



Hilltown Community Health Center

Administrative Offices
58 Old North Road
Worthington, MA 01098
413-238-5511
www.hchcweb.org

**BOARD MEETING
OCTOBER 4, 2018
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the September 27, 2018 Meeting Minutes
3. Finance Committee Report
4. Chief Executive Officer / Senior Manager Reports
5. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
6. Old Business
7. New Business
 - Human Resources Policies
 - Sick Leave Bank
 - Corporate Furloughs
 - Finance Policies *[tentative]*
 - Corporate Compliance Policy Votes
 - Anti-discrimination Policy
 - HRSA Change in Scope – Form 5C – vote
 - Escrow Vote for C3
 - Ballot Questions
8. Adjourn



CONFIDENTIAL

September 26, 2018

To: C3 Health Centers
Re: 2018 Escrow Requirement for Participating Health Centers
Fr: Matt Mullaney, CFO

This memo provides a summary, context, further considerations, and specific next steps related to a collateral requirement for Participating Health Centers.

Summary: On September 20, 2018, the C3 Finance Committee and Board of Directors voted unanimously to *Approve a mechanism to raise the remaining amount by requiring Participating FQHCs to place a total of \$700,000 in escrow by 10/31/18, in proportion to their actual liability in the event of a loss.*

Context: Through the Participating FQHC Agreement, the Internal Financial Architecture (IFA) and Risk Tier Elections, all health centers take upside and downside risk. None of the action taken by the C3 Board of Directors on 9/20/2018 changes those risk commitments.

Separately, MassHealth has asked C3, consistent with the terms of its ACO contract, to prove it can make good on its potential liability if we were to experience a loss in Risk Year 1 (3/2018-12/2018). This contractual requirement is referred to as the Repayment Mechanism. For Risk Year 1, we can meet MassHealth's Repayment Mechanism requirement with a combination of excess loss insurance, surety bond, and \$700,000 in health center collateral. Excess loss insurance and the surety bond are being purchased with administrative funds received from MassHealth as part of the ACO contract.

In order to comply with the Risk Year 1 collateral requirement, each health center must participate in contributing to the \$700,000 requirement by placing a small amount of collateral, in proportion to each health center's existing contractual commitment, in escrow with an escrow agent of each health center's choosing (likely their primary banking relationship).

Further Considerations: The escrow commitments on the next page represent a minority of each C3 health center's potential liability for 2018, based on each health center's election in 2017 of C3's low, medium, or high reward-risk tiers. The detailed workings of C3's internal risk-sharing plan, including low, medium, and high reward-risk tiers, are described in the Board policy known as the Internal Financial Architecture which is an attachment to the Participating FQHC Agreement. It is too early to estimate the likelihood of loss or gain based on 2018

performance, but we have developed with our actuary Milliman the process and analytic tools to measure 2018 results as they become credible.

Looking ahead to 2019, an additional escrow commitment may be required since health centers are taking additional risk for 2019. We are not able to determine this now because we lack key financial parameters for 2019, such as the amount of unrestricted administrative funding C3 will receive during the year, and because we are entering into discussions with MassHealth about how we will meet the repayment mechanism requirement for 2019.

Specific Next Steps: Each health center will determine the management and, as necessary, FQHC Board process required to fulfill its escrow commitment. Health center management will work with its chosen escrow agent to incorporate C3’s escrow language related to this circumstance into each escrow agent’s standard escrow contract and provide the entire agreement to C3 for review. By 10/31/2018, health center management and C3 will execute escrow agreements and funds will be placed in escrow.

Escrow Amounts Required of Participating Health Centers

The Dimock Center	\$	34,752.37
East Boston Neighborhood Health Center	\$	143,782.71
Brockton Neighborhood Health Center	\$	83,930.53
Holyoke Health Center	\$	56,310.48
Lynn Community Health Center	\$	87,303.85
Charles River Health Center	\$	26,955.20
Community Health Center of Cape Cod	\$	25,601.66
Fenway Health	\$	25,887.73
Upham's Corner Health Center	\$	29,060.97
Community Health Center of Franklin Count	\$	7,760.45
Hilltown Health Centers	\$	5,126.60
North Shore Community Health Center	\$	19,788.05
North End Waterfront Health	\$	5,813.28
Edward M. Kennedy CHC	\$	71,864.25
Family Health Center	\$	76,061.86
	\$	700,000.00

Community Care Cooperative (C3) And FQHC Escrow Key Paragraphs

Principal refers to the FQHC depositing funds in escrow.

The purpose of the Escrow is to mitigate against, and make C3 whole from, any and all liability, losses, and expenses that C3 may sustain or incur as a result of Principal’s Shared Losses under its Participating FQHC Agreement executed on _____ [Date], as amended from time-to-

time (collectively, "Losses"). In the event of any Losses, C3 is authorized, at any time and upon reasonable notice to both Principal and Escrow Agent, to draw upon the Escrowed Funds and to apply the same to cover such Losses.

The rights given to C3 under this Agreement shall be in addition to, and not in limitation of, any other rights which C3 may have, including rights under the Participating FQHC Agreement, or by virtue of any statute or rule of law. Any forbearance, failure or delay by C3 in exercising any right, power or remedy hereunder shall not be deemed to be a waiver of such right, power or remedy, and any single or partial exercise of any right, power or remedy hereunder shall not preclude the further exercise thereof; and every right, power and remedy of C3 shall continue in full force and effect until such right, power or remedy is specifically waived by an instrument in writing executed by C3 or its duly authorized representative.

Proposed Change in Scope – Form 5C: Other Activities and Locations

<u>Type of Activity</u>	<u>Frequency of Activity</u>		<u>Description of Activity</u>		<u>Type of Location(s) where Activity is Conducted</u>
	<u>Current</u>	<u>Proposed</u>	<u>Current</u>	<u>Proposed</u>	
Portable Clinical Care	The health center has mobile clinic services that are provided about once/week during the school year, depending on the service. Portable clinical services - BP clinics, flu shot clinics, and home visiting - are provided on a monthly or as needed basis.	The health center has mobile clinic services that are provided about once/week during the school year, depending on the service, <u>depending on the service</u> . Portable clinical services - BP clinics, flu shot clinics, <u>dental clinics</u> , and home visiting - are provided on a monthly, <u>annual</u> , or as needed basis.	The mobile services include: - a dental clinic that does exams, imaging, hygiene, and restorative care to elementary, middle, and high school children at their school in our service area at a room provided by the school; and - a behavioral health provider that provides services to elementary, middle, and high school children at their school in our service area at a room provided by the school. - nurses conduct BP clinics and flu clinics for local elders - nurses and primary care providers provide occasional home visits for patients who cannot come to the clinic due to transportation or other barriers to accessing care	The mobile services include: - a dental clinic that does exams, imaging, hygiene, and restorative care to elementary, middle, and high school children at their school in our service area at a room provided by the school; - a behavioral health provider that provides services to elementary, middle, and high school children at their school in our service area at a room provided by the school. <u>- a medical clinic to provide annual physicals and childhood immunizations on-site</u> - nurses conduct BP clinics and flu clinics for local elders - nurses and primary care providers provide occasional home visits for patients who cannot come to the clinic due to transportation or other barriers to accessing care <u>- dental staff participate in occasional health fairs and provide basic primary dental care</u>	The actual places vary from week to week without any consistency, with the exception of the schools located within the service area. The location depends on the need.
Non-Clinical Outreach	Daily	Daily	Outreach and enrollment activities that raise awareness of affordable insurance options and provide eligibility and enrollment assistance to uninsured patients and residents in our service area.	Outreach and enrollment activities that raise awareness of affordable insurance options and provide eligibility and enrollment assistance to uninsured patients and residents in our service area. <u>Domestic violence victim advocacy to provide access to safety planning, and victim assistance. Family Support services provide education and resources for parents and pre-school aged children.</u>	Locations that are most convenient and accessible to consumers, which could include the consumers' homes or workplaces, community venues, or one of HCHC's sites.



Hilltown Community Health Centers, Inc.

Administration

All Departments

SUBJECT: SICK LEAVE BANK POLICY

REGULATORY REFERENCE: None

Purpose:

To provide a limited resource for eligible staff who experience a serious extended illness or injury, and have exhausted all of their available paid leave.

Policy:

Hilltown Community Health Center will maintain a Sick Leave Bank program that will, under specific circumstances and for eligible employees, provide resources for those who are experiencing serious extended illness or injury, and have exhausted all of their available paid leave.

Employees will be eligible to apply to the bank must have completed one year of service **and** have donated to the bank. Beginning November 1, 2018, the use of the Sick Bank is restricted to those who donate (or have donated) at least 4 hours of time within the last 12 months. Existing employees will be solicited in December of 2018 during annual benefit open enrollment. Beginning January 1, 2019, eligibility is restricted to those who have been employed for at least one year, and have donated at least 4 hours during the previous open enrollment period. New employees will have the option to contribute 12 months after they become benefit eligible.

