

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPA-R5EE-9CVJD, version 1)

Details

Submitted 10/25/2021 (1 days ago) by Peggy Me en

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Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

5/1/2020

Organization Name

Hunt Community

Street Address

10 ALLDS ST

NASHUA, NH 03060

Federal ID #

02-0369906

State Registration #

1250

Website address (must have a prefix such as "http://www.")

http://www.huntcommunity.org

Is the organization's community benefit plan on the organization's website?

N/A

Chief Executive

First Name

Brian

Last Name

Newman

Phone Type

Business

Number

6038826511

Extension

Email

[REDACTED]

Board Chair

First Name	Last Name	
Maryse	Wirbal	
Phone Type	Number	Extension
Other	[REDACTED]	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Peggy	Mellen	
Title	Exec Administrator	
Phone Type	Number	Extension
Business	6038826511	
Email	[REDACTED]	

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served

Mission Statement

"Si verstone Living is a not-for-profit group of affiliates offering retirement choices committed to the promise of security, independence and the ♦Freedom to be You♦ " Amended and confirmed June 28, 2021.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

Yes

Service Population Description

Serve the Hunt Community's definition of the community and population served are its residents. The Hunt Community tradition over the past century was to and continues to be to provide financially for its residents when they have depleted their resources. Over the past 120 years, thousands of residents have been supported financially. The financial support is due in part to a small bequest left from the Hunt family and the fiscally responsible Boards over the past century. There is no fundraising done by Hunt Community.

This facility has never participated in the Medicare or Medicaid program, nor has it received monies from any other governmental agencies.

The provision of care and social services to a significant number of elderly people, which diminishes the demand on government services, is a less measurable but an equally important benefit to the State and the community general population

Section 3.1: Community Needs Assessment

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2015

Please attach a copy of the needs assessment if completed in the past year

NONE PROVIDED

Comment

NONE PROVIDED

Was the assessment conducted in conjunction with other health care charitable trusts in your community?

No

Section 3.2: Community Needs Assessment (1 of 5)

Area of Community Need / Concern

16. Aging Population / Senior Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

A1: Community Health Education

A6: Community Needs/Asset Assessment

A7: Other Community Benefit Operations

B3: Scholarships/Funding for Health Professions Education

C10: Other Subsidized Health Services

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

Hunt Community promotes and participates in a number of community-based programs which are further described in Section 4:B. Hunt Community also opens up meeting spaces at no cost to the community and allows outside groups to utilize the facilities. Groups that currently utilize our meeting spaces on a regular basis include, OLLI (Osher Life-Long Learning), the Rise Group, and "Course in Miracles" which our residents can attend if they wish to do so.

Section 3.2: Community Needs Assessment (2 of 5)

Area of Community Need / Concern

23. Dementia, including Alzheimer's Disease

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 5)

Area of Community Need / Concern

18. Access to Long Term Care or Assisted Living

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 5)

Area of Community Need / Concern

34. Education / Job Training

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 5)

Area of Community Need / Concern

16. Aging Population / Senior Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

A1: Community Health Education

A6: Community Needs/Asset Assessment

A7: Other Community Benefit Operations

B3: Scholarships/Funding for Health Professions Education

C10: Other Subsidized Health Services

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

Hunt Community promotes and participates in a number of community-based programs which are further described in Section 4:B. Hunt Community also opens up meeting spaces at no cost to the community and allows outside groups to utilize the facilities. Groups that currently utilize our meeting spaces on a regular basis include, OLLI (Osher Life-Long Learning), the Rise Group, and "Course in Miracles" which our residents can attend if they wish to do so.

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

11409092

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	312501	0	312501	2.7%	420000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	257838	0	257838	2.3%	30000

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	570339	0	570339	5%	450000

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	0	0	0	0%	0

Total**(11) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	570339	0	570339	5%	\$450000

Section 5: Community Building Activities**Total expense (\$; entered at top of Section 4)**

11409092

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total

(10) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	0	0	0	0%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)

NONE PROVIDED

Enter Medicare allowable costs of care relating to payments specified above (\$)

NONE PROVIDED

Medicare surplus (shortfall)

\$NaN

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

NONE PROVIDED

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

10156451

Net operating costs (\$)

11409092

Ratio of gross receipts from operations to net operating costs

0.89

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)

570339

Other Community Benefit Costs (\$)

0

Community Building Activities (\$)

0

Total Unreimbursed Community Benefit Expenses (\$)

570339

Net community benefit costs as a percent of net operating costs (%)

5%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$NaN

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Rivier University	No	Yes	No	No
RISE	Yes	Yes	No	No
Granite State College	Yes	Yes	No	No
St Joseph School of Nursing	Yes	Yes	No	No
Nashua Community College	Yes	Yes	No	No
Middlesex School of Concord MA	Yes	Yes	No	No
Bishop Guertin High School	Yes	Yes	No	No
Hois Brookline High School	Yes	Yes	No	No
Nashua High School North & South	Yes	Yes	No	No
Avirine High School	Yes	Yes	No	No
Em Street Middle School	Yes	Yes	No	No
We Honor Veterans	Yes	Yes	No	No
Compassionate Care Hospice and Mayor's Veterans Council, Nashua	Yes	Yes	No	No
My Healthy Vet: Manchester VA:	Yes	Yes	No	No
City of Nashua Dept. of Transportation	No	Yes	No	No
Nashua Soup Kitchen	Yes	Yes	No	No
Girl Scouts	No	No	No	No
Harbor Homes	No	No	No	No
Leukemia and Lymphoma Society	No	No	No	No
Work Experience Program (WEP)	No	No	No	No
Opportunity Networks	No	No	No	No
The Nashua Center	No	No	No	No
PLUS Co.,	No	No	No	No
Messon Wheels	No	No	No	No
Nashua P.A.L.	No	No	No	No
Nashua Public Library	No	No	No	No
Hois Public Library	No	No	No	No
Greater Nashua Mental Health	No	No	No	No
LifeStance Health	No	No	No	No
Science Cafe	No	No	No	No
Cards for Kidz	No	No	No	No
St. Patrick's Church	No	No	No	No
Helping Hands	No	No	No	No

Please provide a description of the methods used to solicit community input on community needs:

Hunt Community works with many area high schools, middle schools and local colleges, churches and other Not For Profit organizations to address the needs of the greater Nashua community. We utilize surveys, outreach activities and input solicited from residents, community leaders, members, family members, and staff.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

N/A

A written charity care policy is available to the public.

N/A

Any individual can apply for charity care.

N/A

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

N/A

Notice of the charity care policy is posted in lobbies.

N/A

Notice of the policy is posted in waiting rooms.

N/A

Notice of the policy is posted in other public areas of our facilities.

N/A

Notice of the charity care policy is given to recipients who are served in their home.

N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name	Last Name
Brian	<i>Newman</i>

Title
CEO

Email
[REDACTED]