EXTENDED TO AUGUST 15, 2019

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 **and ending** SEP 30, 2018

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: WINDSOR HOSPITAL CORPORATION

Doing business as MT ASCUTNEY HOSPITAL & HEALTH CE

Number and street (or P.O. box if mail is not delivered to street address): 289 COUNTY ROAD | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: WINDSOR, VT 05089

D Employer identification number 03-0183721

E Telephone number 8026746711

G Gross receipts $ 55,684,344.

F Name and address of principal officer: DAVID SANVILLE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ MTASCUTNEYHOSPITAL.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1933 **M** State of legal domicile: VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF THOSE WE SERVE. OUR ACTIVITIES INCLUDE PROVIDING HEALTHCARE.

2 Check this box ▶ ☐ 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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	540
6	Total number of volunteers (estimate if necessary)	6	185
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-6,151.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-6,151.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	906,396.	1,057,821.
	9	Program service revenue (Part VIII, line 2g)	51,135,484.	53,629,858.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	624,393.	883,372.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,577.	77,823.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,825,850.	55,648,874.
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)	30,149,034.	32,199,150.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 288,074.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,347,045.	21,315,219.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,496,079.	53,514,369.
	19	Revenue less expenses. Subtract line 18 from line 12	2,329,771.	2,134,505.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	50,695,886.	54,844,981.
	21	Total liabilities (Part X, line 26)	25,152,463.	26,292,087.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,543,423.	28,552,894.

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

▶ DAVID SANVILLE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
W. JAY SIMMS	W. JAY SIMMS	08/13/19		P00435321

Firm's name ▶ TYLER, SIMMS & ST. SAUVEUR CPAS, P.C. | Firm's EIN ▶ 02-0476956

Firm's address ▶ 19 MORGAN DRIVE
LEBANON, NH 03766 | Phone no. 603-653-0044

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:
MT. ASCUTNEY HOSPITAL AND HEALTH CENTER'S MISSION IS TO IMPROVE THE LIVES OF THOSE WE SERVE.

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 $ 43,130,184. including grants of $) (Revenue $ 53,661,706.)
MT. ASCUTNEY HOSPITAL AND HEALTH CENTER (MAHHC) OPERATES A NOT-FOR-PROFIT CRITICAL ACCESS HOSPITAL WHICH PROVIDES PRIMARY AND SECONDARY HEALTH CARE. MAHHC'S PRIMARY SERVICE AREA INCLUDES WINDSOR, CLAREMONT, WOODSTOCK, HARTLAND, SPRINGFIELD, AND BROWNSVILLE. THE HOSPITAL PROVIDES ESSENTIAL HEALTHCARE SERVICES INCLUDING EMERGENCY DEPARTMENT, MED/SURG INPATIENT, AND ANCILLARY DIAGNOSTIC TESTS, IMAGING/RADIOLOGY PROCEDURES, AND WELLNESS/PREVENTION SERVICES. MAHHC STAFFS A TOTAL OF 25 ACUTE MED/SURG BEDS AND 10 ACUTE REHABILITATION BEDS. DURING THE YEAR, THERE WERE 1,075 DISCHARGES, 1,597 SURGERIES, 60,786 LAB TESTS, AND 11,746 IMAGING PROCEDURES. MAHHC IDENTIFIED ACCESS TO PRIMARY CARE AS A CENTRAL COMMUNITY NEED AND IS COMMITTED TO PROVIDING THE PHYSICIAN SERVICES OF FAMILY PRACTICE, INTERNAL MEDICINE

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

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

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

4e Total program service expenses ▶ 43,130,184.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
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? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	61		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	540		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 ..... [X]

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	1a	17		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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 ▶ NONE

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 [X] 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: ▶

DAVID SANVILLE - 8026746711
289 COUNTY ROAD, WINDSOR, VT 05089

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JOHN GILMAN TRUSTEE	1.00	X						0.	0.	0.
(2) MICHAEL NEWBOLD TRUSTEE	1.00	X						0.	0.	0.
(3) LYNN PETERSON MD TRUSTEE	1.00	X						0.	0.	0.
(4) HON. DONNA SWEANEY VICE-CHAIR	1.00	X		X				0.	0.	0.
(5) STEVEN SMITH MD TRUSTEE	1.00 40.00	X						0.	183,126.	114,455.
(6) ALAN KEILLER CHAIR (FROM 12/2017)	1.00	X		X				0.	0.	0.
(7) MARIA PADIN, MD DH REPRESENTATIVE	1.00 40.00	X						0.	399,509.	275,686.
(8) VINCENT FUSCA III TREASURER	1.00	X		X				0.	0.	0.
(9) DEANNA S. HOWARD DH REPRESENTATIVE	1.00	X						0.	0.	0.
(10) MATTHEW S. HOUDE DH REPRESENTATIVE	1.00 40.00	X						0.	194,397.	34,795.
(11) STEPHEN D. SURGENOR, MD DH REPRESENTATIVE	1.00 40.00	X						0.	490,966.	69,725.
(12) JOHN TANSEY SECRETARY	1.00	X		X				0.	0.	0.
(13) GAY LANDSTROM INTERIM CEO (THRU 1/2017)	40.00 1.00	X		X				0.	65,456.	4,008.
(14) JOSEPH PERRAS PRESIDENT & CEO (FROM 1/17	40.00 1.00	X		X				346,184.	0.	0.
(15) PAMELA BROWN TRUSTEE	1.00	X						0.	0.	0.
(16) PATRICK JORDAN DH REPRESENTATIVE	1.00 40.00	X						0.	46,154.	2,396.
(17) WILLIAM PALMER, MD TRUSTEE	1.00 40.00	X						0.	203,701.	209,145.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) DONNA VANFLEET CHAIR (EFFECTIVE THRU 12/2017)	1.00	X		X				0.	0.	0.
(19) DAVID SANVILLE CFO	32.00			X				181,809.	0.	20,699.
(20) MARY JOYCE PHYSICIAN	40.00					X		249,664.	0.	20,699.
(21) CHRISTOPHER CONNOR PHYSICIAN	40.00					X		315,647.	0.	10,000.
(22) HEIDI CRUZ PHYSICIAN	40.00					X		238,721.	0.	20,689.
(23) DENNIS HEIBEIN PHYSICIAN	40.00					X		244,242.	0.	10,000.
(24) PETER RAUERT PHYSICIAN	40.00					X		407,201.	0.	18,140.
1b Sub-total ▶								1,983,468.	1,583,309.	810,437.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								1,983,468.	1,583,309.	810,437.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DARTMOUTH-HITCHCOCK HEALTH ONE MEDICAL DRIVE, LEBANON, NH 03756	LEADERSHIP, PHYSICIANS AND MEDIC	3,733,587.
EMERGENCY SERVICES OF NEW ENGLAND PO BOX 12, CHESTER, VT 05143	MEDICAL STAFF PROVIDERS FOR EMERGE	1,490,109.
AHSA STAFFING PO BOX 945, TRAVERSE CITY, MI 49685	TEMPORARY NURSING/CLINICAL STA	1,038,954.
SODEXO INC. & AFFILIATES PO BOX 360170, PITTSBURGH, PA 15251	MNGMT & SUPPORT STAFF - ENVMMNTL SRV	739,934.
CERNER PO BOX 959156, ST LOUIS, MO 63195	SUPPORT FOR EMR	678,169.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 32

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	740,954.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	316,867.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f ▶			1,057,821.			
Program Service Revenue			**Business Code**				
	2 a PATIENT SERVICES		621110	97,368,607.	97,368,607.		
	b PROGRAM & MISC OTHER		621110	2,821,217.	2,821,217.		
	c ONE CARE VERMONT		621110	732,703.	732,703.		
	d DSH/VAHHS REVENUE		621110	683,877.	683,877.		
	e PROVISION FOR DOUBTFUL ACCOUNTS		621110	-1,541,879.	-1,541,879.		
	f All other program service revenue		621110	-46,434,667.	-46,434,667.		
	g **Total.** Add lines 2a-2f ▶			53,629,858.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			252,096.		-6,151.	258,247.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents	26,322.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	26,322.					
	d Net rental income or (loss) ▶			26,322.			26,322.
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	623,898.	21,700.				
	b Less: cost or other basis and sales expenses	0.	14,322.				
	c Gain or (loss)	623,898.	7,378.				
	d Net gain or (loss) ▶			631,276.			631,276.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	40,801.				
	b Less: direct expenses	b	21,148.				
	c Net income or (loss) from fundraising events ▶			19,653.			19,653.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		**Business Code**				
	11 a EQUITY IN INCOME OF SUBSIDIARIES		621110	31,848.	31,848.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			31,848.			
	12 **Total revenue.** See instructions. ▶			55,648,874.	53,661,706.	-6,151.	935,498.

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	542,826.	35,172.	507,654.	
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	24,579,332.	20,861,262.	3,570,842.	147,228.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	909,748.	771,488.	132,877.	5,383.
9 Other employee benefits	4,453,548.	3,739,282.	689,930.	24,336.
10 Payroll taxes	1,713,696.	1,426,481.	277,276.	9,939.
11 Fees for services (non-employees):				
a Management				
b Legal	23,641.		23,641.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	86,288.		86,288.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,183,293.	2,235,830.	1,915,209.	32,254.
12 Advertising and promotion	123,053.	11,811.	82,064.	29,178.
13 Office expenses	63,724.	51,450.	11,478.	796.
14 Information technology	441,317.	139,412.	293,093.	8,812.
15 Royalties				
16 Occupancy	679,706.	656,571.	23,103.	32.
17 Travel	67,161.	43,119.	23,244.	798.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	226,535.		226,535.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,076,659.	2,076,659.		
23 Insurance	600,378.	408,795.	189,909.	1,674.
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 PURCHASED SERVICES	5,505,993.	5,166,528.	339,465.	
b SUPPLIES	3,446,707.	3,220,412.	205,865.	20,430.
c DUES/FEES/TAXES	2,263,091.	1,875,622.	385,024.	2,445.
d UTILITIES	671,316.	33,495.	637,821.	
e All other expenses	856,357.	376,795.	474,793.	4,769.
25 **Total functional expenses.** Add lines 1 through 24e	53,514,369.	43,130,184.	10,096,111.	288,074.
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		6,094,896.	1	7,170,204.
	2	Savings and temporary cash investments		172,467.	2	174,261.
	3	Pledges and grants receivable, net		603,278.	3	692,307.
	4	Accounts receivable, net		5,888,667.	4	6,004,348.
	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		478,194.	8	459,566.
	9	Prepaid expenses and deferred charges		581,355.	9	472,047.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,631,560.			
	b	Less: accumulated depreciation	10b 26,546,318.	17,135,210.	10c	18,085,242.
	11	Investments - publicly traded securities		15,281,709.	11	17,206,629.
	12	Investments - other securities. See Part IV, line 11		1,856,051.	12	1,888,026.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,604,059.	15	2,692,351.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		50,695,886.	16	54,844,981.
Liabilities	17	Accounts payable and accrued expenses		4,820,536.	17	6,599,443.
	18	Grants payable			18	
	19	Deferred revenue			19	953,292.
	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		753,948.	23	567,610.
	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		19,577,979.	25	18,171,742.
	26	**Total liabilities.** Add lines 17 through 25		25,152,463.	26	26,292,087.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		18,320,180.	27	21,306,927.
	28	Temporarily restricted net assets		1,345,233.	28	1,354,615.
	29	Permanently restricted net assets		5,878,010.	29	5,891,352.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		25,543,423.	33	28,552,894.
	34	Total liabilities and net assets/fund balances		50,695,886.	34	54,844,981.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,648,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,514,369.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,134,505.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,543,423.
5	Net unrealized gains (losses) on investments	5	192,916.
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	682,050.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,552,894.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	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	3b	X	

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: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 732021 10-06-17 **Schedule A (Form 990 or 990-EZ) 2017**

14210813 806768 1002 2017.06000 WINDSOR HOSPITAL CORPORAT 1002___1

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** ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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 ..... ▶ ☐

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

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

(Complete only if you checked the box on line 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
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.**	**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.*	**1**		
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.*	**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?	**1**		
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).*	**2**		
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.*	**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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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.*	**2a**		
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.*	**2b**		
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.**	**3a**		
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.*	**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 ☐ 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.)

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	**Employer identification number**
WINDSOR HOSPITAL CORPORATION	03-0183721

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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.**

Name of organization	Employer identification number
WINDSOR HOSPITAL CORPORATION	03-0183721

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		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
2		$ 17,081.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
3		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
4		$ 115,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
5		$ 48,936.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
6		$ 6,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WINDSOR HOSPITAL CORPORATION	03-0183721

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		$ 12,500.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
8		$ 8,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
11		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
12		$ 30,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WINDSOR HOSPITAL CORPORATION	03-0183721

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		$ 100,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
14		$ 7,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
15		$ 6,256.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

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
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
WINDSOR HOSPITAL CORPORATION	03-0183721

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
WINDSOR HOSPITAL CORPORATION	03-0183721

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

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

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

LHA

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		12,969.
j Total. Add lines 1c through 1i			12,969.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE HOSPITAL PAID $10,620 IN THE FORM OF DUES TO THE VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS (VAHHS). VAHHS IS A MEMBER-OWNED ORGANIZATION DEVOTED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES THROUGHOUT VERMONT THROUGH ACTIVITIES WHICH INCLUDE ADVOCACY, POLICY DEVELOPMENT, EDUCATION AND RESEARCH. THE HOSPITAL ALSO

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

PAID $2,349 IN THE FORM OF DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA).

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 WINDSOR HOSPITAL CORPORATION

Employer identification number 03-0183721

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	4,958,242.	4,667,571.	4,431,980.	4,759,330.	4,645,093.
b Contributions					
c Net investment earnings, gains, and losses	289,494.	475,456.	420,076.	-30,485.	312,380.
d Grants or scholarships					
e Other expenditures for facilities and programs	187,437.	184,785.	184,485.	296,865.	198,143.
f Administrative expenses					
g End of year balance	5,060,299.	4,958,242.	4,667,571.	4,431,980.	4,759,330.

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 ▶ 83.36 %
c Temporarily restricted endowment ▶ 16.64 %

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

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		410,000.		410,000.
b Buildings		17,111,835.	9,015,222.	8,096,613.
c Leasehold improvements				
d Equipment		13,949,902.	10,245,489.	3,704,413.
e Other		13,159,823.	7,285,607.	5,874,216.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				18,085,242.

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) DARTMOUTH-HITCHCOCK CLINIC	
(3) (RELATED) ACCOUNTS PAYABLE	566,875.
(4) EST. SETTLEMENTS W/ 3RD PARTY	
(5) PAYORS	1,396,395.
(6) MARY HITCHCOCK MEMORIAL HOSPITAL &	
(7) NEAH (RELATED) ACCOUNTS PAYABLE	71,618.
(8) MARY HITCHCOCK MEMORIAL HOSPITAL	
(9) (RELATED) NOTE PAYABLE	10,842,747.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	18,171,742.

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 [X]

SEE PART XIII FOR CONTINUATIONS

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	56,458,700.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	192,916.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	682,050.		
e	Add lines **2a** through **2d**			2e	874,966.
3	Subtract line **2e** from line **1**			3	55,583,734.
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	86,288.		
b	Other (Describe in Part XIII.)	4b	-21,148.		
c	Add lines **4a** and **4b**			4c	65,140.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	55,648,874.

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	53,449,229.
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	21,148.		
e	Add lines **2a** through **2d**			2e	21,148.
3	Subtract line **2e** from line **1**			3	53,428,081.
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	86,288.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	86,288.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	53,514,369.

Part XIII Supplemental Information.

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

PART V, LINE 4:

IN GENERAL, THE AMOUNT OF THE ORIGINAL GIFT AND ANY REQUIRED ACCUMULATIONS BY THE DONOR ARE NOT EXPENDABLE. HOWEVER, THE MARKET VALUE OF THE FUND MAY FALL BELOW THAT AMOUNT DEPENDING ON CURRENT FINANCIAL CONDITIONS IN THE UNDERLYING INVESTMENTS. UNDER THE POLICY OF THE HOSPITAL, THE ENDOWMENT ASSETS ARE INVESTED MODERATELY WITH THE INTENT OF PROVIDING A PREDICTABLE STREAM OF FUNDING TO THE HOSPITAL. THE HOSPITAL INVESTS IN EQUITY FUNDS, BOND FUNDS AND MONEY MARKET INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN LIMITED RISK CONSTRAINTS. ACTUAL RETURNS IN ANY YEAR MAY VARY FROM BUDGETED AMOUNTS DUE TO MARKET FLUCTUATIONS.