Staff participation is voluntary. Each December employees are given the opportunity to donate up to three days, pro-rated by their current FTE, of sick leave to the “bank.” Once hours have been donated to the bank, they belong to the bank and may not be refunded to the contributing employee.

- Employees who are seriously ill and who have exhausted their paid leave time may apply to receive paid time through this program.
- Confidential requests will be made to Human Resources. This request should include a signed statement from the employee’s healthcare provider. This statement must include appropriate medical facts regarding the condition, expected length of absence and expected date of return.
- Employee must have been out 10 full consecutive work days prior to use of hours from the Sick Bank.
- Employee must be in good standing. Good standing is described as:
 - No history of past patterned use of paid leave. Patterned use is described as:
 - Frequent use of paid leave following or preceding a holiday.

- Frequent use of paid leave on Friday and Monday.
 - Use of paid leave as it is accrued.
- No history of disciplinary action within 1 year of request.
- Employee must have exhausted all applicable accrued time prior to requesting hours from the sick bank.
- The maximum amount of time that an employee may request in a 12 month period is 2 weeks, pro-rated by current FTE.
- When paid by the sick bank, employee does not accrue paid leave for that period.
- The sick bank will be available (up to the max of 14 working days) without the waiting period and without the prior donations of one's own time to any staff member who requests leave for the donation of an organ or bone marrow through an established 501(c)3 organization. For example, an employee who is identified by the Bone Marrow as a "match" for a patient on their waiting list will be eligible to use Sick Bank time for the duration of their medically necessary absence from work, so long as the balance in the Sick Bank is sufficient. Proof from the organization facilitating the donation will be required and will be verified.
- Determination will be made by the Sick Bank Determination Team.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Originally Drafted: SEP 2018

Reviewed or Revised: SEP 2018

Approved by Board of Directors, Date: _____

Approved by:

 Eliza B. Lake
 Chief Executive Officer, HCHC

Date: _____

 John Follet, MD
 Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: CORPORATE FURLOUGH POLICY

REGULATORY REFERENCE: Various Federal statutes and State General Laws

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the implementation of an employee furlough plan that would allow HCHC to balance its budget if it experiences a reduction in funding or other loss of revenue that causes a significant operating budget deficit.

Policy:

1. If the Chief Executive Officer determines that a significant operating budget deficit exists, a mandatory furlough plan may be implemented in accordance with the procedures in this policy.
2. A furlough is an unpaid leave of absence from work for a specified period of time. A furlough can be voluntary or involuntary.
3. Employees are not permitted to work when taking furlough time.
4. Employees may not use accrued time off during periods of furlough.
5. Health, dental and life insurance will not be affected by a furlough and employees will continue to accrue vacation and sick time during a furlough period.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Originally Drafted: FEB 2015

Reviewed or Revised: OCT 2018

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

If the CEO determines that a significant operating budget deficit exists, a mandatory furlough plan may be implemented in accordance with the procedures in this policy.

1. Prior to implementing a furlough, the CEO will consult with the Senior Leadership consisting of the the Chief Financial and Administrative Officer (CFO) and the Chief Clinical and Community Services Officer (CCCSO).
2. The CFO will take the recommendations to the Finance Committee who will render a decision within five (5) working days to the CEO.
3. Once approved, the CEO will make the determination on when the furlough will start and the duration of the furlough period.
4. Employees will be given at least 10 days' notice of an impending furlough.
5. Furlough days will be scheduled by the supervisor in consultation with the employee subject to the operational needs of the department. Furlough days must be scheduled in a way that allows the department to continue to provide a basic level of service.
6. Furlough days must be taken on days that an employee is normally scheduled to work.
7. The department heads will forward a furlough schedule to Human Resources and their respective corporate officer.
8. When accounting for furloughed hours, the employee will use the appropriate furlough code on their time sheets.

A furlough is an unpaid leave of absence from work for a specified period of time

1. **Non-exempt employees** may work partial weeks and/or partial days. By definition, they will only be paid for actual hours worked.
2. **Exempt employees** must be furloughed for an entire work week in order not to lose their exempt status. During the furlough period, they are forbidden from performing any work-related tasks. This includes checking email, voicemail or logging into the corporate network.



Hilltown Community Health Centers, Inc.

Administrative Policy
Corporate Compliance

SUBJECT: STAFF COMPLIANCE COMMITTEE - CHARGES TO MEMBERS
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for members of the Staff Compliance Committee to serve and to support the work of the Compliance Officer in implementing HCHC's Compliance Program.

Policy:

1. Authority. The Staff Compliance Committee is comprised of members of Hilltown Community Health Centers, Inc. ("Health Center's") senior management who are representative of Health Center's major departments, such as billing, clinical, human resources, and operations. Members of the Compliance Committee serve to support the work of the Compliance Officer in implementing Health Center's Compliance Program.

2. Duties. As part of their duties, members of the Staff Compliance Committee advise the Compliance Officer and assist in the implementation of the Compliance Program. The Staff Compliance Committee meets regularly (at least twice per year). As directed by the Compliance Officer, and with due consideration for their other job responsibilities, the Staff Compliance Committee's functions include:

- **Compliance work plan.** The Staff Compliance Committee will assist the Compliance Officer in developing and implementing an annual compliance work plan.
- **Developing strategy.** The Staff Compliance Committee will analyze and, as needed, develop new methods for promoting compliance and identifying potential violations and for soliciting, evaluating, and responding to complaints and reports of alleged non-compliance.
- **Identifying areas of risk.** The Staff Compliance Committee will assist the Compliance Officer in assessing HCHC's operations to determine areas of risk and, if necessary, will identify measures to address such areas of risk. In addition, the staff-level Compliance Committee will analyze issues affecting HCHCs (and the health care industry) generally and the legal requirements with which HCHC must comply.

- **Policies and procedures; training and educational materials.** The Staff Compliance Committee will assist in developing, maintaining, implementing, and disseminating Board-approved policies and procedures that address areas of risk and that promote compliance with HCHC’s Compliance Program, all applicable laws (including, as applicable, the laws authorizing and implementing Medicaid, Medicare, and other federal and state health care programs, and the requirements under Section 330 of the Public Health Service Act), and requirements imposed by commercial health plans.
- **Monitoring audits and investigations.** The Staff Compliance Committee will monitor the results of internal and external audits and investigations for the purpose of identifying or responding to potential risk areas and will recommend and assist in implementing appropriate corrective and preventive action.

Questions regarding this policy or any related procedure should be directed to the Compliance Officer at 413-238-4128.

Originally Drafted: FEB 2016

Reviewed or Revised: SEP 2018

Approved by Board of Directors, Date: _____

Approved by:

 Eliza B. Lake
 Chief Executive Officer, HCHC

Date: _____

 John Follet, MD
 Chair, HCHC Board of Directors



Administrative Policy

All Departments

SUBJECT: CORPORATE COMPLIANCE PROGRAM

REFERENCE: U.S. Statutes and Federal and State Regulations

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this Compliance Plan to have a formal documented process for ensuring that board members, officers, employees and individuals affiliated with HCHC comply with current statutes and regulations.

Policy

1. All Board members (officers and directors), employees, agents, and volunteers (“Individuals Affiliated with HCHC”) are expected to meet high standards of professional behavior whenever he or she acts on behalf of HCHC.
2. Each Individual Affiliated with HCHC has a personal responsibility for becoming familiar with and complying with the laws, regulations, and policies and procedures related to his or her responsibilities.
3. All Individuals Affiliated with HCHC are required to comply with the Standards of Conduct and Compliance Program by signing and returning the acknowledgement attached to this document.
4. HCHC will ensure that its Corporate Compliance Program will evolve as the laws, and interpretations of the laws, change.

Corporate Compliance Program

I. Compliance Objectives

It is important to note that compliance is not limited to fraud and abuse or patient confidentiality. As a business entity, it is HCHC’s objective to comply with all federal and state laws and regulations, as well as to use general good business practices to protect its reputation and avoid or prevent any Conflicts of Interest in its dealings with Individuals Affiliated with HCHC or its business partners.

Violations, whether intentional or unintentional, may result in significant civil or criminal sanctions, or both, for institutions and personnel that do not comply with the law. HCHC is committed to ensuring that it complies with these laws and regulations.

HCHC’s Corporate Compliance Program is a comprehensive organizational program that:

- Identifies the federal and state laws and regulations governing the organization and ensures compliance with these mandates.
- Develops and maintains written policies and procedures, Standards of Conduct, and advances quality improvement programs throughout the organization.

- Performs periodic self-audits to monitor its compliance with applicable laws and policies governing the organization.
- Conducts ongoing, relevant, and comprehensive education and training for all Individuals Affiliated with HCHC.
- Guides implementation of corrective action plans to improve HCHC's operations and practices.

