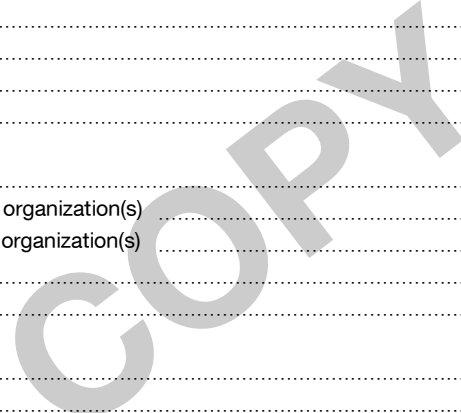
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	X	
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i	X	
1j	X	
1k	X	
1l		X
1m	X	
1n	X	
1o		X
1p	X	
1q	X	
1r	X	



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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION	C	119,886.
(2) WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION	B	187,538.
(3) DOVER PAIN, LLC	A	52,384.
(4) DOVER PAIN, LLC	N	293,096.
(5) DOVER PAIN, LLC	P	430,008.
(6) DOVER PAIN, LLC	R	171,423.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) DOVER MRI, LLC	A	27,337.
(8) DOVER MRI, LLC	N	71,401.
(9) DOVER MRI, LLC	P	9,016.
(10) DOVER MRI, LLC	R	151,128.
(11) WENTWORTH-DOUGLASS COMMUNITY HEALTH CORPORATION	A	2,153.
(12) WENTWORTH-DOUGLASS COMMUNITY HEALTH CORPORATION	J	144,000.
(13) WENTWORTH-DOUGLASS COMMUNITY HEALTH CORPORATION	N	146,023.
(14) WENTWORTH-DOUGLASS COMMUNITY HEALTH CORPORATION	P	56,940.
(15) WENTWORTH-DOUGLASS COMMUNITY HEALTH CORPORATION	Q	505,186.
(16) WENTWORTH-DOUGLASS PHYSICIAN CORPORATION	P	344,206.
(17) WENTWORTH-DOUGLASS PHYSICIAN CORPORATION	B	16,379,110.
(18) WENTWORTH-DOUGLASS PHYSICIAN CORPORATION	I	1,969,668.
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		