PART X, LINE 2:

Part XIII Supplemental Information *(continued)*

ASC SUBTOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ADDRESSES THE ACCOUNTING UNCERTAINTY OF INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF "MORE-LIKELY-THAN-NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. SUBTOPIC 740-10 ALSO PROVIDES GUIDANCE ON MEASUREMENT CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE. THE ORGANIZATION HAS DETERMINED THAT THE PROVISIONS OF SUBTOPIC 740-10 DO NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO EXAMINATIONS FOR FISCAL YEARS PRIOR TO 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER COMPONENTS OF NET PERIODIC BENEFIT COST	185,694.
CHANGE IN NET ASSETS TO RECOGNIZE FUNDED STATUS OF POST-RETIREMENT PLANS	496,356.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	682,050.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-21,148.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	21,148.

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
OTHER LIABILITIES	720,823.
POST RETIREMENT BENEFIT OBLIGATION	4,573,284.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* **for the latest instructions.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

14210813 806768 1002 2017.06000 WINDSOR HOSPITAL CORPORAT 1002___1

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	40,801.			40,801.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	40,801.			40,801.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,118.			5,118.
	6 Rent/facility costs	2,448.			2,448.
	7 Food and beverages	7,363.			7,363.
	8 Entertainment	1,209.			1,209.
	9 Other direct expenses	5,010.			5,010.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				21,148.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				19,653.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 225 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			400,697.		400,697.	.75%
b Medicaid (from Worksheet 3, column a)			6587826.	2573564.	4014262.	7.50%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			6988523.	2573564.	4414959.	8.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1583963.	910,713.	673,250.	1.26%
f Health professions education (from Worksheet 5)			93,359.		93,359.	.17%
g Subsidized health services (from Worksheet 6)			4386065.	3444743.	941,322.	1.76%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,069.		2,069.	.00%
j **Total.** Other Benefits			6065456.	4355456.	1710000.	3.19%
k **Total.** Add lines 7d and 7j			13053979.	6929020.	6124959.	11.44%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 949,742.			
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	23,692,477.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	17,044,147.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	6,648,330.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 WINDSOR HOSPITAL CORPORATION 289 COUNTY ROAD WINDSOR, VT 05089	X	X			X		X		DISTINCT PART REHAB UNIT	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WINDSOR HOSPITAL CORPORATION

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE SCHEDULE O			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): SEE SCHEDULE O			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group WINDSOR HOSPITAL CORPORATION

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SCHEDULE O			
b	[X] The FAP application form was widely available on a website (list url): SEE SCHEDULE O			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE SCHEDULE O			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group WINDSOR HOSPITAL CORPORATION

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** ☒ Processed incomplete and complete FAP applications
- **d** ☒ Made presumptive eligibility determinations
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group WINDSOR HOSPITAL CORPORATION

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a [X]	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b [ ]	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c [ ]	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d [ ]	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.		X

Part V Facility Information *(continued)*

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

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 5: METHODS EMPLOYED IN THE ASSESSMENT INCLUDED A SURVEY OF AREA RESIDENTS MADE AVAILABLE THROUGH ELECTRONIC MAIL, PHYSICAL PRINTED SURVEYS DISTRIBUTED THROUGH THE COMMUNITIES AT APPROXIMATELY 72 SITES AND WEBSITE LINKS, A SURVEY OF KEY COMMUNITY STAKEHOLDERS WHO ARE AGENCY, MUNICIPAL OR COMMUNITY LEADERS, A SERIES OF COMMUNITY DISCUSSION GROUPS CONVENED IN THE MT. ASCUTNEY HOSPITAL SERVICE AREA, AND A REVIEW OF AVAILABLE POPULATION DEMOGRAPHICS AND HEALTH STATUS INDICATORS.

AT THE BEGINNING OF THE SURVEY, RESPONDENTS WERE ASKED TO INDICATE THE REGION THEY PRIMARILY SERVE OR ARE MOST FAMILIAR WITH. A TOTAL OF 137 KEY STAKEHOLDER RESPONDENTS INDICATED THAT THEIR RESPONSES WERE REFLECTIVE OF THE GREATER WINDSOR SERVICE AREA. RESPONDENTS REPRESENTED THE FOLLOWING SECTORS:

HUMAN SERVICE/SOCIAL SERVICE

MENTAL /BEHAVIORAL HEALTH

HOME HEALTH CARE

PRIMARY HEALTH CARE

MEDICAL SUBSPECIALTY

PUBLIC SAFETY/FIRE

EMERGENCY MEDICAL SERVICES

EDUCATION/YOUTH SERVICES

MUNICIPAL/COUNTY GOVERNMENT

COMMUNITY MEMBER/VOLUNTEER

Part V Facility Information *(continued)*

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

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 6A: OTHER FACILITIES WERE MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH), ALICE PECK DAY MEMORIAL HOSPITAL, NEW LONDON HOSPITAL AND VALLEY REGIONAL HOSPITAL. DURING JANUARY THROUGH JULY 2018, MAHHC COMPLETED OUR COMMUNITY NEEDS ASSESSMENT IN PARTNERSHIP WITH AFOREMENTIONED NEIGHBORING HOSPITALS INCLUDING THE VISITING NURSES AND HOSPICE OF VT AND NH, AS WELL AS MHMH, USING SIMILAR COMMUNITY HEALTH NEEDS ASSESSMENT TOOLS AND APPROACHES, ALLOWING US TO COMPARE COMMUNITY HEALTH NEEDS ACROSS A BROAD GEOGRAPHIC, MULTI-HOSPITAL REGION.

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 6B: THROUGH JANUARY JULY 2018, MAHHC WORKED WITH MARY HITCHCOCK MEMORIAL HOSPITAL AND COMMUNITY PARTNERS (72 ORGANIZATIONS) TO DISSEMINATE SURVEYS, SERVE AT KEY INFORMANTS (137) AND TO PROVIDE OVERALL REVIEW AND FEEDBACK RE: FINDINGS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 7D: A BENEFIT REORT WAS PREPARED AND MADE AVAILABLE AND DISTRIBUTED THROUGH 5 COMMUNITY PRESENTATIONS, (INCLUDING 2 REGIONAL SUMMITS WITH OVER 100 PARTICIPANTS) CONDUCTED BY THE COMMUNITY BENEFIT STAFF, AS WELL AS A THOROUGH PRESENTATION MADE TO HOSPITAL'S BOARD OF TRUSTEES. THE MT. ASCUTNEY COMMUNITY HEALTH COMMITTEE, AS WELL AS THE WINDSOR AREA COMMUNITY PARTNERSHIP, AND WOODSTOCK HEALTH AND WELLNESS

Part V Facility Information *(continued)*

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

NETWORK, PARTICIPATED IN THE DISTRIBUTION OF THE REPORT. THE CHNA AND ALL INFORMATION IN THE NEEDS ASSESSMENT IS AVAILABLE FOR STAKEHOLDERS. THE CHNA IS ALSO AVAILABLE VIA PAPER COPY FOR PUBLIC INSPECTION UPON REQUEST, AT THE HOSPITAL'S MAIN INFORMATION DESK. IT IS ALSO AVAILABLE PROMINENTLY ON THE FOLLOWING WEBSITE,

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/CONTENT/DOCUMENTS/FY2018%20MTA%20COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENT%2010.3.18.PDF

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 11: THE MISSION OF MT. ASCUTNEY HOSPITAL AND HEALTH CENTER (MAHHC) IS TO IMPROVE THE LIVES OF THOSE WE SERVE. TO ACCOMPLISH THIS, WE AND OUR COMMUNITY PARTNERS REGULARLY REACH OUT TO ENGAGE IN DIALOGUE WITH PEOPLE ACROSS OUR AREA ABOUT PRESSING HEALTH NEEDS. THE RESULT OF THIS WORK IS A COMPREHENSIVE LOCAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).*

THIS ASSESSMENT IS DESIGNED TO IDENTIFY COMMUNITY HEALTH CONCERNS, PRIORITIES AND OPPORTUNITIES TO IMPROVE COMMUNITY HEALTH AND HEALTH CARE DELIVERY SYSTEMS.

THE GEOGRAPHIC AREA COVERED BY THE ASSESSMENT IS 13 MUNICIPALITIES IN VERMONT AND NEW HAMPSHIRE THAT COMPRISE THE MT. ASCUTNEY HOSPITAL AND HEALTH CENTER SERVICE AREA.

THE CHNA LEADS TO A LOCAL COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) WITH STRATEGIES AND METRICS TO IMPROVE HEALTH AND REDUCE RISKS LEADING TO CHRONIC DISEASENOT ONLY FOR INDIVIDUALS, BUT FOR THE ENTIRE COMMUNITY.

THIS CHNA-CHIP PROCESS, WHICH INCORPORATES INPUT FROM PEOPLE WHO REPRESENT THE COMMUNITY'S BROAD INTERESTS, IS AN ESSENTIAL PART OF CREATING AN

Part V Facility Information *(continued)*

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

ACCOUNTABLE COMMUNITY FOR HEALTH. IT'S THE LAW FOR TAX-EXEMPT HOSPITALS, AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. BUT IT'S ALSO SOUND MEDICINE. THE ASSESSMENT PROCESS FOSTERS ENGAGEMENT, AND THE RESULTS HELP US UNDERSTAND THE SPECIFIC ISSUES FACING OUR COMMUNITIES SO THAT WE CAN DEVELOP EFFECTIVE, COLLECTIVE SOLUTIONS.

1. AL ALCOHOL AND DRUG MISUSE, INCLUDING HEROIN & PAIN MEDICATIONS

THE INTERDISCIPLINARY CHRONIC PAIN CONSULT TEAM MET ON A MONTHLY BASIS TO PROVIDE SUPPORT FOR MANAGING CHALLENGING CHRONIC PAIN PATIENTS

THE BLUEPRINT SELF MANAGEMENT PROGRAM ALSO CONVENED TWO CHRONIC PAIN SELF MANAGEMENT CLASSES THIS REPORTING PERIOD.

MAHHC IMPLEMENTED MEDICATION ASSISTED THERAPY "SPOKE" PROGRAMS IN 4 SITES, MAHHC, OTTAUQUECHEE HEALTH CENTER, CONNECTICUT VALLEY RECOVERY SERVICES AND BRADFORD PSYCHIATRIC ASSOCIATION SERVING OVER 200 PATIENTS EACH QUARTER

PURCHASED MICHIGAN MODEL (SUBSTANCE MISUSE PREVENTION CURRICULA) FOR WINDSOR, HARTLAND, AND WEATHERSFIELD SCHOOLS FOR 2018/2019 SCHOOL YEAR IMPLEMENTATION

MAHHC AND THE WINDSOR AREA DRUG TASK FORCE CONVENED "BEYOND NALOXONE: PREVENTION OF OPIATE DEATHS SUMMIT". THE FIRST WAS HELD IN JUNE AND THE SECOND IN SEPTEMBER 2018

MAHHC AND THE WINDSOR AREA DRUG TASK FORCE CONVENED A SUMMIT TO REVIEW DATA, SHARE CONCERNS, AND CREATE SOLUTIONS FOR YOUTH SUBSTANCE MISUSE AND CREATED 2 RESOURCE GUIDES RELATING TO YOUTH PREVENTION INTERVENTION AND TREATMENT SERVICES.

EXPANDED REGIONAL APPROACH BY CONTRACTING WITH GIFFORD HEALTH CARE AND LITTLE RIVERS HEALTHCARE TO PARTICIPATE IN PREVENTION EFFORTS.

Part V Facility Information *(continued)*

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

DESIGNED AND IMPLEMENTED MARIJUANA LAW COMMUNITY SURVEY TO GAUGE UNDERSTANDING AND IDENTIFY MARIJUANA EDUCATION NEEDS. 602 RESPONSES COLLECTED ACROSS WINDSOR COUNTY.

WORKGROUP CONVENED TO CREATE TWO RESOURCE GUIDES: PREVENTION ACTIVITIES & YOUTH SUBSTANCE MISUSE TREATMENT PROGRAMS

2. ACCESS TO MENTAL HEALTH SERVICES

WELLNESS RECOVERY ACTION PLAN (WRAP) WORKSHOPS DELIVERED FOR SKILL BUILDING AND SELF-MANAGEMENT SUPPORT FOR ANXIETY, DEPRESSION AND GENERAL MENTAL HEALTH

EXPANSION OF AN HCRS EMBEDDED LADC TO 4 DAYS A WEEK IN PATIENT-CENTERED MEDICAL HOME (PCMH), SUPPORTED BY SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) GRANT

PSYCHIATRIST EMBEDDED IN PATIENT CENTERED MEDICAL HOME

MENTAL HEALTH COUNSELING SESSIONS AT WINDSOR CONNECTION RESOURCE CENTER INCREASED FROM 336 IN 2017 TO 776 IN 2018

3. ACCESS TO DENTAL CARE

WORKING WITH NORTHEAST DELTA DENTAL AND ALICE PECK DAY COMMUNITY HEALTH, MAHHC ORGANIZED A DENTAL CLINIC IN THE WINDSOR ELEMENTARY SCHOOL CALLED WINDSOR SMILES PROGRAM

IN 2018, THE WINDSOR COMMUNITY HEALTH CLINIC SUPPLIED 12 DENTAL VOUCHERS WHICH TOTALED $6,701.25 WORTH OF SERVICES

4. ACCESS TO AFFORDABLE HEALTH INSURANCE AND PRESCRIPTION MEDICATION

M THE WINDSOR COMMUNITY HEALTH CLINIC ASSISTS CLIENTS WITH VT HEALTH CONNECT, MEDICARE, AND MEDICAID APPLICATIONS.ALSO HELPS PATIENTS COMPLETE

Part V Facility Information *(continued)*

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

APPLICATIONS FOR REDUCED PRICE MEDICATIONS FROM PHARMACEUTICAL COMPANIES.

IN 2018, 5 MEDICAL DOCTORS, 5 REGISTERED NURSES, 2 MENTAL HEALTH PROFESSIONALS, 8 MID-LEVEL NURSING PROVIDERS, AND 1 LICENSED CLINICAL SOCIAL WORKER DONATED THEIR TIME TO SUPPORT THE CLINIC.

A TOTAL OF $852,318 OF IN-KIND SUPPORT WAS OFFERED, WITH PAID PROGRAM EXPENSES BEING $78,464.

A TOTAL OF $8,396 WAS SPENT ON MEDICATION VOUCHERS IN 2018E

5. HEALTH CARE FOR SENIORS

ESTABLISHED A REGIONAL, COMMUNITY-BASED FALLS PREVENTION BEST PRACTICE PROGRAM INVOLVING EMS IN WOODSTOCK AND WINDSOR, HISTORIC HOMES OF RUNNEMEDE, OLD WINDSOR VILLAGE, RETIRED SENIORS VOLUNTEER PROGRAM (RSVP), PATIENT- CENTERED MEDICAL HOME, MAHHC PHYSICAL THERAPY; ADOPTION OF FALLS FREE STATEWIDE PROGRAM (STEDI SYSTEM); DEVELOPED EMS PROTOCOL; PROVIDED TRAINING; PROMOTED REFERRALS TO PT AND COMMUNITY-BASED SKILLS TRAINING; AND PROVIDED BALANCE AND STRENGTH TRAINING FOR SENIORS.

INTERAGENCY CARE MANAGEMENT AND CARE COORDINATION THROUGH THE COMMUNITY HEALTH TEAM FOR HIGH-RISK CHRONIC CARE ELDERS.

LEADERSHIP AND BOARD PARTICIPATION FOR THE CREATION OF SCOTLAND HOUSE ADULT DAY HEALTH AND WELLNESS PROGRAM.

SUPPORT AND SERVICES AT HOME (SASH) WELLNESS NURSE SERVED OVER 100 PATIENTS WITH ASSESSMENTS, EDUCATION, MONITORING AND CARE COORDINATION. INVOLVED IN 2 QUALITY INITIATIVES WITH MAHHC PATIENT-CENTERED MEDICAL HOME INCLUDING HYPERTENSION AND DIABETES QUALITY INITIATIVES.