II. Elements of HCHC's Corporate Compliance Program

The Compliance Program is a process that has been established to assist Individuals Affiliated with HCHC in understanding and complying with all different areas of business. The Compliance Program consists of the following elements:

A. Appointment of a Compliance Officer

HCHC has appointed the Chief Executive Officer (CEO) as the Compliance Officer. The Compliance Officer will be assisted by the members of the Compliance Committee in the development and maintenance of the Corporate Compliance Plan. The Compliance Officer is assured direct access to HCHC's Board of Directors for the purpose of making reports and recommendations on compliance matters. The Compliance Officer's duties include:

- Taking reports of problems or violations and coordinating corrections;
- Suggesting policies related to compliance to the Board and developing procedures implementing policies approved by the Board;
- Overseeing periodic compliance audits and monitoring compliance activities;
- Training Individuals Affiliated with HCHC in compliance matters;
- Reporting incidents of non-compliant conduct to the CEO and Board, as appropriate; and
- Ensuring that appropriate disciplinary actions or sanctions are applied.

To support the Compliance Officer in meeting his/her responsibilities, HCHC has established a staff-level Compliance Committee composed of the following positions:

- Chief Finance Officer, Compliance Contact
- Chief Clinical & Community Services Officer, Compliance Contact
- Executive Assistant, Compliance Contact

The Compliance Committee will meet at least twice annually or more frequently as needed.

B. Written Standards of Conduct and Policies and Procedures for Promoting Compliance

As part of its efforts to implement an effective Compliance Program, HCHC has established written standards to assist Individuals Affiliated with HCHC in recognizing compliance issues and to guide them to do the right thing. This includes but may not be limited to the following:

1. Annex 1: Standards of Conduct
2. Annex 2: Legal Statutes and Regulations

3. Annex 3: Billing, Claims and Records
4. Annex 4: Procurement and Referrals
5. Annex 5: Audits, Investigation and Organizational Response
6. Annex 6: Risk Management Plan
7. Annex 7: Privileging and Credentialing Program
8. Annex 8: 340-B Pharmacy Program
9. Annex 9: Emergency Operations Plan

HCHC will continue to develop or revise and implement policies and procedures consistent with the requirements and standards established by the Board of Directors, federal and state law and regulations, relevant reviewing and accrediting organizations (such as the federal Bureau of Primary Health Care) and, as applicable, managed care organizations and commercial health plans. It is HCHC's policy to address identified areas of risk and to promote compliance by developing written policies and procedures that establish guiding principles or courses of action for affected personnel.

C. Education and Training

It is HCHC's policy to develop and offer initial Corporate Compliance training upon hire or engagement. In addition, ongoing and regular educational and training programs will be conducted to ensure all Individuals Affiliated with HCHC are familiar with its Compliance Program and Standards of Conduct as well as HCHC's other policies and procedures.

Specifically, HCHC will ensure that Individuals Affiliated with HCHC understand the fraud and abuse laws and, if applicable to their position, the coding and billing requirements imposed by Medicare, Medicaid, and other applicable government health care programs and commercial health plans.

HCHC communicates this information, along with information regarding its standards, policies, and procedures, to all Individuals Affiliated with HCHC by requiring participation in annual In-service training programs, through distributing information about what is required for HCHC to succeed in its compliance efforts via semi-weekly email reminders, and other training programs as appropriate.

D. Maintaining Open Lines of Communication

HCHC is committed to establishing and maintaining meaningful and open lines of communication between the Compliance Officer, the Compliance Committee, and the Board of Directors as well as between Individuals Affiliated with HCHC and the Compliance Officer.

Reporting suspected compliance infractions is the responsibility of every employee. Reports can be made in person to the Compliance Officer or any of the Compliance Contacts. Employees who feel uncomfortable reporting in this fashion may report suspected infractions by using the **Compliance Hotline at extension 218, or at 413-667-3009 ext. 218**. This line will be monitored

daily. Employees may also send the Compliance Officer written reports, which may be sent through intra-office mail.

Employees making good-faith reports of suspected compliance infractions are offered the protection of the **Whistleblower's Act of 1989**.

Employees having questions about our corporate compliance plan can also make use of the Hotline or, they can feel free to contact any of the Compliance Committee members by phone or through written communication.

E. Monitoring, Audits and Evaluation

As part of its efforts to implement an effective Compliance Program, HCHC strives to:

- Regularly monitor compliance with applicable statutes and regulations through peer review, chart audits, etc.
- Periodically conduct more comprehensive self-audits of its operations to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Program.
- Contract with outside consultants to conduct full audits of specific operational or clinical areas, as needed and appropriate.

F. System for Responding to Allegations of Improper and Illegal Activity

To support HCHC's commitment to establishing and maintaining meaningful and open lines of communication, HCHC will take appropriate steps to respond to every report of suspected unethical or non-compliant conduct, as well as to address unreported incidents of suspected unethical or non-compliant conduct. These steps may include conducting investigations, reviewing documentation, implementing or revising policies and procedures, offering training, conducting audits, and imposing disciplinary action.

G. Corrective Action and Disciplinary Standards

HCHC is committed to ensuring that its Compliance Program and Standards of Conduct, and its policies and procedures are adhered to by all Individuals Affiliated with HCHC through consistent enforcement, which may be accomplished by imposing appropriate disciplinary action. It is HCHC's goal that every Individual Affiliated with HCHC understands the consequences of improper or non-compliant activities and that all violators will be treated equally and in compliance with HCHC's discipline policy.

III. Employee and Affiliated Individuals' Responsibilities

Individuals Affiliated with HCHC are expected to comply with HCHC's Corporate Compliance Plan, all Annexes to that plan, and its policies and procedures. Affiliated Individuals are **required** to promptly report suspected violations of the Corporate Compliance Plan, its Annexes, and its policies and procedures or other laws, regulations or policies.

Reporting potential non-compliance and participating in HCHC's compliance activities are elements of the job performance of each Individual Affiliated with HCHC and is a service to HCHC. Reports can be made through standard management channels, beginning with an immediate supervisor. As an alternative, Individuals Affiliated with HCHC also may make such report to the Compliance Officer, any Compliance Contact or through the Compliance Hotline at ext. 218. For Board members, reports should be made directly to the Compliance Officer. All reports may be made confidentially, and even anonymously. Individuals Affiliated with HCHC are expected to cooperate fully in the investigation of any potential non-compliance.

Any Individual Affiliated with HCHC who reports a compliance concern in good faith is protected from retaliation by law. Any Individual Affiliated with HCHC who retaliates against another Individual Affiliated with HCHC for his or her reporting of potential non-compliance or his or her participation in addressing potential non-compliance is subject to discipline. Additionally, any Individual Affiliated with HCHC who makes intentionally false accusations regarding a compliance concern is subject to discipline.

Depending on the severity of the violation, violations of the Corporate Compliance Plan may result in the following:

- A. For employees, contractors, agents and volunteers – oral admonishment, written reprimand, reassignment, demotion, suspension, and/or separation, in addition to legal penalties which might apply.
- B. For officers and members of the Board of Directors – oral admonishment or removal from the Board in accordance with procedures established in the by-laws.

Questions regarding this policy or any related Annex should be directed to the Compliance Officer at 413-238-4128.

Originally Drafted: OCT 2012

Reviewed or Revised: OCT 2018

Approved by Board of Directors, Date: _____

Date: _____

Eliza B. Lake
Chief Executive Officer, HCHC

John Follet, MD
Chair, HCHC Board of Directors

Hilltown CHC
Dashboard And Summary Financial Results
August 2018

	Actual FY 2017	Actual YTD Mar. 2018	Actual YTD June 2018	Actual YTD July 2018	Actual YTD Aug. 2018	Notes on Trend	Cap Link TARGET	COMMENT
<u>Liquidity Measures</u>								
Operating Days Cash	7	9	3	2	5	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	1.27	0.78	0.84	0.79	0.84	Measures HCHC's ability to meet current obligations.	>1.25	Not Meeting Benchmark
Patient Services AR Days	33	30	34	34	35	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	56	94	64	64	64	Measures HCHC's ability to pay bills	< 45 Days	Not Meeting Benchmark
<u>Profitability Measures</u>								
Net Operational Margin	-3.4%	-10.5%	-5.5%	-6.1%	-5.3%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	9.6%	8.5%	5.6%	3.7%	3.5%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Doing Better than Benchmark
<u>Leverage</u>								
Total Liabilities to Total Net Assets	27.9%	33.9%	26.3%	27.0%	28.6%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Doing Better than Benchmark
<u>Operational Measures</u>								
Medical Visits	18,727	4,371	8,863	10,233	11,643			
Net Medical Revenue per Visit	\$ 134.56	\$ 144.39	\$ 144.02	\$ 145.97	\$ 144.92			
Dental Visits	14,880	3,512	7,426	8,719	10,127			
Net Dental Revenue per Visit	\$ 113.60	\$ 109.03	\$ 115.98	\$ 115.47	\$ 115.23			
Behavioral Health Visits	3,809	1,002	2,120	2,441	2,762			
Net BH Revenue per Visit	\$ 95.70	\$ 85.29	\$ 89.42	\$ 91.09	\$ 93.52			
Optometry Visits	2,329	523	1,124	1,326	1,532			
Net Optometry Revenue per Visit	\$ 79.61	\$ 91.60	\$ 85.75	\$ 90.95	\$ 88.35			

**Hilltown Community Health Centers
Income Statement - All Departments
Period Ending August 2018**

	August 2018 Actual	August 2018 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
OPERATING ACTIVITIES								
Revenue								
Patient Services - Medical	193,638	255,045	(61,407)	1,687,330	1,825,241	(137,911)	1,669,015	18,315
Visits	1,410	1,842	(432)	11,643	13,226	(1,583)	12,157	(514)
Revenue/Visit	\$ 137.33	\$ 138.46	\$ (1.13)	\$ 144.92	\$ 138.00	\$ 6.92	\$ 137.29	\$ 7.63
Patient Services - Dental	160,183	218,402	(58,219)	1,166,977	1,543,572	(376,595)	1,178,631	(11,654)
Visits	1,408	1,718	(310)	10,127	12,483	(2,356)	9,820	307
Revenue/Visit	\$ 113.77	\$ 127.13	\$ (13.36)	\$ 115.23	\$ 123.65	\$ (8.42)	\$ 120.02	\$ (4.79)
Patient Services - Beh. Health	35,970	38,523	(2,553)	258,313	312,345	(54,032)	244,967	13,346
Visits	321	393	(72)	2,762	3,186	(424)	2,487	275
Revenue/Visit	\$ 112.06	\$ 98.02	\$ 14.03	\$ 93.52	\$ 98.04	\$ (4.51)	\$ 98.50	\$ (4.98)
Patient Services - Optometry	14,757	26,683	(11,926)	135,357	196,224	(60,867)	119,043	16,314
Visits	206	339	(133)	1,532	2,493	(961)	1,511	21
Revenue/Visit	\$ 71.64	\$ 78.71	\$ (7.07)	\$ 88.35	\$ 78.71	\$ 9.64	\$ 78.78	\$ 9.57
Patient Services - Optometry Hardware	9,167	7,490	1,677	56,151	56,991	(840)	50,561	5,590
Patient Services - Pharmacy	12,035	12,500	(465)	80,661	100,000	(19,339)	94,713	(14,052)
Quality & Other Incentives	336	-	336	10,953	-	10,953	9,597	1,356
HRSA 330 Grant	202,807	128,875	73,932	1,113,029	1,031,000	82,029	1,023,048	89,981
Other Grants & Contracts	72,610	75,393	(2,783)	653,691	649,876	3,815	531,332	122,359
Int., Dividends Gain /Loss Investments	6,858	2,500	4,358	24,676	20,000	4,676	44,760	(20,084)
Rental & Misc. Income	2,720	2,427	293	20,930	19,416	1,514	21,108	(178)
Total Operating Revenue	711,081	767,838	(56,757)	5,208,068	5,754,665	(546,597)	4,986,775	221,293
Compensation and related expenses								
Salaries and wages	482,347	474,969	7,378	3,803,185	4,042,803	(239,618)	3,540,037	263,148
Payroll taxes	34,902	36,097	(1,195)	283,259	307,251	(23,992)	269,064	14,195
Fringe benefits	37,661	40,371	(2,710)	316,043	343,630	(27,587)	331,971	(15,928)
Total Compensation & related expenses	554,910	551,437	3,473	4,402,487	4,693,684	(291,197)	4,141,072	261,415
No. of week days	23	23	-	177	177	-	177	-
Staff cost per week day	\$ 24,127	\$ 23,976	\$ 151	\$ 24,873	\$ 26,518	\$ (1,645)	\$ 23,396	\$ 1,477

**Hilltown Community Health Centers
Income Statement - All Departments
Period Ending August 2018**

	August 2018 Actual	August 2018 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
Other Operating Expenses								
Advertising and marketing	151	793	(642)	3,608	6,340	(2,732)	3,745	(137)
Bad debt	4,384	13,880	(9,496)	48,803	111,040	(62,237)	41,142	7,661
Computer support	13,901	16,442	(2,541)	63,462	131,535	(68,073)	59,705	3,757
Conference and meetings	430	1,355	(925)	3,761	10,840	(7,079)	12,675	(8,914)
Continuing education	953	2,788	(1,835)	11,818	22,304	(10,486)	18,906	(7,088)
Contracts and consulting	1,874	4,772	(2,898)	23,521	38,174	(14,653)	35,874	(12,353)
Depreciation and amortization	22,127	23,539	(1,412)	114,607	184,456	(69,849)	109,558	5,049
Dues and membership	8,351	2,934	5,417	23,537	23,472	65	62,895	(39,359)
Equipment leases	2,021	2,432	(411)	16,564	19,456	(2,892)	15,731	833
Insurance	2,070	1,501	569	15,278	12,008	3,270	9,602	5,676
Interest	1,431	1,500	(69)	11,800	12,000	(200)	12,545	(745)
Legal and accounting	3,148	3,000	148	22,504	24,000	(1,496)	27,730	(5,226)
Licenses and fees	3,501	4,331	(830)	38,042	34,645	3,397	33,027	5,015
Medical & dental lab and supplies	14,051	20,139	(6,088)	85,078	161,112	(76,034)	91,137	(6,059)
Merchant CC Fees	1,448	1,213	235	12,220	9,704	2,516	9,431	2,790
Office supplies and printing	3,804	2,945	859	34,140	23,463	10,677	21,804	12,337
Postage	2,000	1,986	14	11,722	14,888	(3,166)	12,534	(812)
Program supplies and materials	20,023	20,760	(737)	174,261	166,077	8,184	133,398	40,863
Pharmacy & Optometry COGS	6,265	5,033	1,232	60,199	40,266	19,933	68,094	(7,895)
Recruitment	56	426	(370)	340	3,408	(3,068)	3,413	(3,073)
Rent	11,191	6,535	4,656	34,889	52,280	(17,391)	24,579	10,310
Repairs and maintenance	15,834	12,836	2,998	120,584	102,688	17,896	105,691	14,893
Small equipment purchases	902	2,813	(1,911)	6,048	22,504	(16,456)	7,956	(1,908)
Telephone/Internet	13,847	13,324	523	89,658	98,592	(8,934)	72,691	16,967
Travel	2,119	3,960	(1,841)	16,603	31,677	(15,074)	32,559	(15,956)
Utilities	3,893	3,915	(22)	36,560	31,336	5,224	31,092	5,467
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	159,774	175,152	(15,378)	1,079,606	1,388,265	(308,659)	1,057,513	22,092
Net Operating Surplus (Deficit)	(3,603)	41,249	(44,852)	(274,025)	(327,284)	53,259	(211,810)	(62,214)
NON-OPERATING ACTIVITIES								
Donations, Pledges & Contributions	19,853	37,917	(18,064)	52,288	153,336	(101,048)	259,598	(207,311)
Loan Forgiveness	-	-	-	-	-	-	-	-
Capital Grants	-	-	-	404,993	445,912	(40,919)	458,217	(53,223)
Net Non-operating Surplus (Deficit)	19,853	37,917	(18,064)	457,281	599,248	(141,967)	717,815	(260,534)
NET SURPLUS/(DEFICIT)	16,250	79,166	(62,916)	183,256	271,964	(88,708)	506,005	(322,748)

Hilltown CHC
Summary of Net Results By Dept.
August 2018
Net Results Gain (Deficit)

	August 2018	August Budget	Over (Under) Budget	YTD	YTD Budget	Over (Under) Budget	PY YTD	Cur. v. PY YTD
<i>Operating</i>								
Medical	\$ 16,410	\$ (10,738)	\$ 27,148	\$ (186,700)	\$ (436,806)	\$ 250,106	\$ (242,166)	\$ 55,466
Dental	(21,705)	29,719	(51,424)	(196,694)	(91,908)	(104,786)	(100,445)	\$ (96,249)
Behavioral Health	19,854	9,167	10,687	36,287	73,334	(37,047)	42,533	\$ (6,246)
Optometry	(650)	7,170	(7,820)	(4,799)	44,527	(49,326)	19,706	\$ (24,505)
Pharmacy	13,339	42	13,297	75,409	27,489	47,920	64,832	\$ 10,577
Community	(417)	(7,107)	6,690	3,362	(24,560)	27,922	4,704	\$ (1,342)
Fundraising	(4,802)	(6,033)	1,231	(46,988)	(46,290)	(698)	(53,331)	\$ 6,343
Admin. & OH	(25,631)	19,029	(44,660)	46,098	126,930	(80,832)	52,357	\$ (6,259)
Net Operating Results	\$ (3,602)	\$ 41,249	\$ (44,851)	\$ (274,025)	\$ (327,284)	\$ 53,259	\$ (211,810)	\$ (62,215)
<i>Non Operating</i>								
Donations	\$ 19,853	\$ 37,917	\$ (18,064)	\$ 52,288	\$ 153,336	\$ (101,048)	\$ 259,598	\$ (207,310)
Capital Project Revenue	-	-	-	404,993	445,912	(40,919)	458,217	\$ (53,224)
Total	\$ 19,853	\$ 37,917	\$ (18,064)	\$ 457,281	\$ 599,248	\$ (141,967)	\$ 717,815	\$ (260,534)
Net	\$ 16,251	\$ 79,166	\$ (62,915)	\$ 183,256	\$ 271,964	\$ (88,708)	\$ 506,005	\$ (322,749)