HOUSING AND SUPPORTIVE SERVICES (HASS) COORDINATOR WORKED TO DECREASE SOCIAL ISOLATION BY PROVIDING ONE- ON-ONE VISITING FOR 31 RESIDENTS, WITH CLASSES AND EVENTS INCLUDING GARDENING, BOOK CLUBS, CRAFTS, ART AND MUSIC.

Part V Facility Information *(continued)*

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

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HOUSING AND SUPPORTIVE SERVICES (HASS) COORDINATOR WORKED TO DECREASE SOCIAL ISOLATION BY PROVIDING ONE- ON-ONE VISITING FOR 31 RESIDENTS, WITH CLASSES AND EVENTS INCLUDING GARDENING, BOOK CLUBS, CRAFTS, ART AND MUSIC.

6. NUTRITION / ACCESS TO AFFORDABLE, HEALTHY FOOD

HOSTED VT FOOD BANK'S "VEGGIEVANGO" EVERY MONTH (DELIVERY OF FREE VEGETABLES TO THE COMMUNITY). SERVES 90 TO 215 FAMILIES EACH MONTH. MAHHC MEDICAL PROVIDERS GIVE "PRESCRIPTIONS" FOR VEGETABLES AND "VEGGIEVANGO

PREVENT TYPE 2 DIABETES SUPPORT GROUP WORKSHOPS WERE HELD ON A MONTHLY BASIS FROM JANUARY THROUGH SEPTEMBER. NEW TOPICS WERE REVIEWED UNDER THE GUIDANCE OF EXPERTS IN DIABETES AND RELATED FIELDS

ORGANIZED SUMMER PICNIC SERIES. SERVED DAILY, FREE LUNCH TO CHILDREN ACROSS THE SCHOOL DISTRICT. THREE LOCATIONS SERVED OVER AN 8-WEEK PERIOD TO ABOUT 70 CHILDREN PER DAY, FOR A TOTAL OF ABOUT 2,800 LUNCHES SERVED.

PEDIATRIC CLINIC SCREENED FOR FOOD INSUFFICIENCY AND PROVIDED REFERALS TO THE COMMUNITY HEALTH TEAM FOR THOSE AT RISK.

MAHHC REGISTERED DIETICIAN AND CERTIFIED DIABETES EDUCATOR PROVIDED NUTRITIONAL COUNSELING ON AN ONGOING BASIS

ORGANIZED A LEARNING KITCHEN CLASS FOR RESIDENTS LIVING IN LOCAL SUBSIDIZED HOUSING UNITS.

Part V Facility Information *(continued)*

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

7. PHYSICAL ACTIVITY AND OBESITY

IN JULY 2018, MAHHC JOINED THE FIRST COHORT OF 6 HOSPITALS EXPANDING THE RISEVT PROGRAM STATEWIDE. THE PROGRAM INCREASES OUR CAPACITY FOR MORE OPPORTUNITIES RELATED TO PHYSICAL ACTIVITY AND ADDRESSES FOOD INSECURITY/NUTRITION IN WSESU TOWNS. ORGANIZED A 20-MEMBER, CROSS-SECTOR STEERING COMMITTEE TO HELP SHAPE PLAN FOR 2019

MT. ASCUTNEY PREVENTION PARTNERSHIP (MAPP) CONDUCTED READINESS ASSESSMENTS FOR TOWN HEALTH & WELLNESS COMMITTEES IN WINDSOR, WOODSTOCK, AND WEATHERSFIELD.

COMMUNITY OUTREACH RELATED TO INCREASING PHYSICAL ACTIVITY THROUGH THE VERMONT 3-4-50 CAMPAIGN RESULTED IN OVER 2,000 CONTACTS.

MAHHC IS AT THE 3-4-50 WORKSITE WELLNESS "GOLD" LEVEL FOR HOSTING A MYRIAD OF WELLNESS INCENTIVES AND EXERCISE OFFERINGS.

8. INCOME POVERTY AND FAMILY STRESS

FAMILY WELLNESS PROGRAM IS EMBEDDED IN THE PEDIATRIC CLINIC AND EMPLOYS THE VERMONT FAMILY-BASED APPROACH METHODOLOGY.

PARENT TRAINING IN COLLABORATIVE PROBLEM-SOLVING (CPS).

WINDSOR BECAME A PROMISE COMMUNITY TO PROMOTE KINDERGARTEN READINESS AND EMOTIONAL-SOCIAL COMPETENCE OF CHILDREN AND FAMILIES. MAHHC PROVIDED BACKBONE SUPPORT TO A CROSS-SECTOR STEERING COMMITTEE. PROJECT ACTIVITIES INCLUDED TRAINING FOR EARLY CHILDHOOD EDUCATORS, ESTABLISHING FREE TAKE-A-BOOK BOXES IN 4 TOWNS, AND CREATING A FAMILY-FRIENDLY ACTIVITY SPACE AT THE WINDSOR CONNECTION RESOURCE CENTER.

PATCH SERVICES AT THE WINDSOR CONNECTION RESOURCE CENTER INCLUDE ECONOMIC SERVICES, MENTAL HEALTH COUNSELING AND VISITS FOR EMPLOYMENT COUNSELING.

(SEE CONTINUED EXPLANATION ON SCHEDULE O)

Part V Facility Information *(continued)*

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

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 13B: PATIENTS WHOSE FAMILY INCOME EXCEEDS 300% OF FPL MAY BE ELIGIBLE TO RECEIVE A DISCOUNT BASED ON THE SELF-PAY BALANCE. DISCOUNTS WILL BE GRANTED SUCH THAT THE TOTAL SELF-PAY BILL DOES NOT EXCEED 10% OF 2 YEARS GROSS INCOME, PLUS 10% OF ASSETS IN EXCESS OF THE SHELTERED ASSET CALCULATION DESCRIBED EARLIER IN THE POLICY. ANY DISCOUNTS OTHER THAN THOSE DESCRIBED ABOVE MUST BE APPROVED BY THE FINANCIAL ASSISTANCE APPEALS COMMITTEE BASED ON A WRITTEN APPEAL FROM THE PATIENT OR RESPONSIBLE PARTY.

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 13H: MAHHC APPLIES A DISCOUNT TO THE FAP ELIGIBLE PATIENT'S GROSS CHARGES TO ALL BALANCES WHERE THERE IS NO INSURANCE, OR TO MEDICALLY NECESSARY SERVICES PROCESSED BY INSURANCE CARRIERS RESULTING IN A BALANCE, WHICH THE PATIENT IS EXPECTED TO PAY. THE DISCOUNT IS CALCULATED ANNUALLY. THIS ASSURES A PATIENT IS NOT BILLED AT AN AMOUNT GREATER THAN GENERALLY BILLED TO PATIENTS WITH INSURANCE.

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 16J: THE MAHHC FINANCIAL ASSISTANCE POLICY IS POSTED ON MAHHC WEBSITE, INCLUDING THE VERBATIM POLICY AND A SHORTER, MORE PATIENT-FRIENDLY VERSION. MAHHC PROVIDES THE PATIENT FRIENDLY BROCHURE VERSION OF THE POLICY TO ALL UNINSURED PATIENTS. MAHHC ALSO NOTIFIES

Part V **Facility Information** *(continued)*

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

PATIENTS ON THE BACK OF THE BILLING STATEMENT ABOUT FINANCIAL ASSISTANCE AVAILABILITY. ADDITIONALLY, MAHHC POSTS INFORMATION ABOUT THE POLICY IN PUBLIC AREAS THROUGHOUT THE FACILITY INCLUDING ADMISSION OFFICES. MAHHC SCREENS UNINSURED PATIENTS AND A REPRESENTATIVE FROM THE WINDSOR COMMUNITY HEALTH DEPARTMENT (1 FULLTIME EMPLOYEE) CONNECTS WITH THE PATIENT TO ASSIST IN GETTING THEM SIGNED UP ON HEALTH PLANS OR APPLY FOR FINANCIAL ASSISTANCE.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

A COST ACCOUNTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. A COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENTS SEGMENTS. A COST-TO-CHARGE RATIO WAS USED.

PART I, LINE 7G:

PHYSICIAN CLINIC COSTS INCLUDED WITHIN SUBSIDIZED HEALTH SERVICES ARE $6,245,064 OF THE TOTAL COMMUNITY BENEFIT EXPENSES AND $9,844,453 OF THE DIRECT OFFSETTING REVENUE.

PART III, LINE 2:

BAD DEBT EXPENSE IS DERIVED FROM THE WRITE OFF OF PATIENT ACCOUNTS AFTER THEY HAVE BEEN SENT 4 STATEMENTS OVER A COURSE OF 120 DAYS. ALSO, BAD DEBT EXPENSE CONTAINS ESTIMATES FOR FUTURE WRITE-OFFS BASED ON MANAGEMENT'S JUDGEMENTS AND FINANCIAL MODELS.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARE STATED AT THE AMOUNT MANAGEMENT EXPECTS TO

Part VI Supplemental Information *(Continuation)*

COLLECT FROM OUTSTANDING BALANCES. MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO A VALUATION ALLOWANCE BASED ON ITS ASSESSMENT OF INDIVIDUAL ACCOUNTS AND HISTORICAL ADJUSTMENTS. BALANCES STILL OUTSTANDING AFTER MANAGEMENT HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE PROVISION FOR DOUBTFUL ACCOUNTS AND A CREDIT TO ACCOUNTS RECEIVABLE.

IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES PAST RESULTS AND IDENTIFIES TRENDS FOR EACH MAJOR PAYOR SOURCE OF REVENUE FOR THE PURPOSES OF ESTIMATING THE APPROPRIATE AMOUNTS OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR DOUBTFUL ACCOUNTS. DATA IN EACH MAJOR PAYOR SOURCE ARE REGULARLY REVIEWED TO EVALUATE THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. SPECIFICALLY, FOR RECEIVABLES RELATING TO SERVICES PROVIDED TO PATIENTS HAVING THIRD-PARTY COVERAGE, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A CORRESPONDING PROVISION FOR DOUBTFUL ACCOUNTS ARE ESTABLISHED AT VARYING LEVELS BASED ON THE AGE OF THE RECEIVABLES AND PAYOR SOURCE. FOR RECEIVABLES RELATING TO SELF-PAY PATIENTS, A PROVISION FOR DOUBTFUL ACCOUNTS IS MADE IN THE PERIOD SERVICES ARE RENDERED BASED ON EXPERIENCE INDICATING THE INABILITY OR UNWILLINGNESS OF PATIENTS TO PAY AMOUNTS FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. ACTUAL WRITE-OFFS ARE CHARGED AGAINST THE PROVISION FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8:

THE SHORTFALL REPRESENTS THE PPS REIMBURSEMENT DIFFERENCE ON THE REHAB UNITS. SINCE THE REIMBURSEMENT DOES NOT COVER THE COSTS OF THESE UNITS, A SUBSIDY IS CREATED. BECAUSE THE HOSPITAL DETERMINED THAT THESE SERVICES ARE IMPORTANT TO OUR SERVICE AREA, THE HOSPITAL COVERS THE SUBSIDY. THE COSTING METHODOLOGY USED ABOVE WAS THE COST TO CHARGE RATIO.

Part VI Supplemental Information *(Continuation)*

PART III, LINE 9B:

MAHHC'S COLLECTION POLICY AND CHARITABLE CARE POLICIES ARE CONSISTENTLY APPLIED TO ALL PATIENTS. OUR COLLECTION POLICY APPLIES TO ANY BALANCE OWED BY THE PATIENT WHETHER IT IS A BALANCE AFTER INSURANCE, A BALANCE WITH NO INSURANCE, OR A BALANCE AFTER AN ADJUSTMENT FOR PARTIAL CHARITABLE CARE. STATEMENTS, AND WRITE-OFF CRITERIA ARE THE SAME FOR ALL LIKE BALANCES, REGARDLESS OF THE REASON FOR THE BALANCE AND REGARDLESS OF WHETHER IT IS A BALANCE AFTER CHARITABLE CARE OR NOT. PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE RECEIVE THE APPROPRIATE ADJUSTMENT ON THEIR BILL. IF A BALANCE REMAINS AFTER THAT ADJUSTMENT, THEY ARE BILLED ACCORDING TO THE COLLECTION POLICY, FOR THE REMAINDER.

PART VI, LINE 2:

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE NEEDS OF THE COMMUNITY ARE ASSESSED THROUGH ONGOING REVIEW OF HEALTH INDICATORS SUCH AS THE YOUTH RISK BEHAVIOR SURVEY, BRFSS, QUALITY INDICATORS FROM BOTH THE HOSPITAL AND EXTERNAL EVALUATIONS SUCH AS ONE CARE VERMONT AND THE THAT PRACTICE PROFILES. COMMUNITY HEALTH NEEDS ARE ALSO ASSESSED THROUGH PATIENT SATISFACTION SURVEYS AND THE PATIENT COMPLAINT PROCESS. THE HOSPITAL ALSO HAS A COMMUNITY HEALTH TEAM EMBEDDED IN OUR PATIENT CENTERED MEDICAL HOME WHO RESPOND TO THE NEEDS OF PATIENTS WITH COMPLEX CHRONIC CARE NEEDS.

PART VI, LINE 3:

WINDSOR COMMUNITY HEALTH CLINIC (A DEPARTMENT WITHIN THE HOSPITAL) PROVIDES INFORMATION AND ONE-ON-ONE ASSISTANCE WITH ANY INDIVIDUAL THAT IS IDENTIFIED WITHOUT INSURANCE. THIS BEGINS AT THE TIME THAT A PATIENT

Part VI Supplemental Information *(Continuation)*

PRESENTS FOR THEIR HEALTH CARE APPOINTMENT; THE REGISTRATION STAFF MAKE THE INTRODUCTION AND PROVIDE INFORMATION TO THE PATIENT ON THE SERVICES. ALSO, A REFERRAL FROM THE PHYSICIAN/PROVIDER MAY DIRECT A PATIENT TO THIS DEPARTMENT. THE STAFF OF THIS DEPARTMENT ASSIST PATIENTS IN APPLYING FOR HEALTH INSURANCE, WHETHER ON THE COMMERCIAL "EXCHANGE", OR IN GOVERNMENTAL INSURERS. THEY ALSO PROVIDE INFORMATION ON AND THE APPLICATION FOR FINANCIAL ASSISTANCE; OFTEN TIME, ASSISTING PATIENTS WITH COMPLETING THE APPLICATION. THIS IS A DEDICATED STAFF THAT IS ON SITE DURING THE NORMAL BUSINESS HOURS WHEN THE MAJORITY OF PATIENTS WOULD BE SEEKING CARE.

PART VI, LINE 4:

MAHHC'S PRIMARY SERVICE AREA INCLUDES WINDSOR, HARTLAND, WOODSTOCK, SPRINGFIELD, WEATHERSFIELD, BROWNSVILLE, VT AND CORNISH, AND CLAREMONT, NH. MAHHC IS THE LARGEST EMPLOYER IN THE TOWN OF WINDSOR, WITH MANY OF ITS RESIDENTS HAVING LOWER THAN AVERAGE PAYING JOBS AND STRUGGLE WITH FINANCIAL STABILITY; INCLUDING TRANSPORTATION DIFFICULTIES.

PART VI, LINE 5:

THE HOSPITAL HAS ESTABLISHED A DIRECTOR OF COMMUNITY HEALTH, A PREVENTION EDUCATION AND HEALTH PROMOTION DEPARTMENT AND A COMMUNITY HEALTH COMMITTEE WHICH IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES. OUR STAFF ORGANIZE, LEAD AND IMPLEMENT HEALTH PROMOTION AND PREVENTION PROGRAMS FOR HIGH RISK BEHAVIORS SUCH AS ALCOHOL, TOBACCO AND DRUG MISUSE. WE PROMOTE EXERCISE AND NUTRITION PROGRAMS IN A WELL-ESTABLISHED CAMPAIGN WORKING WITH THE VERMONT DEPARTMENT OF HEALTH IN THE 3-4-50 CAMPAIGN. THIS CAMPAIGN INVOLVES OUTREACH AND ENGAGEMENT TO AND WITH THE COMMUNITY TO DECREASE THE THREE BEHAVIORS OF TOBACCO USE, LACK OF EXERCISE AND POOR NUTRITION THAT ARE RELATED TO THE FOUR CONDITIONS OF HEART DISEASE AND STROKE, DIABETES,

Part VI Supplemental Information *(Continuation)*

CANCER AND RESPIRATORY DISEASES THAT ACCOUNT FOR OVER 50% OF THE DEATHS IN VERMONT. THIS YEAR OUR OUTREACH IMPACTED OVER 1000 PEOPLE. WE SERVE AS AN INTEGRATOR AND LEADER OF COMMUNITY HEALTH BY CHAIRING AND LEADING THE FOLLOWING COMMUNITY PARTNERSHIPS; WINDSOR AREA COMMUNITY PARTNERSHIP, WINDSOR PA TCH TEAM, BLUEPRINT FOR HEALTH EXTENDED TEAM, WINDSOR HSA COMMUNITY COLLABORATIVE AND WINDSOR DRUG TASK FORCE. MISSION STATEMENTS AND MINUTES ARE AVAILABLE PER REQUEST.