Hilltown Community Health Centers
Balance Sheet - Monthly Trend

	12/31/2017	1/31/2018	2/28/2018	3/31/2018	4/30/2018	5/31/2018	6/30/2018	7/31/2018	8/31/2018
Assets									
Current Assets									
Cash - Operating Fund	\$ 139,487	\$ 106,899	\$ 131,133	\$ 193,864	167,740	55,714	59,713	41,902	120,927
Cash - Restricted (Amherst Donations)	238,749	264,552	110,300	108,789	53,337	26,043	25,978	26,342	26,347
Patient Receivables	922,130	945,932	907,470	892,811	885,955	894,425	1,008,550	967,591	1,009,573
Less Allow. for Doubtful Accounts	(99,215)	(118,300)	(118,351)	(135,875)	(135,752)	(135,217)	(136,698)	(142,297)	(146,689)
Less Allow. for Contractual Allowances	(364,280)	(367,283)	(355,074)	(355,637)	(341,355)	(349,582)	(400,599)	(353,841)	(374,927)
A/R 340B-Pharmacist	17,254	9,008	10,533	16,255	14,347	17,584	18,243	15,063	18,464
A/R 340B-State	928	(80)	(426)	(765)	(1,809)	(3,691)	(4,299)	(4,533)	(4,659)
Contracts & Grants Receivable	88,897	62,715	77,282	56,863	46,866	33,107	66,864	66,295	75,861
Prepaid Expenses	4,882	14,950	19,830	21,493	21,496	20,716	20,263	18,953	17,792
A/R Pledges Receivable	56,527	43,204	43,021	37,121	36,780	37,566	28,991	28,911	28,911
Total Current Assets	1,005,357	961,597	825,717	834,920	747,605	596,664	687,006	664,385	771,599
Property & Equipment									
Land	204,506	204,506	204,506	204,506	204,506	204,506	204,506	204,506	204,506
Buildings	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913
Improvements	872,646	872,646	872,646	872,646	872,646	905,848	905,848	905,848	905,848
Equipment	974,504	974,504	974,504	964,232	964,232	964,232	964,232	964,232	964,232
Construction in Progress (Amherst)	1,303,831	1,535,407	1,669,398	1,857,729	1,919,511	1,930,266	2,012,678	2,012,678	2,012,678
Total Property and Equipment	5,969,400	6,200,976	6,334,967	6,513,025	6,574,808	6,618,764	6,701,176	6,701,176	6,701,176
Less Accumulated Depreciation	(2,195,779)	(2,209,474)	(2,223,169)	(2,220,682)	(2,232,408)	(2,244,133)	(2,255,859)	(2,277,986)	(2,300,113)
Net Property & Equipment	3,773,621	3,991,502	4,111,798	4,292,343	4,342,400	4,374,630	4,445,317	4,423,190	4,401,062
Other Assets									
Restricted Cash	53,713	53,709	53,713	53,717	53,722	53,727	53,732	53,713	53,723
Pharmacy 340B and Optometry Inventory	13,089	14,125	14,942	13,224	12,963	13,924	13,544	13,770	14,063
Investments Restricted	6,978	6,978	6,978	6,978	7,054	7,054	7,350	7,350	7,350
Investment - Vanguard	514,406	514,406	514,406	464,406	464,529	469,407	467,823	481,623	488,467
Total Other Assets	588,186	589,218	590,039	538,326	538,268	544,112	542,450	556,456	563,603
Total Assets	\$ 5,367,164	\$ 5,542,317	\$ 5,527,555	\$ 5,665,589	5,628,273	5,515,406	5,674,773	5,644,031	5,736,265
Liabilities & Fund Balance									
Current & Long Term Liabilities									
Current Liabilities									
Accounts Payable	\$ 296,786	\$ 462,981	\$ 332,669	\$ 508,923	447,711	306,137	359,533	358,979	363,354
Notes Payable	-	-	-	-	-	-	-	-	-
Sales Tax Payable	51	19	36	315	23	42	59	10	28
Accrued Expenses	1,492	(2,918)	2,537	(3,108)	(6,897)	(10,386)	(6,046)	(4,135)	(4,314)
Accrued Payroll Expenses	368,564	456,096	461,683	504,005	522,176	371,730	397,811	428,315	468,201
Payroll Liabilities	19,499	20,094	12,706	8,674	10,033	11,672	12,214	12,870	14,839
Unemployment Escrow	826	826	826	826	826	826	826	826	826
Line of Credit	-	-	-	-	-	-	-	-	50,000
Deferred Contract Revenue	107,507	71,388	53,582	48,531	43,895	50,512	56,783	46,031	28,431
Total Current Liabilities	794,725	1,008,485	864,038	1,068,166	1,017,767	730,533	821,179	842,896	921,365
Long Term Liabilities									
Mortgage Payable United Bank	185,129	183,730	182,328	180,782	179,374	177,945	176,531	175,093	173,668
Mortgages Payable USDA Huntington	189,368	188,343	187,322	186,406	185,394	184,345	183,323	182,263	181,203
Total Long Term Liabilities	374,497	372,073	369,650	367,188	364,768	362,291	359,854	357,356	354,871
Total Liabilities	1,169,222	1,380,558	1,233,688	1,435,354	1,382,535	1,092,824	1,181,033	1,200,252	1,276,236
Fund Balance / Equity									
Fund Balance Prior Years	4,197,942	4,161,759	4,293,867	4,230,235	4,245,738	4,422,582	4,493,740	4,443,778	4,460,029
Total Fund Balance / Equity	4,197,942	4,161,759	4,293,867	4,230,235	4,245,738	4,422,582	4,493,740	4,443,778	4,460,029
Total Liabilities & Fund Balance	\$ 5,367,164	\$ 5,542,317	\$ 5,527,555	\$ 5,665,589	5,628,273	5,515,406	5,674,773	5,644,031	5,736,265

Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HILLTOWN COMMUNITY HEALTH CENTERS, INC		D Employer identification number 04-2161484
	Doing business as		E Telephone number (413) 238-5511
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	58 OLD NORTH ROAD		G Gross receipts \$ 8,565,819.
	City or town, state or province, country, and ZIP or foreign postal code WORTHINGTON, MA 01098		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: JOHN FOLLET SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.HCHCWEB.ORG		H(c) Group exemption number ▶	
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: 1950	M State of legal domicile: MA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL, DENTAL, COUNSELING AND BEHAVIORAL HEALTH CARE, AND RELATED SERVICES TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	133
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	819,633.	1,195,890.
	9 Program service revenue (Part VIII, line 2g)	6,948,169.	7,185,020.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,133.	11,198.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,757.	122,927.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,882,692.	8,515,035.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,910,866.	6,283,016.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16,334.	3,333.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,643.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,545,129.	1,499,987.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,472,329.	7,786,336.	
19 Revenue less expenses. Subtract line 18 from line 12	410,363.	728,699.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,575,530.	End of Year 5,524,853.
	21 Total liabilities (Part X, line 26)	1,113,020.	1,248,053.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,462,510.	4,276,800.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JOHN FOLLET, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CAROL J LEIBINGER-HEALEY	Preparer's signature	Date 08/07/18	Check if self-employed <input type="checkbox"/>	PTIN P00849882
	Firm's name ▶ ADELSON & COMPANY PC	Firm's EIN ▶ 20-5711238	Firm's address ▶ 100 NORTH STREET PITTSFIELD, MA 01201		
			Phone no. 413-443-6408		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
HILLTOWN COMMUNITY HEALTH CENTER'S MISSION IS TO PROVIDE HIGH QUALITY, ACCESSIBLE MEDICAL, DENTAL, COUNSELING AND BEHAVIORAL HEALTH CARE, AND RELATED SERVICES TO PEOPLE IN THE WESTERN MASSACHUSETTS HILLTOWNS AND SURROUNDING AREAS. WE SEEK TO UNDERSTAND AND RESPOND TO THE NEEDS OF

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,898,740. including grants of \$) (Revenue \$ 6,532,676.)
MEDICAL, DENTAL, BEHAVIORAL HEALTH AND OPTOMETRY SERVICES
HILLTOWN COMMUNITY HEALTH CENTERS, INC. (HCHC) PROVIDES COMPREHENSIVE MEDICAL SERVICES TO RESIDENTS OF THE 11 HILLTOWN COMMUNITIES AND THE SURROUNDING AREAS. OUR TEAM OF BOARD-CERTIFIED PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, AND MEDICAL ASSISTANTS PROVIDE PREVENTATIVE, ACUTE AND CHRONIC CARE TREATMENT FOR INFANTS, CHILDREN, ADULTS AND ELDERS AT ONE OF OUR THREE HEALTH CENTER SITES. THIS INCLUDES PHYSICAL EXAMS, WELL-CHILD EXAMS, CAMP AND SPORTS PHYSICALS, IMMUNIZATIONS, GYNECOLOGICAL EXAMS INCLUDING COLPOSCOPY WHEN INDICATED, LABORATORY TESTS, LIMITED PHARMACY SERVICES AND LIMITED PODIATRY SERVICES. THE MEDICAL DEPARTMENT SERVED 5,200 PATIENTS IN 2017.

4b (Code:) (Expenses \$ 658,672. including grants of \$) (Revenue \$ 679,643.)
OUTREACH AND EDUCATION PROGRAMS
HCHC PROVIDES A WIDE VARIETY OF OUTREACH AND EDUCATION PROGRAMS. WORKING CLOSELY WITH OUR MEDICAL DEPARTMENT WE OFFER WELLNESS PROGRAMS INCLUDING NUTRITION COUNSELING (BOTH INDIVIDUAL AND GROUP), SMOKING CESSATION SERVICES, STRESS REDUCTION AND PHYSICAL ACTIVITY PROGRAMS.
OUR FAMILY PROGRAMS INCLUDE WORKSHOPS FOR PARENTS OF INFANTS AND TODDLERS COVERING TOPICS SUCH AS CHILD-DEVELOPMENT, COMMUNICATION, HEALTH AND SAFETY ISSUES (SUCH AS FAMILY CPR AND FIRST AID), INFANT MASSAGE, BABY SIGN LANGUAGE, SETTING LIMITS AND POSITIVE DISCIPLINE, AND COPING WITH TOUGH MOMENTS. INDIVIDUAL CONSULTATION WITH PARENTS STRUGGLING WITH CHILD REARING ISSUES IS ALSO PROVIDED. HCHC ALSO

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 6,557,412.

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with numerical inputs like 18, 0, 133.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 12		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 12		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **FRANK MERTES - (413) 238-5511**
58 OLD NORTH ROAD, WORTHINGTON, MA 01098

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN FOLLET CHAIR	1.00	X		X				0.	0.	0.
(2) NANCY BRENNER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) TIM WALTER TREASURER	1.00	X		X				0.	0.	0.
(4) WENDY LANE WRIGHT CLERK	1.00	X		X				0.	0.	0.
(5) M. LEE MANCHESTER DIRECTOR	0.50	X						0.	0.	0.
(6) ALAN GAITENBY DIRECTOR	0.50	X						0.	0.	0.
(7) WENDY LONG DIRECTOR	0.50	X						0.	0.	0.
(8) CHERYL HOPSON DIRECTOR	0.50	X						0.	0.	0.
(9) KATHRYN JENSEN DIRECTOR	0.50	X						0.	0.	0.
(10) MATTHEW BANNISTER DIRECTOR	0.50	X						0.	0.	0.
(11) MAYA D. BACHMAN DIRECTOR	0.50	X						0.	0.	0.
(12) SETH GEMME DIRECTOR	0.50	X						0.	0.	0.
(13) ELIZA LAKE EXECUTIVE DIRECTOR	37.50			X				122,720.	0.	18,975.
(14) FRANK MERTES CHIEF FINANCIAL OFFICER	37.50			X				102,538.	0.	641.
(15) SHERI CHEUNG PHYSICIAN	40.00					X		153,656.	0.	1,914.
(16) MIRANDA BALKIN PHYSICIAN	37.50					X		135,941.	0.	19,686.
(17) AMANPREET GILL DENTIST	40.00					X		120,359.	0.	8,056.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	743,526.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	452,364.				
	g Noncash contributions included in lines 1a-1f: \$		50,261.				
	h Total. Add lines 1a-1f		1,195,890.				
	Program Service Revenue	2 a PATIENT FEES	Business Code 621110	4,590,446.	4,590,446.		
b GOVERNMENT DIRECT AND		621110	1,993,814.	1,993,814.			
c PROGRAM REVENUE		624100	284,356.	284,356.			
d STATE FREE CARE		621110	224,987.	224,987.			
e PHARMACY INCOME		446110	91,417.	91,417.			
f All other program service revenue		621110					
g Total. Add lines 2a-2f			7,185,020.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		11,198.			11,198.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	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	78,083.					
	b Less: cost of goods sold	b	50,784.				
	c Net income or (loss) from sales of inventory		27,299.	27,299.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	95,628.			95,628.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		95,628.					
12 Total revenue. See instructions.		8,515,035.	7,212,319.	0.	106,826.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	251,263.		251,263.	
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	5,183,065.	4,676,514.	466,211.	40,340.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	447,382.	409,741.	34,219.	3,422.
10 Payroll taxes	401,306.	338,913.	59,473.	2,920.
11 Fees for services (non-employees):				
a Management				
b Legal	7,944.	195.	7,749.	
c Accounting	26,100.		26,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,333.			3,333.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,306.	1,077.	2,229.	
13 Office expenses	399,011.	341,505.	57,500.	6.
14 Information technology	108,575.	70,863.	32,121.	5,591.
15 Royalties				
16 Occupancy	240,171.	212,168.	28,003.	
17 Travel	46,846.	33,850.	12,996.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,321.	25,555.	18,766.	
20 Interest	18,611.	15,819.	2,792.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,337.	119,502.	44,835.	
23 Insurance	14,472.	9,660.	4,812.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL AND DENTAL SUPP	127,573.	127,573.		
b BAD DEBT	78,253.	78,253.		
c CONTRACTS/CONSULTING	55,649.	31,201.	24,232.	216.
d CAPITAL CAMPAIGN EXPENS	13,751.			13,751.
e All other expenses	151,067.	65,023.	84,980.	1,064.
25 Total functional expenses. Add lines 1 through 24e	7,786,336.	6,557,412.	1,158,281.	70,643.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	163,631.	1	101,307.
	2 Savings and temporary cash investments	508,699.	2	287,554.
	3 Pledges and grants receivable, net	255,598.	3	241,562.
	4 Accounts receivable, net	438,414.	4	448,884.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,555.	8	13,089.
	9 Prepaid expenses and deferred charges	25,010.	9	4,907.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,037,962.		
	b Less: accumulated depreciation	10b 2,185,509.	2,686,142.	10c 3,852,453.
	11 Investments - publicly traded securities	425,723.	11	521,384.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	53,758.	15	53,713.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,575,530.	16	5,524,853.	
Liabilities	17 Accounts payable and accrued expenses	615,144.	17	766,049.
	18 Grants payable		18	
	19 Deferred revenue	93,234.	19	107,507.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	404,642.	23	374,497.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,113,020.	26	1,248,053.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,963,008.	27	4,003,070.
	28 Temporarily restricted net assets	464,114.	28	237,150.
	29 Permanently restricted net assets	35,388.	29	36,580.
	Organizations that do not follow SFAS 117 (ASC 958), 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	3,462,510.	33	4,276,800.
	34 Total liabilities and net assets/fund balances	4,575,530.	34	5,524,853.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,515,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,786,336.
3	Revenue less expenses. Subtract line 2 from line 1	3	728,699.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,462,510.
5	Net unrealized gains (losses) on investments	5	85,591.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,276,800.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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		<input type="checkbox"/>
b 33 1/3% support test - 2016. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	373,498.	335,587.	400,685.	819,633.	1195890.	3125293.
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	5654939.	5906631.	6448505.	7007289.	7212319.	32229683.
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	6028437.	6242218.	6849190.	7826922.	8408209.	35354976.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						35354976.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	6028437.	6242218.	6849190.	7826922.	8408209.	35354976.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,065.	8,932.	8,878.	9,133.	11,198.	46,206.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,065.	8,932.	8,878.	9,133.	11,198.	46,206.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,834.	32,503.	132,252.	46,637.	95,628.	359,854.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6089336.	6283653.	6990320.	7882692.	8515035.	35761036.