PART VI, LINE 6:

THE HOSPITAL COMMUNITY BENEFIT STAFF IS AN ACTIVE PARTICIPANT IN REGIONAL COMMUNITY HEALTH COMMITTEE, WHICH IS LEAD AND ORGANIZED BY DARTMOUTH-HITCHCOCK. THE HOSPITAL IS AFFILIATED, FORMALLY, WITH DARTMOUTH-HITCHCOCK. AS ARE OTHER LOCAL HOSPITALS, ALICE PECK DAY MEMORIAL HOSPITAL AND NEW LONDON HOSPITAL. VALLEY REGIONAL HOSPITAL IS ALSO PART OF THE REGIONAL COMMUNITY HEALTH COMMITTEE. THE PARTICIPANTS COLLABORATE, COMPARE SOLUTIONS AND OFFER SUPPORT TO EACH OTHER AS ALL ARE SERVING OVERLAPPING SERVICE AREAS.

PART VI, LINE 2

DURING THE PERIOD JANUARY THROUGH JULY 2018, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED BY MT. ASCUTNEY HOSPITAL AND HEALTH CENTER IN PARTNERSHIP WITH DARTMOUTH-HITCHCOCK, ALICE PECK DAY MEMORIAL HOSPITAL, VALLEY REGIONAL HEALTHCARE, NEW LONDON HOSPITAL AND VISITING NURSE AND HOSPICE FOR VT AND NH, AND THE NEW HAMPSHIRE COMMUNITY HEALTH INSTITUTE. THE PURPOSE OF THE ASSESSMENT WAS TO IDENTIFY COMMUNITY HEALTH CONCERNS, PRIORITIES AND OPPORTUNITIES FOR COMMUNITY HEALTH AND HEALTH CARE DELIVERY SYSTEMS IMPROVEMENT. FOR THE PURPOSE OF THE ASSESSMENT, THE GEOGRAPHIC AREA OF INTEREST WAS 13 MUNICIPALITIES IN

Part VI Supplemental Information *(Continuation)*

VERMONT AND NEW HAMPSHIRE COMPRISING THE MT. ASCUTNEY HOSPITAL AND HEALTH CENTER SERVICE AREA WITH A TOTAL RESIDENT POPULATION OF 44,035 PEOPLE. METHODS EMPLOYED IN THE ASSESSMENT INCLUDED SURVEYS OF COMMUNITY RESIDENTS MADE AVAILABLE ON-LINE AND PAPER SURVEYS PLACED IN NUMEROUS LOCATIONS THROUGHOUT THE REGION; A DIRECT EMAIL SURVEY OF KEY STAKEHOLDERS AND COMMUNITY LEADERS REPRESENTING MULTIPLE COMMUNITY SECTORS; A SET OF COMMUNITY DISCUSSION GROUPS; COMPILATION OF RESULTS FROM ASSESSMENT ACTIVITIES FOCUSED SPECIFICALLY ON BEHAVIORAL HEALTH NEEDS AND GAPS; AND A REVIEW OF AVAILABLE POPULATION DEMOGRAPHICS AND HEALTH STATUS INDICATORS. ALL INFORMATION COLLECTION ACTIVITIES AND ANALYSES SOUGHT TO FOCUS ASSESSMENT ACTIVITIES ON VULNERABLE AND DISPROPORTIONATELY SERVED POPULATIONS IN THE REGION INCLUDING POPULATIONS THAT COULD EXPERIENCE LIMITED ACCESS TO HEALTH-RELATED SERVICES OR RESOURCES DUE TO

INCOME, AGE, DISABILITY, AND SOCIAL OR PHYSICAL ISOLATION.

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/COMMUNITY-SERVICES/COMMUNITY-RESOURCES /COMMUNITY-HEALTH-NEEDS

PART VI, LINE 3

UNINSURED PATIENTS, ARE PRO-ACTIVELY SCREENED TO IDENTIFY FOR POTENTIAL QUALIFICATION FOR OTHER FEDERAL, STATE OR OTHER LOCAL PROGRAMS. A FULL-TIME EMPLOYEE, WHO IS DEDICATED TO SERVING THIS POPULATION GETS IN CONTACT WITH THE PATIENT TO HELP THEM COMPLETE THE APPLICATIONS, INCLUDING MAHHC FINANCIAL ASSISTANCE PROGRAM. THIS WORK IS THE SINGLE FOCUS OF HER JOB, AND SHE MAKES HERSELF AVAILABLE TO THE PATIENT IN PERSON, BY PHONE OR EMAIL.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

732111 10-17-17

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) STEVEN SMITH MD	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE	(ii)	182,352.	0.	774.	95,090.	19,365.	297,581.	0.
(2) MARIA PADIN, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DH REPRESENTATIVE	(ii)	386,729.	0.	12,780.	253,282.	22,404.	675,195.	0.
(3) MATTHEW S. HOUDE	(i)	0.	0.	0.	0.	0.	0.	0.
DH REPRESENTATIVE	(ii)	194,397.	0.	0.	13,795.	21,000.	229,192.	0.
(4) STEPHEN D. SURGENOR, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DH REPRESENTATIVE	(ii)	450,673.	0.	40,293.	49,762.	19,963.	560,691.	0.
(5) JOSEPH PERRAS	(i)	346,184.	0.	0.	0.	0.	346,184.	0.
PRESIDENT & CEO (FROM 1/17	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM PALMER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE	(ii)	202,513.	0.	1,188.	196,234.	12,911.	412,846.	0.
(7) DAVID SANVILLE	(i)	181,809.	0.	0.	0.	20,699.	202,508.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARY JOYCE	(i)	249,664.	0.	0.	0.	20,699.	270,363.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTOPHER CONNOR	(i)	315,647.	0.	0.	0.	10,000.	325,647.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HEIDI CRUZ	(i)	238,721.	0.	0.	0.	20,689.	259,410.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DENNIS HEIBEIN	(i)	244,242.	0.	0.	0.	10,000.	254,242.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PETER RAUERT	(i)	407,201.	0.	0.	0.	18,140.	425,341.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE INTERIM CEO WAS PAID BY MARY HITCHCOCK MEMORIAL HOSPITAL, A RELATED ORGANIZATION, WHICH USES A COMPENSATION COMMITTEE, AN INDEPENDENT CONSULTANT, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE CEO'S COMPENSATION.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (WHICH ARE REFLECTED IN SCHEDULE J, PART II, COLUMN B (III)):

DARTMOUTH-HITCHCOCK CLINIC, A RELATED ORGANIZATION, PAID MARIA PADIN $10,686 AND STEPHEN D SURGENOR $37,218. MARY HITCHCOCK MEMORIAL HOSPITAL, A RELATED ORGANIZATION PAID GAY LANDSTROM $29,011.

PART I, LINE 7:

CONNOR RECEIVED A BONUS. THE BONUS WAS AWARDED EITHER DUE TO MEETING RVU GOALS OR BASED ON QUALITY AND CITIZENSHIP.

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: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

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

AND PEDIATRICS IN WINDSOR AND WOODSTOCK. MAHHC PROVIDES FREE CARE TO PATIENTS WHO MEET CERTAIN CRITERIA. FOREGONE CHARGES FURNISHED UNDER MAHHC'S FREE CARE POLICY AMOUNTED TO $949,742 IN FY18.

FORM 990, PART VI, SECTION A, LINE 2:

MOUNT ASCUTNEY HOSPITAL & HEALTH CENTER IS A PART OF THE DARTMOUTH-HITCHCOCK HEALTH SYSTEM, WHICH OWNS FOR-PROFIT SUBSIDIARIES THAT PROVIDE SERVICES AND SUPPORT THE MISSION OF THE ORGANIZATION. AS A RESULT, SOME OFFICERS OF THE MAHHC ALSO MAY BE OFFICERS OF FOR-PROFIT ENTITIES WITHIN THE HEALTHCARE SYSTEM.

FORM 990, PART VI, SECTION A, LINE 6:

DARTMOUTH-HITCHCOCK HEALTH, A NEW HAMPSHIRE VOLUNTARY CORPORATION, IS THE SOLE CORPORATE MEMBER OF MOUNT ASCUTNEY HOSPITAL & HEALTH CENTER.

FORM 990, PART VI, SECTION A, LINE 7A:

DARTMOUTH-HITCHCOCK HEALTH HAS THE POWER TO APPOINT 1/3 OF THE MEMBERS OF MAHHC'S BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE MEMBER HAS THE RIGHT TO RATIFY MOUNT ASCUTNEY HOSPITAL & HEALTH CENTER'S NOMINATION OF 2/3 OF THE MEMBERS OF THE BOARD OF TRUSTEES; REMOVE TRUSTEES AFTER CONSULTATION WITH THE CHAIRPERSON OF THE BOARD; APPROVE THE DISSOLUTION OR LIQUIDATION OF MAHHC; APPOINT, EVALUATE, TERMINATE, AND APPROVE THE COMPENSATION OF THE PRESIDENT AND CEO; AND OTHER GOVERNANCE

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

DECISIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD OF TRUSTEES REVIEWED PRIOR TO FILING, PROVIDED MULTIPLE DAYS TO PROVIDE FEEDBACK AND/OR QUESTIONS AND HOSPITAL THEN FILED AFTER THERE WAS SATISFACTION.

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

THE FINANCE AND AUDIT COMMITTEE MONITOR AND REPORT TO THE BOARD OF DIRECTORS

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

THE EXECUTIVE COMMITTEE OF THE BOARD MEETS ANNUALLY TO REVIEW COMPENSATION FOR THE CEO, USING INDEPENDENT SURVEYS OF AREA COMPENSATION FOR EXECUTIVES OF VARIOUS SIZED HOSPITALS. OTHER OFFICERS AND KEY EMPLOYEES SALARIES ARE DETERMINED, BY THE HR DEPARTMENT USING COMPARABLE MARKET DATA.

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

ALL INTERNAL POLICIES, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN NET ASSETS TO RECOGNIZE FUNDED STATUS OF POST RETIREMENT PLANS	496,356.
OTHER COMPONENTS OF NET PERIODIC BENEFIT COST	185,694.
TOTAL TO FORM 990, PART XI, LINE 9	682,050.

FORM 990, PART XII, LINE 3B:

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

THE SINGLE AUDIT WAS PERFORMED ON THE COMBINED FINANCIAL INFORMATION OF DARTMOUTH-HITCHCOCK HEALTH AND SUBSIDIARIES INCLUDING MOUNT ASCUTNEY HOSPITAL AND HEALTH CENTER.

SCHEDULE H, PART V, LINE 4:

THE HOSPITAL CONDUCTED A CHNA SUBSEQUENT TO THE CURRENT TAX YEAR BEING REPORTED, IN TAX YEAR 2018.

SCHEDULE H, PART V, LINE 7A:

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/CONTENT/DOCUMENTS/COMMUNITYHEALTHANNUALREPORT_2018.PDF

SCHEDULE H, PART V, LINE 9:

THE HOSPITAL ADOPTED AN IMPLEMENTATION STRATEGY SUBSEQUENT TO THE CURRENT TAX YEAR BEING REPORTED, IN TAX YEAR 2018.

SCHEDULE H, PART V, LINE 10A:

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/CONTENT/DOCUMENTS/CHNA%20IMPLEMENTATION%20PLAN%202015-2.PDF

SCHEDULE H, PART V, LINE 11 CONTINUED:

8. INCOME POVERTY AND FAMILY STRESS

THE RESOURCE CENTER'S ECONOMIC SERVICES SERVED 202 PEOPLE, AN INCREASE FROM 188 IN 2017; MENTAL HEALTH COUNSELING INCREASED FROM 336 TO 776; EMPLOYMENT COUNSELING INCREASED FROM ZERO TO 6.

9. ACCESS TO TRANSPORTATION

IMPLEMENTED RIDES TO WELLNESS PILOT PROGRAM WITH VERMONT PUBLIC

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

TRANSPORTATION ASSOCIATION. VOLUNTEERS PROVIDED MEDICAL TRANSPORTATION WHEN NEEDED. VOUCHERS AND GAS CARDS WERE PROVIDED THROUGH OUR FREE CLINIC.

PUBLISHED AN ARTICLE WITH NATIONAL EXPOSURE THROUGH THE AMERICAN HOSPITAL ASSOCIATION, ENTITLED, "HUDDLE FOR CARE" ABOUT REDUCING BARRIERS TO TRANSPORTATION IN A RURAL ENVIRONMENT.

APRIL 2018, WHICH HIGHLIGHTED OUR TRANSPORTATION ALGORITHMS AND EFFORTS PRESENTED A NATIONAL WEBEX THROUGH THE FEDERAL OFFICE OF RURAL HEALTH ENTITLED "TRANSPORTATION - A SOCIAL DETERMINANT OF HEALTH PROMOTING SOLUTIONS

SINCE APRIL, THE RIDES TO WELLNESS PROGRAM HAS ASSISTED 30 PATIENTS AND HAS GIVEN A TOTAL OF 78 RIDES THROUGH VOLUNTEERS IN ACTION, PREPAID GAS CARDS AND TAXI VOUCHERS

10. ACCESS TO PRIMARY HEALTH CARE

ACHIEVEMENT OF NCQA REDESIGNATION AS LEVEL III PATIENT- CENTERED MEDICAL HOME.

RECRUITMENT OF PRIMARY CARE PROVIDERS.

COMMUNITY HEALTH TEAM WORKING WITH COMMUNITY PARTNERS TO DECREASE COSTS AND INCREASE QUALITY FOR HIGH RISK AND VERY HIGH RISK, COMPLEX, CHRONIC CARE PATIENTS.

CARE COORDINATION OUTREACH WITH SASH, SENIOR SOLUTIONS, VNH, BAYADA, AND HCRS.

PROVIDED LEADERSHIP FOR REGIONAL IMPLEMENTATION OF ONECARE VERMONT AND BLUEPRINT FOR HEALTH PROGRAMS AND INITIATIVES

11. SMOKING/TOBACCO USE/VAPING

TOWN PRESENTATIONS TO SELECTBOARDS ON POLICIES/ORDINANCES RELATED TO "ADULT-ONLY" PRODUCTS INCLUDING TOBACCO, FLAVORED TOBACCO PRODUCTS, CANNABIS PRODUCTS, AND ALCOHOL.

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

MET WITH AREA TOWN SELECT BOARD MEMBERS TO DISCUSS "ADULT ONLY" RETAIL ESTABLISHMENT AND HOW RETAIL OUTLET DENSITY, LOCATION, AND PRODUCT ADVERTISING CAN IMPACT TOWN CULTURE.

HOSTED "WORLD NO TOBACCO DAY" AT MT. ASCUTNEY HOSPITAL

DISSEMINATED INFORMATION ON FLAVORED TOBACCO PRODUCTS, CESSATION OPPORTUNITIES, AND SECONDHAND SMOKE.

SPONSORED A PSA CONTEST FOR AREA SCHOOL YOUTH TO CREATE PREVENTION MESSAGING AROUND TOBACCO, VAPING, AND ALCOHOL USE.

CONTINUED WORK WITH WINDSOR'S AUTUMN MOON FESTIVAL PLANNING COMMITTEE ON MAKING THE FESTIVAL A SMOKE-FREE EVENT. WORKED TO CREATED FESTIVAL MARKETING MATERIALS ADVERTISING THIS STATUS.

SCHEDULE H, PART V, LINE 16A:

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/CONTENT/DOCUMENTS/MAH%20FINANCIAL%20ASSISTANCE%20POLICY_0.PDF

SCHEDULE H, PART V, LINE 16B:

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/FINANCIAL%20ASSISTANCE.PDF

SCHEDULE H, PART V, LINE 16C:

HTTP://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/CONTENT/DOCUMENTS/MAH17_FINANCIALASSISTANCEPOLICYBROCHURE_WEB.PDF

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: WINDSOR HOSPITAL CORPORATION

Employer identification number: 03-0183721

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

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

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
HISTORIC HOMES OF RUNNEMEDE - 23-7396147 289 COUNTY ROAD WINDSOR, VT 05089	PROVIDING SVCS FOR THE AGING	VERMONT	501(C)(3)	LINE 11	WINDSOR HOSPITAL CORPORATION	X	
MOUNT ASCUTNEY HOSPITAL COMMUNITY HEALTH FOUNDATION, INC - 03-0300481, 289 COUNTY ROAD, WINDSOR, VT 05089	HEALTH EDUCATION & PROMOTION	VERMONT	501(C)(3)	LINE 3	WINDSOR HOSPITAL CORPORATION	X	
DARTMOUTH-HITCHCOCK MEDICAL CENTER - 22-2715483, ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	SUPPORTING ORG	NEW HAMPSHIRE	501(C)(3)	LINE 12B, II	N/A		X
MARY HITCHCOCK MEMORIAL HOSPITAL - 02-0222140, ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	DARTMOUTH-HITCHCOCK HEALTH		X

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

Schedule R (Form 990) 2017

732161 09-11-17 LHA

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
DARTMOUTH-HITCHCOCK CLINIC - 22-2519596 ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	PHYS SVCS	NEW HAMPSHIRE	501(C)(3)	LINE 11	DARTMOUTH-HITCHCOCK HEALTH		X
HITCHCOCK FOUNDATION - 02-0222139 ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	HLTHCRE RSRCH	NEW HAMPSHIRE	501(C)(3)	LINE 7	DARTMOUTH-HITCHCOCK CLINIC		X
HAMDEN RISK RETENTION GROUP INC - 20-8530788 30 MAIN STREET SUITE 330 BURLINGTON, VT 05401	SELF INS	VERMONT	501(C)(3)	LINE 12B, II	DARTMOUTH-HITCHCOCK CLINIC		X
THE NEW LONDON HOSPITAL ASSOC INC - 02-0222171, 273 COUNTY ROAD, NEW LONDON, NH 03257	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	DARTMOUTH-HITCHCOCK HEALTH		X
VISITING NURSE ASSOCIATION AND HOSPICE OF VT AND NH, INC - 03-6006494, 205 BILLINGS FARM RD NO 5, WILDER, VT 05088	HOSPICE	VERMONT	501(C)(3)	LINE 11	DARTMOUTH-HITCHCOCK HEALTH		X
CHESHIRE MEDICAL CENTER - 02-0354549 580 COURT STREET KEENE, NH 03431	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	DARTMOUTH-HITCHCOCK HEALTH		X
ALICE PECK DAY MEMORIAL HOSPITAL - 02-0222791, 10 ALICE PECK DAY DR, LEBANON, NH 03766	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	DARTMOUTH-HITCHCOCK HEALTH		X
SURGERY CENTER OF GREATER NASHUA - 46-1084049, 10 PROSPECT ST NO 101, NASHUA, NH 03060	SURGERY CENTER	NEW HAMPSHIRE	501(C)(3)	LINE 3	N/A		X
CHESHIRE HEALTH FOUNDATION - 02-0202220 580 COURT STREET KEENE, NH 03431	SUPPORTING ORG	NEW HAMPSHIRE	501(C)(3)	LINE 12B, II	CHESHIRE MEDICAL CENTER		X
CHESIRE HEALTH SERVICES - 47-3379283 580 COURT STREET KEENE, NH 03431	HEALTHCARE	NEW HAMPSHIRE	501(C)(3)	LINE 3	CHESHIRE MEDICAL CENTER		X
DARTMOUTH-HITCHCOCK HEALTH - 26-4812335 ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	PARENT ORG	NEW HAMPSHIRE	501(C)(3)	LINE 7	N/A		X
ALICE PECK DAY LIFECARE CENTER - 02-0479094 30 ALICE PECK DAY DRIVE LEBANON, NH 03766	SENIOR LIVING	NEW HAMPSHIRE	501(C)(3)	LINE 10	ALICE PECK DAY MEMORIAL HOSPITAL		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
DH MASTER INVESTMENT PARTNERSHIP - 02-0505863, ONE MED CTR DR, LEBANON, NH 03756	POOLED INVESTMENT	NH	MARY HITCHCOCK MEMORIAL HOSPITAL	EXCLUDED	1,085,918.	16,858,213.		X	-6,151.		X	2.46%
NEW ENGLAND PHARMACY COLLAB - 26-3819035, ONE MED CTR DR, LEBANON, NH 03756	GROUP PURCHASING	NH	N/A		-71.			X	N/A		X	4.74%

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
IMAGINECARE INC. - 81-3105071 ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	SOFTWARE TECHNOLOGY	DE	N/A	C CORP	N/A	N/A	N/A		X
HITCHCOCK HEALTH CONNECT, INC - 80-0908979 ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	TELEHEALTH	DE	N/A	C CORP	N/A	N/A	N/A		X
POMPANOOSUC INVESTMENT CORPORATION - 02-0352330, ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	REAL ESTATE HLDG	NH	N/A	C CORP	N/A	N/A	N/A		X
HAMDEN ASSURANCE COMPANY LIMITED - 98-0121409, 44 CHURCH ST, HAMILTON, BERMUDA HM 12	LIABILITY INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X
KEARSARGE COMMUNITY SERVICES, INC - 02-0460136, 273 COUNTY RD, NEW LONDON, NH 03257	REAL ESTATE HLDG	NH	N/A	C CORP	N/A	N/A	N/A		X

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
NEW LONDON PHYSICIAN GROUP, INC - 02-0494420 273 COUNTY RD NEW LONDON, NH 03257	PHYSICIAN GROUP	NH	N/A	C CORP	N/A	N/A	N/A		X
NEW LONDON MEDICAL CENTER EAST, INC - 02-0480857, 273 COUNTY RD, NEW LONDON, NH 03257	REAL ESTATE HLDG	NH	N/A	C CORP	N/A	N/A	N/A		X
KEENE HEALTH SERVICES - 02-0374997 580 COURT STREET KEENE, NH 03431	REAL ESTATE HLDG	NH	N/A	C CORP	N/A	N/A	N/A		X
KEENE HEALTH REALTY - 02-0374998 580 COURT STREET KEENE, NH 03431	REAL ESTATE HLDG	NH	N/A	C CORP	N/A	N/A	N/A		X
KEENE HEALTH ENTERPRISES - 02-0374999 580 COURT STREET KEENE, NH 03431	REAL ESTATE HLDG	NH	N/A	C CORP	N/A	N/A	N/A		X
88 PROSPECT ST. CONDO OWNERS ASSOC. - 02-0480857, 88 PROSPECT STREET, WHITE RIVER JUNCTION, VT 06002	REAL ESTATE HLDG	VT	N/A	C CORP	N/A	N/A	N/A		X
CHARITABLE REMAINDER UNITRUSTS (10) 289 COUNTY RD WINDSOR, VT 05089	CHARITABLE TRUST	VT	N/A	TRUST	N/A	N/A	N/A		X

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MARY HITCHCOCK MEMORIAL HOSPITAL/DARTMOUTH-HITCHCOCK HEALTH	E	11,002,812.	ACTUAL
(2)	HISTORIC HOMES OF RUNNEMEDE	Q	186,822.	ACTUAL
(3)	NEW ENGLAND ALLIANCE FOR HEALTH, LLC (MHMH)	P	438,826.	ACTUAL
(4)	DARTMOUTH-HITCHCOCK CLINIC	E	566,875.	ACTUAL
(5)	DARTMOUTH-HITCHCOCK CLINIC	O	3,164,525.	ACTUAL
(6)	MARY HITCHCOCK MEMORIAL HOSPITAL	P	348,101.	ACTUAL

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	MARY HITCHCOCK MEMORIAL HOSPITAL/DARTMOUTH-HITCHCOCK HEALTH	R	197,978.	ACTUAL
(8)	MARY HITCHCOCK MEMORIAL HOSPITAL	E	47,110.	ACTUAL
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

EXTENDED TO AUGUST 15, 2019

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
WINDSOR HOSPITAL CORPORATION

Number, street, and room or suite no. If a P.O. box, see instructions.
289 COUNTY ROAD

City or town, state or province, country, and ZIP or foreign postal code
WINDSOR, VT 05089

D Employer identification number (Employees' trust, see instructions.)
03-0183721

E Unrelated business activity codes (See instructions.)
525990

C Book value of all assets at end of year
54,844,981.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ INVESTMENT INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DAVID SANVILLE Telephone number ▶ 8026746711

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	-6,151.	STMT 1	-6,151.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	-6,151.		-6,151.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-6,151.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-6,151.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-6,151.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	0.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	0.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

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

▶ Signature of officer | Date ▶ CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
W. JAY SIMMS	W. JAY SIMMS	08/13/19		P00435321

Firm's name ▶ TYLER, SIMMS & ST. SAUVEUR CPAS, P.C. Firm's EIN ▶ 02-0476956

Firm's address ▶ 19 MORGAN DRIVE LEBANON, NH 03766 Phone no. 603-653-0044

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶			0.	0.
Total dividends-received deductions included in column 8 ▶				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A). 0.			Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
DARTMOUTH-HITCHCOCK MASTER INVESTMENT PROGRAM	-6,151.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-6,151.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/17	3,029.	0.	3,029.	3,029.
NOL CARRYOVER AVAILABLE THIS YEAR			3,029.	3,029.

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WINDSOR HOSPITAL CORPORATION	Employer identification number (EIN) or 03-0183721
	Number, street, and room or suite no. If a P.O. box, see instructions. 289 COUNTY ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINDSOR, VT 05089	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DAVID SANVILLE 289 COUNTY ROAD - WINDSOR, VT 05089
  Telephone No. ▶ 8026746711 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ ☒ tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

723841 04-01-17

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	WINDSOR HOSPITAL CORPORATION	03-0183721
	Number, street, and room or suite no. If a P.O. box, see instructions. 289 COUNTY ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINDSOR, VT 05089	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DAVID SANVILLE 289 COUNTY ROAD - WINDSOR, VT 05089
  Telephone No. ▶ 8026746711 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ ☒ tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

723841 04-01-17

Electronic Filing PDF Attachment

WINDSOR HOSPITAL CORPORATION (d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES

Consolidated Financial Statements
and
Independent Auditors' Report

As of and for the Years Ended
September 30, 2018 and 2017

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER)
AND SUBSIDIARIES
Table of Contents
As of and for the Years Ended September 30, 2018 and 2017

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center)
and Subsidiaries:

We have audited the accompanying consolidated financial statements of Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (a nonprofit health care entity) and Subsidiaries (Organization), which comprise the consolidated balance sheets as of September 30, 2018 and 2017, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

Tyler, Simms & St. Sauveur, P.C. • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) and Subsidiaries as of September 30, 2018 and 2017, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary consolidating information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Tyler, Simms and St. Saveur, CPAs, P.C.

Lebanon, New Hampshire
February 4, 2019

Registration No. 92-545

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER)
AND SUBSIDIARIES

Consolidated Balance Sheets

As of September 30, 2018 and 2017

	2018	2017
Assets		
Current assets		
Cash and cash equivalents	$ 7,135,250	$ 6,099,611
Restricted cash	119,482	119,620
Short-term investments	174,261	172,467
Patient accounts receivable, net	5,816,466	5,725,139
Current portion of pledges receivable, net	41,948	141,992
Other receivables, net	851,396	569,939
Inventories	459,566	478,194
Prepaid expenses	495,638	597,272
Total current assets	15,094,007	13,904,234
Assets whose use is limited or restricted		
Investments	18,282,936	16,319,196
Charitable remainder trust	215,068	196,436
Beneficial interest in perpetual trusts	1,672,956	1,659,614
Total assets whose use is limited or restricted	20,170,960	18,175,246
Property and equipment, net	19,775,149	18,878,717
Pledges receivable, less current portion shown above	27,179	64,541
Other assets	263,704	207,260
Total assets	$ 55,330,999	$ 51,229,998
Liabilities		
Current liabilities		
Accounts payable and accrued expense	$ 3,427,931	$ 2,029,789
Construction payable	259,332	108,000
Accrued salaries and wages	2,221,968	2,005,703
Accrued earned time off	1,463,568	1,405,555
Other current liabilities	1,436,050	1,088,562
Estimated settlements with third-party payors	1,396,395	1,133,202
Current portion of long-term debt	25,600	57,100
Current portion of capital leases	194,616	186,708
Total current liabilities	10,425,460	8,014,619
Long-term debt, less current portion shown above	11,165,897	11,186,913
Capital leases, less current portion shown above	372,994	567,240
Post-retirement benefit obligation	4,573,284	5,687,334
Other liabilities	240,470	230,469
Total liabilities	26,778,105	25,686,575
Commitments and contingencies (See Notes)	-	-
Net assets		
Unrestricted	21,306,927	18,320,180
Temporarily restricted	1,354,615	1,345,233
Permanently restricted	5,891,352	5,878,010
Total net assets	28,552,894	25,543,423
Total liabilities and net assets	$ 55,330,999	$ 51,229,998

The accompanying notes to consolidated financial statements are an integral part of these statements.

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER)
AND SUBSIDIARIES

Consolidated Statements of Operations

For the Years Ended September 30, 2018 and 2017

	2018	2017
Unrestricted revenues, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	$ 51,617,817	$ 49,978,768
Less provision for doubtful accounts	1,541,879	1,725,743
Net patient service revenue	50,075,938	48,253,025
Other operating revenue	4,989,087	4,977,291
OneCare Vermont	732,703	-
Net assets released from restrictions used for operations	29,954	53,654
Total unrestricted revenues, gains and other support	55,827,682	53,283,970
Expenses		
Salaries and wages	25,847,004	24,767,436
Employee benefits	7,395,025	6,417,552
Purchased services	9,727,765	8,807,562
Supplies and expenses	7,665,603	7,778,121
Vermont provider tax	1,762,965	1,617,571
Interest	231,119	223,998
Depreciation	2,189,583	2,206,353
Total expenses	54,819,064	51,818,593
Income from operations	1,008,618	1,465,377
Nonoperating revenues (expenses)		
Net investment income	554,990	422,494
Contributions	257,144	202,678
Gain (loss) on sale of property and equipment	7,378	(47,465)
Endowment net assets released from restrictions used for operations	187,437	184,785
Other components of net periodic benefit cost	185,694	141,188
Total nonoperating revenues (expenses)	1,192,643	903,680
Excess of revenues, gains and other support over expenses and nonoperating revenues (expenses)	2,201,261	2,369,057
Unrealized gain on investments	143,376	721,144
Net assets released from restrictions used for acquisition of property and equipment	145,754	499,041
Transfer of net assets from Dartmouth-Hitchcock Health	-	1,315,000
Change in net assets to recognize funded status of post-retirement plans	496,356	986,472
Increase in unrestricted net assets	$ 2,986,747	$ 5,890,714

The accompanying notes to consolidated financial statements are an integral part of these statements.

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER)
AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

For the Years Ended September 30, 2018 and 2017

	2018	2017
Unrestricted net assets		
Excess of revenues over expenses	$ 2,201,261	$ 2,369,057
Net assets released from restrictions for capital expenditures	145,754	499,041
Change in net assets to recognize funded status of pension plan	496,356	986,472
Change in market valuation on investments	143,376	721,144
Transfer of net assets from Dartmouth-Hitchcock Health	-	1,315,000
Change in unrestricted net assets	2,986,747	5,890,714
Temporarily restricted net assets		
Contributions	63,873	115,014
Unrealized appreciation (depreciation) in charitable remainder trust	18,632	(2,816)
Net assets released from restrictions used for operations	(217,391)	(238,439)
Net assets released from restrictions used for capital expenditures	(145,754)	(499,041)
Endowment investment income	239,864	182,515
Endowment change in market valuation on investments	50,158	292,941
Change in temporarily restricted net assets	9,382	(149,826)
Permanently restricted net assets		
Unrealized appreciation in beneficial interest in perpetual trusts	13,342	27,939
Change in permanently restricted net assets	13,342	27,939
Change in net assets	3,009,471	5,768,827
Net assets, beginning of year	25,543,423	19,774,596
Net assets, end of year	$ 28,552,894	$ 25,543,423

The accompanying notes to consolidated financial statements are an integral part of these statements.