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 2017 (line 8, column (f) divided by line 13, column (f))	15	98.86 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.13 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.13 %

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

DRAFT

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

HILLTOWN COMMUNITY HEALTH CENTERS, INC

Employer identification number

04-2161484

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HEALTH RESOURCES AND SERVICES ADMINISTRATION 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 671,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHN A. AND ELIZABETH S. ARMSTRONG FUND 301 SPENCER DRIVE AMHERST, MA 01002	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TOWN OF AMHERST 4 BOLTWOOD AVE AMHERST, MA 01002	\$ 72,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FRED BYRON 92 SUNSET AVE AMHERST, MA 01002	\$ 50,261.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE TRUSTEES OF AMHERST COLLEGE 220 SOUTH PLEASANT STREET AMHERST, MA 01002	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AMERICAN CANCER SOCIETY 30 SPEEN ST FRAMINGHAM, MA 01701	\$ 33,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. TRUST, BANK OF AMERICA 100 WESTMINSTER ST PROVIDENCE, RI 02903	\$ 21,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FLORENCE BANK 85 MAIN STREET, PO BOX 60700 FLORENCE, MA 01062	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS 333 BRIDGE ST SPRINGFIELD, MA 01103	\$ 16,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE MAPLE GUILD ONE SWEET TREE LANE ISLAND POND, VT 05846	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GREENFIELD-NORTHAMPTON COOPERATIVE BANK P.O. BOX 1345 GREENFIELD, MA 01302	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ROBERT SAUL 321 EAST HADLEY ROAD AMHERST, MA 01002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	AMHERST BUSINESS IMPROVEMENT DISTRICT, INC. 49 SOUTH STREET, 2ND FLOOR, PO BOX 339 AMHERST, MA 01002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	852 SHARES OF GENERAL ELECTRIC STOCK AND 736 SHARES OF PFIZER STOCK	\$ 50,261.	03/29/17
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization HILLTOWN COMMUNITY HEALTH CENTERS, INC Employer identification number 04-2161484

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,388.	35,184.	35,218.	34,729.	33,453.
b Contributions					
c Net investment earnings, gains, and losses	1,192.	204.	-34.	489.	1,276.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	36,580.	35,388.	35,184.	35,218.	34,729.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		204,506.		204,506.
b Buildings		3,486,560.	1,389,808.	2,096,752.
c Leasehold improvements				
d Equipment		964,233.	795,701.	168,532.
e Other		1,382,663.		1,382,663.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,852,453.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,479,855.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	85,591.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	85,591.
3	Subtract line 2e from line 1	3	7,394,264.
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	
b	Other (Describe in Part XIII.)	4b	1,120,771.
c	Add lines 4a and 4b	4c	1,120,771.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,515,035.

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

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

1	Total expenses and losses per audited financial statements	1	7,769,252.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,769,252.
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	
b	Other (Describe in Part XIII.)	4b	17,084.
c	Add lines 4a and 4b	4c	17,084.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,786,336.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS ENDING ON OR AFTER DECEMBER 31, 2014.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING CAMPAIGN GRANTS AND CONTRIBUTIONS 1,120,771.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING CAPITAL CAMPAIGN EXPENSES 17,084.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HILLTOWN COMMUNITY HEALTH CENTERS, INC

Employer identification number

04-2161484

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

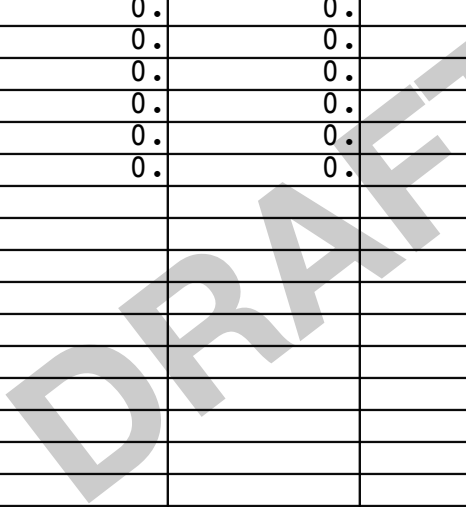
Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERI CHEUNG PHYSICIAN	(i)	153,656.	0.	0.	0.	1,914.	155,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIRANDA BALKIN PHYSICIAN	(i)	135,941.	0.	0.	0.	19,686.	155,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORA GRIMES PHYSICIAN	(i)	158,095.	0.	0.	0.	25,897.	183,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization: **HILLTOWN COMMUNITY HEALTH CENTERS, INC**
Employer identification number: **04-2161484**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	50,261.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

DRAFT

(Lined area for supplemental information)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HILLTOWN COMMUNITY HEALTH CENTERS, INC

Employer identification number

04-2161484

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

PEOPLE IN THE WESTERN MASSACHUSETTS HILLTOWNS AND SURROUNDING AREAS.

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

OUR COMMUNITY. ALL SERVICES WILL BE DELIVERED IN A CARING AND
PROFESSIONAL MANNER WITHIN A CONTEXT OF A PARTNERSHIP BETWEEN PERSONS
SERVED AND STAFF. TO ACHIEVE OUR MISSION WE PROMOTE EMPLOYEE GROWTH
AND JOB SATISFACTION AND WE OFFER CONTINUITY OF CARE THROUGH OUR
RELATIONSHIPS WITH OTHER ORGANIZATIONS.

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

HCHC'S DENTAL DEPARTMENT, STAFFED BY A TEAM OF BOARD-CERTIFIED
DENTISTS, DENTAL HYGIENISTS AND DENTAL ASSISTANTS, PROVIDES
PREVENTATIVE AND ACUTE CARE INCLUDING CLEANINGS AND FILLINGS, ROOT
CANALS, DENTAL IMPLANTS, DENTURES, BRIDGES, PERIODONTAL WORK, EMERGENCY
AND ORAL SURGERY. THE DENTAL DEPARTMENT SERVED 4,610 PATIENTS IN 2017.

HCHC'S BEHAVIORAL HEALTH AND SUBSTANCE ABUSE DEPARTMENT, STAFFED BY
LICENSED PRACTITIONERS, PROVIDES INDIVIDUAL, COUPLE, FAMILY AND GROUP
TREATMENT FOR CHILDREN, ADOLESCENTS, ADULTS AND THE ELDERLY. THE
BEHAVIORAL HEALTH AND SUBSTANCE ABUSE DEPARTMENT SERVED 465 PATIENTS IN
2017.

HCHC'S OPTOMETRY DEPARTMENT, STAFFED BY A LICENSED OPTOMETRIST, BEGAN
SEEING PATIENTS IN OCTOBER 2010. SERVICES PROVIDED BY THE DEPARTMENT
INCLUDE: VISION TESTING, VISUAL FIELD TESTS, OPTICAL SCANS AND OFFERS A

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
--	--

VARIETY OF FRAMES AND CONTACT LENSES. THE OPTOMETRIST WORKS CLOSELY WITH THE MEDICAL PROVIDERS TO INSURE DIABETIC PATIENTS RECEIVE THE NECESSARY VISUAL SCREENINGS. THE OPTOMETRY DEPARTMENT SERVED 1,808 PATIENTS IN 2017.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 PROVIDES CHILDBIRTH EDUCATION PROGRAMS AND BREASTFEEDING EDUCATION AND SUPPORT. HCHC ALSO HAS A FAMILY CENTER WHICH PROVIDES PLAYGROUPS FOR YOUNG CHILDREN, FAMILY-ORIENTED ACTIVITIES AND PARENTING EDUCATION SUPPORT AS WELL AS A PRE-SCHOOL SCHOOL READINESS PROGRAM.

HCHC ALSO PROVIDES ASSISTANCE WITH HEALTH ACCESS (HELPING PEOPLE DETERMINE ELIGIBILITY FOR AND ENROLLING IN PUBLICALLY FUNDED HEALTH INSURANCE PROGRAMS) AND ASSISTANCE IN ACCESSING FUEL ASSISTANCE, HEALTH CARE, HOUSING REFERRALS, ADULT EDUCATION PROGRAMS, JOB READINESS PROGRAMS AND MUCH MORE.

THE HOPE (HEALTH OUTREACH PROGRAM FOR ELDERS) PROGRAM PROVIDES PREVENTATIVE AND HEALTH MAINTENANCE CARE TO SENIORS IN THEIR HOMES. THE HOPE NURSE CAN DO VITAL SIGN AND BLOOD PRESSURE CHECKS; HOME SAFETY ASSESSMENTS; MEDICATION MANAGEMENT; FLU SHOTS; ASSISTANCE IN COMPLETING HEALTH CARE PROXY FORMS; ARRANGING APPOINTMENTS WITH PHYSICIANS AND SPECIALISTS; REFERRALS FOR HOMEMAKER HELP AND MUCH MORE. THE PROGRAM ALSO PROVIDES OUTREACH VISITS BY PHYSICIANS WHEN CALLED FOR AND IN-HOME PODIATRY SERVICES TO ELDERS.