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER)
AND SUBSIDIARIES
Consolidated Statements of Cash Flows
For the Years Ended September 30, 2018 and 2017

	2018	2017
Cash flows from operating activities		
Change in net assets	$ 3,009,471	$ 5,768,827
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	2,189,583	2,206,353
Amortization reflected as interest	4,584	4,584
Provision for bad debts	1,541,879	1,725,743
Net change in unrealized gain on investments	(193,534)	(1,014,085)
Realized gain on investments, net	(636,971)	(479,716)
(Gain) loss on sale of property and equipment	(7,378)	47,465
Unrealized (appreciation) depreciation in charitable remainder trusts	(18,632)	2,816
Unrealized appreciation in beneficial interest in perpetual trusts	(13,342)	(27,939)
Contributions restricted for capital expenditures	(138,483)	(555,476)
Provision for uncollectible pledges	3,239	9,797
Net present value allowance on pledges receivable	3,631	22,567
Change in net assets to recognize funded status of retirement plans	(496,356)	(986,472)
(Increase) decrease in the following assets:		
Patient accounts receivable, net	(1,633,206)	(2,297,767)
Inventories, prepaid expenses and other assets	63,818	(238,977)
Other receivables	(281,457)	14,747
Pledges receivable	130,536	412,940
Increase (decrease) in the following liabilities:		
Accounts payable, accrued expenses and other liabilities	2,181,241	503,862
Due to third-party payors	263,193	308,958
Liability for pension benefits	(617,694)	(522,076)
Net cash provided by operating activities	5,354,122	4,906,151
Cash flows from investing activities		
Purchases of property and equipment	(3,100,337)	(1,118,460)
Proceeds from sale of property and equipment	21,700	-
Proceeds from sale of investments	3,105,746	130,945
Purchases of investments	(4,240,775)	(440,220)
Net cash used in investing activities	(4,213,666)	(1,427,735)

The accompanying notes to consolidated financial statements are an integral part of these statements.

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER)
AND SUBSIDIARIES
Consolidated Statements of Cash Flows (continued)
For the Years Ended September 30, 2018 and 2017

	2018	2017
Cash flows from financing activities		
Contributions restricted for capital expenditures	138,483	555,476
Payments on line of credit	-	(1,550,000)
Payments on long-term debt obligation	(57,100)	(57,100)
Payments on capital lease obligation	(186,338)	(90,034)
Net cash used in financing activities	(104,955)	(1,141,658)
Net increase in cash and cash equivalents	1,035,501	2,336,758
Cash, cash equivalents and restricted cash, beginning of year	6,219,231	3,882,473
Cash, cash equivalents and restricted cash, end of year	$ 7,254,732	$ 6,219,231
Reconciliation of cash:		
Cash and cash equivalents	$ 7,135,250	$ 6,099,611
Restricted cash	119,482	119,620
Total cash, cash equivalents and restricted cash shown in the statement of cash flows	$ 7,254,732	$ 6,219,231
Supplemental Disclosures of Cash Flow Information		
Interest paid	$ 226,535	$ 219,414

Supplemental Disclosures of Non-Cash Transactions

During 2017, the Organization entered into a capital lease agreement for equipment in the amount of $565,522.

The accompanying notes to consolidated financial statements are an integral part of these statements.

Organization

The Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (Hospital) is a Vermont not-for-profit corporation which provides facilities for twenty-five (25) critical access hospital beds and ten (10) rehabilitation beds in the Windsor, Vermont area.

Effective July 1, 2014, the Hospital became a subsidiary of Dartmouth-Hitchcock Health (D-HH). Dartmouth-Hitchcock Health is also the parent company of Mary Hitchcock Memorial Hospital (MHMH) and the Dartmouth-Hitchcock Clinic and was formed as an integrated health system designed to efficiently coordinate resources, expand access to specialized services and research and enhance the value and quality of care in communities throughout Vermont and New Hampshire. In accordance with Accounting Standards Update No. 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, the assets and liabilities of the Hospital were accounted for at fair value as of the date of the acquisition at the subsidiary level.

The Hospital is the sole corporate member of Historic Homes of Runnemede, Inc. (Historic Homes), which is a not-for-profit Vermont corporation operating in Windsor, Vermont. Historic Homes' activities include recreational, educational and residential care services for the aging. Additional programs such as transportation, nutrition, social services and life enrichment are provided.

The Hospital is the sole corporate member of Mt. Ascutney Hospital Community Health Foundation, Inc. (Foundation), which is a not-for-profit Vermont corporation operating in Windsor, Vermont. The Foundation provides health education and health promotion programs and services aimed at improving the health status of the Windsor community. On April 4, 2016, the Board of Trustees approved the transfer of Foundation to the Hospital in order to utilize the Hospital as the primary driver of community health and placing the Foundation on hold until a time that its structure is needed. All assets and liabilities of the Foundation were transferred to the Hospital at this time.

1. Summary of Significant Accounting Policies:

Principles of Consolidation – The consolidated financial statements include the accounts of the Hospital and its subsidiaries (collectively, the Organization). All significant intercompany balances have been eliminated in consolidation.

Basis of Presentation – Net assets are classified into permanently restricted, temporarily restricted and unrestricted net assets, when appropriate, to properly disclose the nature and amount of significant resources that have been restricted in accordance with specified objectives.

The Organization's financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities*. Under FASB ASC 958, all not-for-profit organizations are required to provide a balance sheet, a statement of operations and a statement of cash flows. The ASC requires reporting amounts for the Organization's total assets, liabilities and net assets in a balance sheet; reporting the change in its net assets in a statement of operations; and reporting the change in its cash and cash equivalents in a statement of cash flows.

1. Summary of Significant Accounting Policies (continued):

ASC 958 also requires net assets and its revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. It requires that the amounts for each of the three classes of net assets—permanently restricted, temporarily restricted and unrestricted—be displayed in a statement of financial position and that the amounts of change in each of those classes of net assets be displayed in a statement of changes in net assets.

Use of Estimates – The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents – Cash and cash equivalents include money market funds and highly liquid debt instruments with a maturity of less than one year when purchased. Cash and cash equivalents exclude assets whose use is limited by the Board of Trustees. The Organization maintains its cash in deposit accounts which, at times, may exceed federal depository insurance limits. Management believes credit risk related to these investments is minimal. The Organization has not experienced any losses in such accounts.

Restricted Cash – The Organization classifies cash held on behalf of other not-for-profit organizations and residents of Historic Homes as restricted cash.

Patient Accounts Receivable – Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances still outstanding after management has used reasonable collection efforts are written off through a charge to the provision for doubtful accounts and a credit to accounts receivable.

In evaluating the collectability of accounts receivable, the Hospital analyzes past results and identifies trends for each major payor source of revenue for the purposes of estimating the appropriate amounts of the allowance for doubtful accounts and the provision for doubtful accounts. Data in each major payor source are regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to patients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for doubtful accounts are established at varying levels based on the age of the receivables and payor source. For receivables relating to self-pay patients, a provision for doubtful accounts is made in the period services are rendered based on experience indicating the inability or unwillingness of patients to pay amounts for which they are financially responsible. Actual write-offs are charged against the provision for doubtful accounts.

Inventories – Inventories are stated at the lower of cost (determined by the first-in, first-out method) or net realizable value.

Assets Limited as to Use and Investments – Assets limited as to use include donor-restricted investments and designated assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may, at its discretion, use for other purposes.

1. Summary of Significant Accounting Policies (continued):

The Organization records its investment securities at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. Investment gains and income are reported as increases to unrestricted, temporarily or permanently restricted net assets depending on the existence or absence of donor restrictions.

Unrestricted investment income and gains and losses from all other investments are reported as nonoperating revenue. Unrealized gains and losses on investments are excluded from the excess of revenues, gains and other support over expenses and nonoperating revenue, and reported as an increase in net assets, except that declines that are considered other than temporary are reported within excess of revenues and gains over expenses.

Employee Fringe Benefits – The Organization has an "earned time" plan to provide certain fringe benefits for its employees. Under this plan, each employee "earns" paid leave for each payroll period. Accumulated hours may be used for vacations, holidays or illnesses. Hours earned, but not used, vest with the employees up to established limits. The Organization accrues the cost of these benefits as they are earned.

Property and Equipment – Property and equipment acquisitions are recorded at cost or, if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

Effective July 1, 2014, property and equipment was adjusted to fair value as described under Organization related to business combination transaction. Property and equipment acquisitions subsequent to this date are recorded at cost.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues, gains and other support over expenses and nonoperating revenue, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Bond Issuance Costs – The costs incurred to obtain financing for the Organization's construction programs are amortized over the repayment period of the bonds and are included in long-term debt, net of amortization on the balance sheets.

Nonoperating Revenue – Activities, other than in connection with providing health care services, are considered to be nonoperating. Nonoperating revenue consist primarily of income on invested funds, other than temporary declines on investments.

1. Summary of Significant Accounting Policies (continued):

Excess of Revenues, Gains and Other Support Over Expenses and Nonoperating Revenues (Expenses) – The statements of operations include excess of revenues, gains and other support over expenses and nonoperating revenues (expenses). Changes in unrestricted net assets, which are excluded from this measure, consistent with industry practice, include unrealized gains on investments, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets) and changes in net assets to recognize funded status of pension plan.

Net Patient Service Revenue – The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, discounted charges and per diem rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors, except for amounts received under the agreement with OneCare Vermont Accountable Care Organization, LLC (footnote 21). Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Temporarily and Permanently Restricted Net Assets – Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as either net assets released from restrictions used for operations or net assets released from restrictions used for capital acquisition.

Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. Generally, income earned on permanently restricted net assets, including net realized appreciation (depreciation) on investments, is included in temporarily restricted net assets until appropriated by the Board. Appreciation (depreciation) on perpetual trusts is included within permanently restricted net assets.

Grant Revenue – Grant revenue is classified as unrestricted, as it is recognized as revenue in the period in which the expenses are incurred. Grant revenues are recorded in accordance with the provisions of the applicable award amounts. Deferred revenue represents unexpended grant monies under the terms of those agreements. Accordingly, the Organization is subject to the regulations and reporting requirements of the applicable governmental and grantor agencies.

Charity Care – The Organization provides care to patients who meet criteria under its charity care policy without charge, or at amounts less than its established rates. Because the Organization does not pursue collections of amounts determined to qualify as charity care, they are not reported as revenue.

Donor-Restricted Gifts – Unconditional promises to give cash and other assets to the Organization are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions.

1. Summary of Significant Accounting Policies (continued):

Income Taxes – The Organization's parent company and subsidiaries are exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. However, the Organization is subject to federal income tax on any unrelated business taxable income.

ASC Subtopic 740-10, *Accounting for Uncertainty in Income Taxes*, addresses the accounting uncertainty of income taxes recognized in an enterprise's financial statements and prescribes a threshold of "more-likely-than-not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Subtopic 740-10 also provides guidance on measurement classification, interest and penalties and disclosure. The Organization has determined that the provisions of Subtopic 740-10 do not have a material effect on the Organization's financial statements. The Organization believes it is no longer subject to examinations for fiscal years prior to 2015.

Reclassifications – Certain reclassifications have been made to the 2017 financial statements to conform to the 2018 presentation.

Recent Accounting Pronouncements – In November 2016, the FASB issued ASU 2016-18, *Statement of Cash Flows - Restricted Cash*. This ASU requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The update is effective for financial statements issued for fiscal years beginning after December 15, 2018, with early adoption permitted and requires that it be applied retrospectively. The Hospital has opted to early adopt the provisions of ASU 2016-18 effective for fiscal year 2018. Restricted cash of $119,620 has been reclassified from cash and cash equivalents to restricted cash in the 2017 consolidated balance sheet.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities*. This ASU changes the current three classes of net assets to two classes, net assets with donor restrictions and net assets without donor restrictions; continues to allow the use of either the direct or indirect method of reporting the statement of cash flows; requires entities to report investment return net of external and direct internal investment expenses and no longer requires disclosure of those netted expenses; and eliminates the option to release donor-imposed restrictions on long-lived assets over the estimated useful life of the acquired asset. It also enhances the disclosures regarding: board designations, composition of net assets with donor restrictions, how a not-for-profit will meet its cash needs for general expenditures within one year of the balance sheet date, amounts of expenses by both their natural and functional classification, method used to allocate costs among program and support functions and underwater endowment funds. The update is effective for financial statements issued for fiscal years beginning after December 15, 2017, with early adoption permitted and requires that it be applied retrospectively. The Hospital has not elected early adoption of the provisions of ASU 2016-14.

1. Summary of Significant Accounting Policies (continued):

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers*, at the conclusion of a joint effort with the International Accounting Standards Board to create common revenue recognition guidance in accordance with accounting principles generally accepted in the United States of America and International Accounting Standards. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. Qualitative and quantitative disclosures will be required to enable users of financial statements to understand the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. The original standard was effective for fiscal years beginning after December 15, 2017; however, in July 2015, the FASB approved a one-year deferral of this standard, with a new effective date for fiscal years beginning after December 15, 2018 or fiscal year 2020 for the Organization. The Organization is evaluating the impact this will have on the consolidated financial statements.

2. Net Patient Service Revenue and Patient Accounts Receivable:

Net Patient Service Revenue – Net patient service revenue is reported net of contractual allowances and other discounts as follows for the years ended September 30:

	2018	2017
Gross patient service revenue		
Inpatient	$ 27,266,941	$ 24,183,400
Outpatient (including physician practices)	70,101,666	64,250,031
	97,368,607	88,433,431
Plus Medicaid disproportionate share hospital receipts	683,877	541,427
Less contractual allowances	45,484,925	38,262,680
Less charity care	949,742	733,410
Patient service revenue (net of contractual allowances and discounts)	51,617,817	49,978,768
Less provision for doubtful accounts	1,541,879	1,725,743
Net patient service revenue	$ 50,075,938	$ 48,253,025

Patient Accounts Receivable – Patient accounts receivable is stated net of estimated allowances for contractuals and allowances for doubtful accounts as of September 30:

	2018	2017
Patient accounts receivable	$ 12,376,517	$ 11,824,922
Less estimated allowance for contractual adjustments	4,102,565	3,725,790
Less estimated allowance for doubtful accounts	2,457,486	2,373,993
Patient accounts receivable, net	$ 5,816,466	$ 5,725,139

The Hospital's allowance for doubtful accounts fully reserves for self-pay patients at September 30, 2018 and 2017. The Hospital increased its estimate in the allowance for doubtful accounts relating to self-pay patients from $2,023,993 to $2,157,486 and decreased such estimate from $350,000 to $300,000 for doubtful accounts relating to third-party payors. In addition, the Hospital's self-pay write-offs net of recoveries decreased from $1,522,297 for 2017 to $1,458,386 for 2018. Such increases and decreases resulted from changes in the collection amounts from self-pay patients and third-party payors.

2. Net Patient Service Revenue and Patient Accounts Receivable (continued):

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare – The Hospital is a Critical Access Hospital (CAH). As a CAH, the Hospital is reimbursed 101% of reasonable allowable cost for its inpatient acute, swing bed and outpatient services, provided to Medicare patients. The Hospital is reimbursed at tentative rates for cost reimbursable items with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. Final settlements have been determined for all years through September 30, 2014.

The Hospital's rehabilitation unit is licensed as a rehabilitation distinct part unit and is paid under the inpatient rehabilitation facility prospective payment system rather than under the CAH allowable cost program.

Medicaid – Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at determined prospective rates. There is no retroactive settlement process for Medicaid.

Commercial – The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 57% and 12%, respectively, of the Hospital's gross patient revenue for the year ended 2018, and 57% and 11%, respectively, of the Hospital's gross patient revenue for the year ended 2017. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to net patient service revenue were made in order to recognize revised or new information obtained, subsequent to initial estimates. Those adjustments increased net patient service revenue approximately $348,000 in 2018 and increased approximately $508,000 in 2017.

On March 1, 2013, certain provisions of the Federal Government's Budget Control Act of 2011 went into effect. Among these are mandatory payment reductions under the Medicare program known as sequestration. Under these provisions, Medicare reimbursement was reduced by two percent on all claims with dates-of-service or dates-of-discharge on or after April 1, 2013. The continuation of these payment cuts for an extended period of time will have an adverse effect on the operating results of the Hospital.

The Hospital recognizes patient service revenue relating to services rendered to patients having third-party payor coverage on the basis of contractual rates for such services. For services rendered to self-pay or uninsured patients, revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay patients, a provision for uncollectible accounts is recorded based on experience and the effects of newly-identified circumstances and trends in pay rates. Patient service revenue, net of contractual allowances and discounts, but before the provision for uncollectible accounts, recognized during 2018 totaled $51,617,817 of which $50,489,999 was revenue from third-party payors and $1,127,818 was revenue from self-pay patients. Patient service revenue, net of contractual allowances and discounts, but before the provision for uncollectible accounts, recognized during 2017 totaled $49,978,768, of which $48,793,775 was revenue from third-party payors and $1,184,993 was revenue from self-pay patients.

3. Charity Care and Community Services:

Consistent with its tax-exempt status and community service responsibility, the Hospital provides services at no charge or at discounted rates to patients who are uninsured or underinsured that meet certain criteria. The criteria for charity care consider family income, net worth and extent of financial obligations, including health care costs.

The net cost of charity care provided was $785,000 and $608,000 in 2018 and 2017, respectively, based on the overall ratio of cost to charges from the most recent Medicare cost report.

In 2018, the Hospital provided 437 patients charity care assistance. In 2017, 395 patients received charity care. The largest portion of services provided on a charity basis for 2018 and 2017 was for emergency department services.

The determination of eligibility for community care is granted on a sliding fee basis. Patients with family income less than the 225% of the Department of Health and Human Services Income Poverty Guidelines shall not be responsible for the balance of their account for services rendered at the Organization. Those with family income at least equal to 226% but not exceeding 250% of the guidelines, shall be responsible for 25% of the remaining balance of their accounts. Those with family income at least equal to 251%, but not exceeding 275% of the guidelines, will be responsible for 50% of the remaining balance of their accounts. Those with family income at least equal to 276%, but not exceeding 300% of the guidelines, will be responsible for 75% of the remaining balance of their accounts.

4. Inventories:

The major classes of inventories consisted of the following as of September 30:

	2018	2017
Pharmacy	$ 272,130	$ 310,686
Operating room	77,880	71,373
Lab	50,245	42,547
Other	59,311	53,588
	$ 459,566	$ 478,194

5. Donor Restricted Endowment Net Assets:

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment net assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period(s), as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce long-term returns while assuming a moderate level of investment risk.

5. Donor Restricted Endowment Net Assets (continued):

Spending Policy

The Organization's policy is to appropriate for distribution each year 4 percent of its endowment net assets' rolling three-year average market value.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a weighted ratio on equity-based and fixed income investments to achieve its long-term return objectives within prudent risk constraints.

Uniform Prudent Management of Institutional Funds Act

On May 5, 2009, the Governor of Vermont signed the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as regulation over the donor-restricted endowment funds. UPMIFA requires investment of donor restricted funds in a prudent and reasonable manner, and related fees and other costs be reasonable and appropriate. Under UPMIFA, subject to the intent of the donor, the Organization may appropriate for expenditure or accumulate in the fund what the Organization determines is prudent for the uses, benefits, purposes and duration for which the fund is established. The act further provides criteria to guide the Organization in its expenditure decisions. In general, the amount of original gift and any required accumulations by the donor are not expendable. However, the market value of the fund may fall below that amount depending on current financial conditions in the underlying investments.

Endowment Net Asset Composition by Type of Fund as of September 30, 2018

	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ 841,903	$ 4,218,396	$ 5,060,299
Total funds	$ 841,903	$ 4,218,396	$ 5,060,299
Endowment net assets, beginning of year	$ 739,846	$ 4,218,396	$ 4,958,242
Investment return:			
Investment gain	43,778	-	43,778
Net appreciation (realized and unrealized)	245,716	-	245,716
Total investment return	289,494	-	289,494
Contributions	-	-	-
Appropriation of endowment assets for expenditure	(187,437)	-	(187,437)
Endowment net assets, end of year	841,903	4,218,396	$ 5,060,299
Donor contributions restricted for health care services	443,585		
Pledges and contributions restricted for capital improvements	69,127		
Temporarily restricted net assets	$ 1,354,615		
Beneficial interest in perpetual trusts		1,672,956	
Permanently restricted net assets		$ 5,891,352	

5. Donor Restricted Endowment Net Assets (continued):

Endowment Net Asset Composition by Type of Fund as of September 30, 2017

	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ 739,846	$ 4,218,396	$ 4,958,242
Total funds	$ 739,846	$ 4,218,396	$ 4,958,242
Endowment net assets, beginning of year	$ 449,175	4,218,396	$ 4,667,571
Investment return:			
Investment gain	30,377	-	30,377
Net appreciation (realized and unrealized)	445,079	-	445,079
Total investment return	475,456	-	475,456
Contributions	-	-	-
Appropriation of endowment assets for expenditure	(184,785)	-	(184,785)
Endowment net assets, end of year	739,846	4,218,396	$ 4,958,242
Donor contributions restricted for health care services	398,854		
Pledges and contributions restricted for capital improvements	206,533		
Temporarily restricted net assets	$ 1,345,233		
Beneficial interest in perpetual trusts		1,659,614	
Permanently restricted net assets		$ 5,878,010	

6. Pledges Receivable:

The Organization's pledges receivable consist of unconditional promises receivable as follows:

	2018	2017
Pledges receivable – gross	$ 71,948	$ 216,224
Less: Net present value allowance	1,558	5,189
	70,390	211,035
Less: Allowance for doubtful accounts	1,263	4,502
	$ 69,127	$ 206,533

Pledges receivable were calculated at net present value using a rate of 2.40%.

Pledges receivable are due as follows:

	2018	2017
Due in less than one year	$ 41,948	$ 141,992
Due in one to five years	27,179	64,541
	$ 69,127	$ 206,533

7. Other Receivables:

Other receivables consisted of the following at September 30:

	2018	2017
Grants receivable	$ 623,180	$ 396,745
Resident receivable, net of allowance	52,910	23,779
Other	175,306	149,415
	$ 851,396	$ 569,939

8. Investments:

The Hospital owns approximately 2.46% of the Dartmouth-Hitchcock Master Investment Program of Pooled Investment Accounts partnership. This is a pooled/commingled investment fund where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed below and totaled $17,206,629 and $15,281,709 as of September 30, 2018 and 2017, respectively. The Hospital also directly owns cash that is classified as short-term investments on the consolidated balance sheet of $174,261 and $172,467 as of September 30, 2018 and 2017, respectively.

Historic Homes directly owns the investments in securities from the asset classes listed below in the amount of $1,076,307 and $1,037,487 as of September 30, 2018 and 2017, respectively.

Investments are accounted for using the fair value method of accounting and are reported at what the Organization believes to be the amount that the Organization would expect to receive if it liquidated its investments at the balance sheet date on a nondistressed basis.

The following tables summarize the investments by asset classes, as of September 30, 2018 and 2017. Accounting standards require disclosure of additional information for the securities accounted for using the fair value method, as shown in Note 19.

8. Investments (continued):

	2018		
	Hospital Fair Value	Historic Homes Fair Value	Total
Cash and cash equivalents	$ 278,052	$ 29,280	$ 307,332
Mutual funds			
Bond	-	50,015	50,015
Fixed income	-	235,952	235,952
Total mutual funds	-	285,967	285,967
Exchange traded products			
Equities	-	314,777	314,777
Fixed income	-	146,049	146,049
Total exchange traded products	-	460,826	460,826
Equities			
Domestic	3,926,418	5,112	3,931,530
International	2,784,928	-	2,784,928
Industrials	-	35,772	35,772
Consumer discretionary	-	20,464	20,464
Consumer staples	-	21,815	21,815
Emerging markets	603,265	-	603,265
Energy	-	34,161	34,161
Financials	-	47,318	47,318
Health care	-	41,922	41,922
Private	1,586,087	-	1,586,087
Real estate	-	15,026	15,026
Utilities	-	12,066	12,066
Telecommunication services	-	5,944	5,944
Information technology	-	60,634	60,634
Total equities	8,900,698	300,234	9,200,932
Debt securities			
Domestic debt securities	2,825,807	-	2,825,807
Global debt securities	3,132,609	-	3,132,609
Total debt securities	5,958,416	-	5,958,416
U.S. government securities	1,385,647	-	1,385,647
Hedge funds	858,077	-	858,077
Total investments	$ 17,380,890	$ 1,076,307	$ 18,457,197

8. Investments (continued):

	2017		
	Hospital Fair Value	Historic Homes Fair Value	Total
Cash and cash equivalents	$ 318,653	$ 46,013	$ 364,666
Mutual funds			
Bond	-	20,000	20,000
Fixed income	-	233,374	233,374
Total mutual funds	-	253,374	253,374
Exchange traded products			
Equities	-	280,361	280,361
Fixed income	-	178,076	178,076
Total exchange traded products	-	458,437	458,437
Equities			
Domestic	3,268,642	-	3,268,642
International	2,473,814	-	2,473,814
Industrials	-	40,005	40,005
Consumer discretionary	-	25,619	25,619
Consumer staples	-	22,480	22,480
Emerging markets	945,343	-	945,343
Energy	-	20,921	20,921
Financials	-	30,551	30,551
Health care	-	36,916	36,916
Private	1,112,551	-	1,112,551
Real estate	-	19,159	19,159
Utilities	-	12,413	12,413
Telecommunication services	-	10,693	10,693
Information technology	-	60,906	60,906
Total equities	7,800,350	279,663	8,080,013
Debt securities			
Domestic debt securities	2,622,940	-	2,622,940
Global debt securities	2,874,689	-	2,874,689
Total debt securities	5,497,629	-	5,497,629
U.S. government securities	1,094,518	-	1,094,518
Hedge funds	743,026	-	743,026
Total investments	$ 15,454,176	$ 1,037,487	$ 16,491,663

9. Beneficial Interest in Trusts:

The Organization is the beneficiary of various trusts for which it is not the trustee, valued at $1,672,956 and $1,659,614 in irrevocable perpetual trusts and $215,068 and $196,436 in a charitable remainder trust at September 30, 2018 and 2017, respectively. The Organization has reflected as assets in the balance sheets the fair value of the underlying investments in the trusts. Adjustments to the irrevocable perpetual trusts to reflect changes in the fair value are reflected in the statement of changes in net assets as unrealized appreciation (depreciation) in beneficial interest in perpetual trusts as a change in permanently restricted net assets. Adjustments to the charitable remainder trust to reflect changes in the fair value are reflected in the statement of changes in net assets as unrealized appreciation (depreciation) in charitable remainder trust as a change in temporarily restricted net assets.

10. Property and Equipment:

The major categories of property and equipment are as follows as of September 30:

	2018	2017
Buildings and improvements	$ 30,846,978	$ 30,119,139
Major moveable equipment	14,504,419	13,025,266
Land and land improvements	2,107,294	1,989,723
	47,458,691	45,134,128
Less accumulated depreciation	28,360,035	26,535,309
	19,098,656	18,598,819
Construction in progress	676,493	279,898
Total property and equipment	$ 19,775,149	$ 18,878,717

Construction in progress consisted of the following at September 30, 2018:

	Total Costs to Date	Estimated Total Project Costs	Estimated Date of Completion
CIP Transformer Project	$ 26,839	$ 28,000	Fall 2018
CIP Chilled Water Project	6,000	15,000	Spring 2019
CIP Rehab Pool Renovations	257,500	268,000	Fall 2018
CIP Operating Room Roof Top Units Replacement	303,957	750,000	Fall 2018
CIP Nurse Call System	7,750	200,000	Fall 2019
CIP Meaningful Use Phase 3	19,800	49,600	Spring 2019
CIP Coag Analyzer and Interface	44,125	48,250	Spring 2019
CIP Sidewalks Front of Hospital	8,000	10,000	Fall 2018
Helie's Carpet - purchase of roll of carpet	2,522	5,000	Spring 2019
	$ 676,493		

11. Borrowings:

Line of Credit – The Organization entered into an agreement with Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Health in the amount of $2,000,000. This line bears interest at current LIBOR plus 55 basis points (2.17% as of September 30, 2018). The Organization has an outstanding balance under the lines of credit of $0 as of September 30, 2018 and 2017.

Long-Term Debt – Long-term debt consisted of the following at September 30:

	2018	2017
Note payable to Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Health due in semiannual interest payments from July 2016 through February 2042, with an interest rate of 1.78%. Beginning in February 2042, semi-annual principal payments through February 2046 ranging from $2,085,000 to $2,305,000.	$ 10,970,000	$ 10,970,000
Non-interest bearing mortgage with the Town of Windsor, Vermont; collateralized by property and equipment. Annual principal payments of $21,600 through 2022.	86,400	108,000
Interest-free note payable to Vermont Housing and Conservation Board (VHCB), no monthly payments, entire principal due June 2029; collateralized by land and building.	206,350	206,350
Interest-free note payable to VHCB, entire principal due June 2034; collateralized by land and buildings.	56,000	60,000
Interest free note payable to Town of Windsor, due in annual principal installments of $31,500 from September 2014 through 2018; collateralized by land and buildings. Paid off in 2018.	-	31,500
	11,318,750	11,375,850
Less current portion	25,600	57,100
Less unamortized bond closing costs	127,253	131,837
Long-term debt, net of current portion	$ 11,165,897	$ 11,186,913

11. Borrowings (continued):

Maturities on long-term debt for fiscal years subsequent to September 30, 2018 are as follows:

2019 (included in current liabilities)	$ 25,600
2020	25,600
2021	25,600
2022	25,600
2023	4,000
Thereafter	11,212,350
	$ 11,318,750

The Organization is a member of the Dartmouth-Hitchcock Obligated Group (DHOG). MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through New Hampshire Health and Education Facilities Authority (NHHEFA). Other members of DHOG include MHMH, Dartmouth-Hitchcock Clinic, The Cheshire Medical Center and New London Hospital Association. Dartmouth-Hitchcock Health is designated as the obligated group agent.

Revenue bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The Organization's note payable to MHMH and Dartmouth-Hitchcock Health was issued by NHHEFA through the DHOG. The Organization does not expect to pay any additional amounts on behalf of its co-obligors.

Capital Leases – The Hospital entered into capital leases for certain equipment. The terms of all three leases are for five years with two leases expiring during 2020 and the third expiring during 2022. The cost of the assets under capital lease as of September 30, 2018 and 2017 was $1,040,740. Accumulated amortization on assets under capital lease at September 30, 2018 and 2017 was $538,378 and $332,974, respectively, and the total depreciation expense on the leases was $205,404 and $110,696 for 2018 and 2017, respectively.