FORM 990, PART VI, SECTION B, LINE 11B:
 FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PRESENTED TO THE FULL

Name of the organization HILLTOWN COMMUNITY HEALTH CENTERS, INC	Employer identification number 04-2161484
--	--

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

A QUESTIONNAIRE MUST BE COMPLETED ANNUALLY BY OFFICERS, DIRECTORS AND KEY EMPLOYEES DISCLOSING ANY RELATIONSHIPS PRESENTING POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THE EXECUTIVE DIRECTOR'S COMPENSATION AND COMPARE IT TO FOUR SIMILARLY-SIZED MASSACHUSETTS HEALTH CARE ORGANIZATIONS. THE EXECUTIVE COMMITTEE'S RECOMMENDATION IS BROUGHT TO THE BOARD OF DIRECTORS FOR FURTHER DISCUSSION AND FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE AT GUIDE STAR WEBSITE AND PROVIDED UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/17 to 12/31/17

Attorney General's Account #: 009831

Federal ID #: 04-2161484

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 10/03/1950

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 05/31/1968

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

Filing Fee or Printout of

Electronic Payment Confirmation

Copy of IRS Return

Audited Financial Statements/Review

Amended Articles/By-Laws

Schedule A-1

Schedule A-2

Schedule RO

Schedule VCO

Probate Account

Organization Data

Name: HILLTOWN COMMUNITY HEALTH CENTERS, INC

Mailing Address: 58 OLD NORTH ROAD

City: WORTHINGTON State: MA ZIP: 01098

Phone Number: (413) 238-5511 Fax Number: 413-238-5358

Email: _____ Website: WWW.HCHCWEB.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	8	Organization Purpose Code 1	12
Type of Organization (Table 2)	5	Organization Purpose Code 2	13

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 10/03/1950
- Where was the organization created? WORTHINGTON, MA
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,195,890.
B.	Gross support and revenue	8,515,035.
C.	Program services and similar amounts paid out	6,557,412.
D.	Fundraising expenses	70,643.
E.	Management and general expenses	1,158,281.
F.	Payments to affiliates	0.
G.	Total expenses	7,786,336.
H.	Net assets or fund balances at the end of the year	4,276,800.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	LORA GRIMES PHYSICIAN	37.00	158,095.	25,897.	0.
2.	SHERI CHEUNG PHYSICIAN	40.00	153,656.	1,914.	0.
3.	MIRANDA BALKIN PHYSICIAN	37.00	135,941.	19,686.	0.
4.	ELIZA LAKE EXECUTIVE DIRECTOR	37.00	122,720.	18,975.	0.
5.	MICHAEL PURDY OPTOMETRIST & CHIEF CLINICAL OFF	37.00	133,186.	1,061.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	WRIGHT BUILDERS	1,079,836.	CONSTRUCTION CONTRACTOR
2.	HAI ARCHITECTURE	87,374.	ARCHITECT
3.	ADELSON & COMPANY PC	26,100.	ACCOUNTANT
4.	MBL HOUSING & DEVELOPMENT, INC	13,233.	CAPITAL PROJECT CONSULTANT
5.	KYOCERA	8,940.	IT SUPPORT

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
FLORENCE SAVINGS BANK	ONE MAIN STREET, WILLIAMSBURG, MA 01096	413-586-1300
UNITED BANK	95 ELM STREET, PO BOX 9020, WEST SPRINGFIELD, MA 01090	413-787-1700

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:
 Address: NOT APPLICABLE
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: FRANK MERTES
 Street Address: 54 OLD NORTH ROAD
 City: WORTHINGTON State: MA ZIP Code: 01098
 Phone Number: 413-238-5511

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

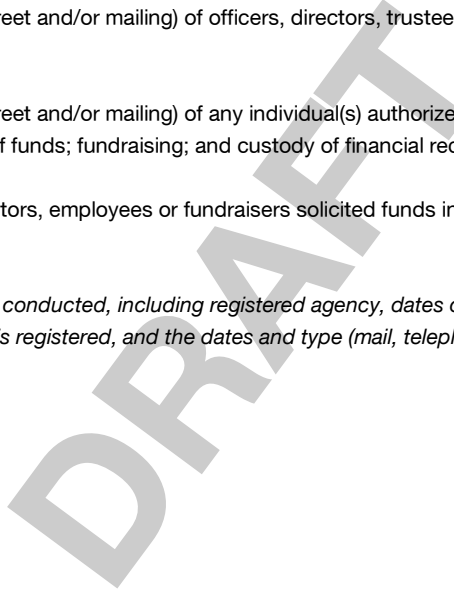
16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.



20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ELIZA LAKE 58 OLD NORTH ROAD WORTHINGTON, MA 01098	EXECUTIVE DIRECTOR
FRANK MERTES 58 OLD NORTH ROAD WORTHINGTON, MA 01098	CHIEF FINANCIAL OFFICER
JOHN FOLLET 58 OLD NORTH ROAD WORTHINGTON, MA 01098	CHAIR
NANCY BRENNER 58 OLD NORTH ROAD WORTHINGTON, MA 01098	VICE CHAIR
TIM WALTER 58 OLD NORTH ROAD WORTHINGTON, MA 01098	TREASURER
WENDY LANE WRIGHT 58 OLD NORTH ROAD WORTHINGTON, MA 01098	CLERK
M. LEE MANCHESTER 58 OLD NORTH ROAD WORTHINGTON, MA 01098	DIRECTOR
ALAN GAITENBY 58 OLD NORTH ROAD WORTHINGTON, MA 01098	DIRECTOR
WENDY LONG 58 OLD NORTH ROAD WORTHINGTON, MA 01098	DIRECTOR
CHERYL HOPSON 58 OLD NORTH ROAD WORTHINGTON, MA 01098	DIRECTOR
KATHRYN JENSEN 58 OLD NORTH ROAD WORTHINGTON, MA 01098	DIRECTOR
MATTHEW BANNISTER 58 OLD NORTH ROAD WORTHINGTON, MA 01098	DIRECTOR

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MAYA D. BACHMAN
58 OLD NORTH ROAD
WORTHINGTON, MA 01098

DIRECTOR

SETH GEMME
58 OLD NORTH ROAD
WORTHINGTON, MA 01098

DIRECTOR

DRAFT

NAME AND ADDRESS	AREA OF RESPONSIBILITY
FRANK W. MERTES 58 OLD NORTH ROAD WORTHINGTON, MA 01098	RESPONSIBLE FOR CUSTODY OF FUNDS
ELIZA LAKE 58 OLD NORTH ROAD WORTHINGTON, MA 01098	RESPONSIBLE FOR CUSTODY OF FUNDS
FRANK W. MERTES 58 OLD NORTH ROAD WORTHINGTON, MA 01098	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ELIZA LAKE 58 OLD NORTH ROAD WORTHINGTON, MA 01098	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BOARD OF DIRECTORS 58 OLD NORTH ROAD WORTHINGTON, MA 01098	RESPONSIBLE FOR FUNDRAISING
FRANK W. MERTES 58 OLD NORTH ROAD WORTHINGTON, MA 01098	CUSTODY OF FINANCIAL RECORDS
ELIZA LAKE 58 OLD NORTH ROAD WORTHINGTON, MA 01098	CUSTODY OF FINANCIAL RECORDS
ELIZA LAKE 58 OLD NORTH ROAD WORTHINGTON, MA 01098	AUTHORIZED TO SIGN CHECKS
FRANK W. MERTES 58 OLD NORTH ROAD WORTHINGTON, MA 01098	AUTHORIZED TO SIGN CHECKS
JOHN S. FOLLET 58 OLD NORTH ROAD WORTHINGTON, MA 01098	AUTHORIZED TO SIGN CHECKS

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: JOHN FOLLET

Title: PRESIDENT

Name of Preparer: ADELSON & COMPANY PC

Address 100 NORTH STREET

City PITTSFIELD State MA ZIP Code 01201

Phone Number 413-443-6408

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**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input checked="" type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: AUGUST FUNDRAISING STRATEGIES

Address 7 N PLEASANT ST, SUITE 2E

City AMHERST State MA ZIP Code 01002

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

FRANK W. MERTES

Name and Title: CHIEF FINANCIAL OFFICER

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

ELIZA LAKE

Name and Title: EXECUTIVE DIRECTOR

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

FRANK W. MERTES

Name and Title: CHIEF FINANCIAL OFFICER

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

ELIZA LAKE

Name and Title: EXECUTIVE DIRECTOR

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

Name and Title:

Address

City State ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

FRANK W. MERTES

Name and Title: CHIEF FINANCIAL OFFICER

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

ELIZA LAKE

Name and Title: EXECUTIVE DIRECTOR

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

FRANK W. MERTES

Name and Title: CHIEF FINANCIAL OFFICER

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

ELIZA LAKE

Name and Title: EXECUTIVE DIRECTOR

Address 58 OLD NORTH ROAD

City WORTHINGTON State MA ZIP Code 01098

Name and Title:

Address

City State ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: JOHN FOLLET

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: _____

Title: _____

DRAFT