The following is a schedule, by year, of the future minimum lease payments under capital leases as of September 30:

2019	$ 215,075
2020	155,216
2021	125,435
2022	114,982
Total minimum lease payments	610,708
Less: Amount representing interest	43,098
Present value of minimum lease payments	567,610
Less: Current portion	194,616
Long-term capital lease obligations	$ 372,994

12. Net Asset Composition:

The Organization's net assets were comprised of the following as of September 30, 2018:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Detail of net assets:				
Operating	$ 2,958,821	$ 228,518	$ -	$ 3,187,339
Other receivables, net	851,396	69,127	-	920,523
Property and equipment, net	19,775,149	-	-	19,775,149
Other long-term assets	263,704	-	-	263,704
Investments	13,222,638	841,902	4,218,396	18,282,936
Charitable remainder trust	-	215,068	-	215,068
Beneficial interest in perpetual interest	-	-	1,672,956	1,672,956
Long-term debt	(11,191,497)	-	-	(11,191,497)
Post-retirement benefit obligation	(4,573,284)	-	-	(4,573,284)
Total net assets	$ 21,306,927	$ 1,354,615	$ 5,891,352	$ 28,552,894

The Organization's net assets were comprised of the following as of September 30, 2017:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Detail of net assets:				
Operating	$ 4,234,657	$ 202,418	$ -	$ 4,437,075
Other receivables, net	569,939	206,533	-	776,472
Property and equipment, net	18,878,717	-	-	18,878,717
Other long-term assets	207,260	-	-	207,260
Investments	11,360,954	739,846	4,218,396	16,319,196
Charitable remainder trust	-	196,436	-	196,436
Beneficial interest in perpetual interest	-	-	1,659,614	1,659,614
Long-term debt	(11,244,013)	-	-	(11,244,013)
Post-retirement benefit obligation	(5,687,334)	-	-	(5,687,334)
Total net assets	$ 18,320,180	$ 1,345,233	$ 5,878,010	$ 25,543,423

13. Temporarily and Permanently Restricted Net Assets:

Temporarily restricted net assets are available for the following purposes at September 30:

	2018	2017
Health care services	$ 443,586	$ 398,854
Pledges and gifts for capital improvements	69,127	206,533
Endowment accumulated earnings	841,902	739,846
	$ 1,354,615	$ 1,345,233

13. Temporarily and Permanently Restricted Net Assets (continued):

Permanently restricted net assets are available for the following purposes at September 30:

	2018	2017
Investments to be held in perpetuity, the income from which is expendable for		
Health care services	$ 4,130,714	$ 4,130,714
Health care services to the indigent	86,365	86,365
Alcohol/drug rehabilitation programs	1,317	1,317
Interest in perpetual trust, the income from which is expendable for		
Health care services	1,101,743	1,073,727
Purchases of medical equipment	571,213	585,887
	$ 5,891,352	$ 5,878,010

14. Functional Expenses:

The Organization provides general health care services to resident within its geographic location. Expenses related to providing these services are as follows:

	2018	2017
Health care services	$ 43,643,606	$ 41,355,264
General and administrative	10,682,179	10,086,814
Fundraising	307,585	235,327
	54,633,370	51,677,405
Other components of net periodic benefit cost	185,694	141,188
Total operating expenses	$ 54,819,064	$ 51,818,593

15. Related Party Transactions:

Mount Ascutney Professional Center Owners Association – The Mount Ascutney Professional Center Owners Association (Association) is a Vermont C-Corporation Organization. The Organization owns 12 of the 13 units in the Association and leases the remaining unit. There are three members on the Board, two of which are employees of the Organization. The Organization pays all condo fees during the year. For the years ended September 30, 2018 and 2017, condo fees were approximately $77,000 and $72,000, respectively.

Dartmouth Hitchcock Related Organizations – Effective July 1, 2014, D-HH became the sole corporate member of the Organization through an affiliation agreement. The new affiliation is intended to strengthen the clinical services offered by the Organization, continue to improve population health in the region and reduce overall healthcare spending.

15. Related Party Transactions (continued):

During the ordinary course of business, the Organization receives services from New England Alliance for Health (NEAH), an LLC owned and managed by MHMH, which totaled approximately $439,000 and $667,000 for the years ended September 30, 2018 and 2017, respectively. As of September 30, 2018 and 2017, the amount payable to NEAH was approximately $24,500 and $27,000, respectively.

Through NEAH, the Organization is provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. Dartmouth Hitchcock has ownership interests in both HAC and RRG.

The Organization contracts with Dartmouth-Hitchcock Clinic for management advisory services and other services in the ordinary course of business, which totaled approximately $3,165,000 and $3,215,000 for the years ended September 30, 2018 and 2017, respectively. The Organization's former and interim chief executive officers were employed by Dartmouth-Hitchcock Clinic and the Organization contracted for those services. The Organization's chief executive officer is employed by the Hospital as of January 2017. The Organization's current Chief Nursing Officer is employed by Dartmouth-Hitchcock Clinic and the Organization contracts for those services. As of September 30, 2018 and 2017, the amounts payable to Dartmouth-Hitchcock Clinic were approximately $567,000 and $544,000, respectively.

During the ordinary course of business, the Organization receives services from MHMH which totaled approximately $348,000 and $114,000 for the years ended September 30, 2018 and 2017, respectively. As of September 30, 2018 and 2017, the amount payable to MHMH was approximately $47,000 and $31,500, respectively.

The Organization pays interest to MHMH for the line of credit and note payable, which totaled approximately $198,000 and $209,000 for the years ended September 30, 2018 and 2017, respectively.

During 2017, Dartmouth-Hitchcock Health transferred $1,315,000 of unrestricted net assets to the Organization in the form of cash to help support the Organization.

16. Commitments and Contingencies:

Litigation – The health care industry is subject to numerous laws and regulations of federal, state and local governments. Government activity is ongoing with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time. Management believes that the Hospital is in substantial compliance with current laws and regulations.

16. Commitments and Contingencies (continued):

Investment Risk – The Organization invests in a combination of investment vehicles. Investments are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investments in the near term could materially affect the amounts reported in the statements of financial position.

Workers' Compensation – The Organization's high deductible workers' compensation plan ended June 1, 2010 and had accrued liabilities of approximately $0 at September 30, 2018 and 2017.

Self-Insurance – During 2012, the Hospital established a self-insured health care plan for substantially all of its employees. The Hospital has obtained reinsurance coverage to limit the Hospital's exposure associated with the plan individually of $125,000 and the aggregate limit is determined by the greater of $2,600,000, or a multiplication of the enrollment and the single and family factors assigned to the aggregate stop loss. Additionally, Dartmouth Hitchcock covers costs at the individual level that are greater than $125,000, up to a maximum of $750,000. The accompanying financial statements include an accrual for management's estimate of claims incurred, but not reported, of approximately $342,000 and $295,000 as of September 30, 2018 and 2017, respectively. The total cost of the health insurance plan was approximately $4,066,000 and $3,219,000 for the years ended September 30, 2018 and 2017, respectively.

Professional Liability Insurance and Litigation – The Hospital carries malpractice insurance coverage under a claims-made policy. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured. The Hospital intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. U.S. generally accepted accounting principles requires the Hospital to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Hospital has evaluated its exposure to losses arising from potential claims and has accrued an additional $240,470 and $230,469 for the years ended September 30, 2018 and 2017, respectively, which is included in other liabilities on the consolidated balance sheet.

The Organization is involved in litigation and investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these investigations are within insurance coverage limits and those matters will be resolved without a material adverse effect on the Organization's future financial position or results from operations. Management has not recorded any liabilities related to these investigations.

Operating Leases – The Organization has leases for medical care space and has various leases for medical and office equipment with original terms through December 2026.

Future minimum payments under these leases are as follows:

Years ending September 30,	
2019	$ 584,820
2020	533,909
2021	462,426
2022	458,442
2023	472,195

16. Commitments and Contingencies (continued):

Lease expense for the years ended September 30, 2018 and 2017 was approximately $725,000 and $719,000, respectively.

17. Concentrations of Credit Risk:

The Organization grants credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of accounts receivable from patients and third-party payors, exclusive of estimated settlements, was as follows as of September 30:

	2018	2017
Medicare	51%	52%
Medicaid	9	7
Blue Cross	14	15
Other third-party payers	21	20
Patients	5	6
	100%	100%

The Organization maintains its cash in bank deposits which may at times exceed federally insured limits. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant risk on cash and cash equivalents.

18. Benefit Plans:

403(b) Savings Plan – The Organization has a 403(b) savings plan under which eligible employees may contribute a percentage of their annual salaries to the savings plan. The Organization may make discretionary matching contributions as well as discretionary contributions. The Organization made a 4% match on salaries for the 2017 calendar plan year and had accrued $959,091 at September 30, 2017 and will make up to a 4% match on salaries for the 2018 calendar plan year and has accrued $1,007,076 at September 30, 2018.

Defined Benefit Pension Plan and Retiree Medical Plan – The Board of Trustees voted to curtail benefits under the defined benefit plan, effective December 31, 2012. All benefits for active employees became fully vested at that time. The projected benefit obligation at September 30, 2013 has been adjusted to reflect a curtailment gain of $1,785,782, which is primarily due to the elimination of deferred losses. There are no immediate plans to fund a full payoff of the benefit obligation; however, the Hospital is proceeding in reducing the obligation with other strategies.

In addition to providing pension benefits, the Organization provides health care benefits for retired employees and their spouses. The Organization has not funded the health care plan other than to pay current benefits. Retirees are required to make partial contributions if they choose to participate and if they elect to have their dependents covered. The Organization's contributions made in 2018 and 2017 were $47,106 and $43,556, respectively.

18. Benefit Plans (continued):

The following tables set forth the funded status of the plans and the amounts recognized in the Organization's financial statements as of and for the years ended September 30:

	2018	2017
Change in benefit obligation		
Projected benefit obligation, beginning of year	$ 18,001,656	$ 18,901,263
Service costs	150,000	150,000
Interest costs	715,599	738,511
Liability gain	(657,562)	(444,803)
Expenses paid	(170,263)	(172,142)
Settlements	(843,720)	-
Benefits paid	(818,114)	(1,171,173)
Projected benefit obligation at September 30	$ 16,377,596	$ 18,001,656
Accumulated benefit obligation	$ 16,377,596	$ 18,001,656
Change in plan assets		
Fair value of plan assets, beginning of year	$ 12,314,322	$ 11,705,381
Actual return on plan assets	692,981	1,244,800
Employer contributions	629,106	707,456
Expenses paid	(170,263)	(172,142)
Settlements	(843,720)	-
Benefits paid	(818,114)	(1,171,173)
Fair value of plan assets at September 30	$ 11,804,312	$ 12,314,322
Funded status at September 30, accrued liability	$ (4,573,284)	$ (5,687,334)
Actuarial loss not yet reflected in net periodic benefit cost and included in change in net assets	$ 1,102,961	$ 1,709,423

Net postretirement benefit cost for fiscal years 2018 and 2017 consisted of the following:

	2018	2017
Service costs	$ 150,000	$ 150,000
Interest costs	715,599	738,511
Recognized net actuarial loss	(901,293)	(879,699)
Other components of net periodic benefit cost	(185,694)	(141,188)
Total postretirement benefit cost	$ (35,694)	$ (8,812)

18. Benefit Plans (continued):

The prior service costs and net loss for the plans that are expected to be amortized from unrestricted net assets in net postretirement benefit cost over the next fiscal year are $3,629.

The weighted average assumptions used in the measurement of the Hospital's benefit obligation at September 30 are shown in the following table:

	2018	2017
Discount rate	4.20%	4.20%
Rate of compensation increase	-	-

The weighted average assumption used in the measurement of the Hospital's net periodic postretirement cost for the years ended September 30 are shown in the following table:

	2018	2017
Discount rate	4.20%	4.00%
Expected long-term return on plan assets	7.50%	7.75%
Rate of compensation increase	-	-

The Organization considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered are the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from actuaries and investment consultants and long-term inflation assumptions. The expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity and fixed income securities.

The health care costs have been based on health care coverage for plan retirees. A 1% point change in health care cost trends would have the following effects as of September 30, 2018:

	1% Point Decrease	1% Point Increase
Service and interest costs	$ 25,198	$ 30,456
Postretirement benefit obligation	549,082	651,794

Plan Assets – Under the policy of the Organization, the pension assets are invested conservatively with the intent of providing a predictable stream of funding to the plan. The Organization invests in life insurance annuities, equity mutual funds, bond mutual funds and money market investments to achieve its long-term return objectives within limited risk constraints. Actual returns in any year may vary from budgeted amounts due to market fluctuations. The Organization's postretirement plan asset allocations at September 30 are as follows:

Asset Category	2018	2017
Equity securities	56%	56%
Debt securities	43	43
Cash equivalents	0	0
Other	1	1
Total	100%	100%

18. Benefit Plans (continued):

Cash Flows – The Organization funds the Plan annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the Plan's actuary. However, the Organization may also fund the Plan in excess of the minimum required amount. The Organization expects to contribute approximately $380,000 in fiscal year 2019.

Cash contributions in subsequent years will depend on a number of factors including performance of Plan assets.

Projected benefit payments	
2019	$ 831,651
2020	895,103
2021	947,781
2022	994,773
2023	1,028,177
2024-2028	5,339,511

Risks – The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported.

19. Fair Value Measurements:

FASB ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

19. Fair Value Measurements (continued):

Assets and liabilities measured at fair value on a recurring basis are summarized below. Fair values were primarily determined using market and income approaches.

Fair Value Measurements at September 30, 2018

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Cash and cash equivalents	$ 307,332	$ -	$ -	$ 307,332
Mutual funds				
Bond	50,015	-	-	50,015
Fixed income	235,952	-	-	235,952
Total mutual funds	285,967	-	-	285,967
Exchange traded products				
Equities	314,777	-	-	314,777
Fixed income	146,049	-	-	146,049
Total exchange traded products	460,826	-	-	460,826
Equities				
Domestic	3,474,499	-	-	3,474,499
International	897,787	-	-	897,787
Industrials	35,772	-	-	35,772
Consumer discretionary	20,464	-	-	20,464
Consumer staples	21,815	-	-	21,815
Energy	34,161	-	-	34,161
Financials	47,318	-	-	47,318
Health care	41,922	-	-	41,922
Real estate	15,026	-	-	15,026
Utilities	12,066	-	-	12,066
Telecommunication services	5,944	-	-	5,944
Information technology	60,634	-	-	60,634
Total equities	4,667,408	-	-	4,667,408
Debt securities				
Global debt securities	808,936	239,745	-	1,048,681
Domestic debt securities	725,797	543,534	-	1,269,331
Total debt securities	1,534,733	783,279	-	2,318,012
U.S. Government securities	1,385,647	-	-	1,385,647
Beneficial interest in perpetual trusts	-	-	1,672,956	1,672,956
Charitable remainder trust	-	-	215,068	215,068
	$ 8,641,913	$ 783,279	$ 1,888,024	11,313,216
Investments measured at net asset value				9,032,005
Total assets				$ 20,345,221

19. Fair Value Measurements (continued):

Fair Value Measurements at September 30, 2018

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments held by defined benefit pension plan:				
Cash and cash equivalents	$ 172,201	$ -	$ -	$ 172,201
Equity mutual funds				
Real estate	357,176	-	-	357,176
Small cap	822,061	-	-	822,061
Emerging markets	320,621	-	-	320,621
Growth	3,807,968	-	-	3,807,968
Foreign stock	1,160,809	-	-	1,160,809
Total equity mutual funds	6,468,635	-	-	6,468,635
Fixed income mutual funds				
Emerging markets	428,292	-	-	428,292
U.S. fixed income	3,031,489	-	-	3,031,489
Global	829,125	-	-	829,125
Total fixed income mutual funds	4,288,906	-	-	4,288,906
U.S. Treasury obligations	400,859	-	-	400,859
U.S. Government agencies	149,299	-	-	149,299
Corporate and Foreign bonds	324,412	-	-	324,412
Total investments held by defined benefit pension plan	$ 11,804,312	$ -	$ -	$ 11,804,312

19. Fair Value Measurements (continued):

Fair Value Measurements at September 30, 2017

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets:				
Cash and cash equivalents	$ 364,666	$ -	$ -	$ 364,666
Mutual funds				
Bond	20,000	-	-	20,000
Fixed income	233,374	-	-	233,374
Total mutual funds	253,374	-	-	253,374
Exchange traded products				
Equities	280,361	-	-	280,361
Fixed income	178,076	-	-	178,076
Total exchange traded products	458,437	-	-	458,437
Equities				
Domestic	2,944,690	-	-	2,944,690
Industrials	40,005	-	-	40,005
Consumer discretionary	25,619	-	-	25,619
Consumer staples	22,480	-	-	22,480
Energy	20,921	-	-	20,921
Financials	30,551	-	-	30,551
Health care	36,916	-	-	36,916
Real estate	19,159	-	-	19,159
Utilities	12,413	-	-	12,413
Telecommunication services	10,693	-	-	10,693
Information technology	60,906	-	-	60,906
Total equities	3,224,353	-	-	3,224,353
Debt securities				
Global debt securities	665,956	212,954	-	878,910
Domestic debt securities	1,424,097	485,162	-	1,909,259
Total debt securities	2,090,053	698,116	-	2,788,169
U.S. Government securities	1,094,518	-	-	1,094,518
Beneficial interest in perpetual trusts	-	-	1,659,614	1,659,614
Charitable remainder trust	-	-	196,436	196,436
	$ 7,485,401	$ 698,116	$ 1,856,050	10,039,567
Investments measured at net asset value				8,308,146
Total assets				$ 18,347,713

19. Fair Value Measurements (continued):

Fair Value Measurements at September 30, 2017

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments held by defined benefit pension plan:				
Cash and cash equivalents	$ 148,898	$ -	$ -	$ 148,898
Equity mutual funds				
Real estate	370,689	-	-	370,689
Small cap	887,449	-	-	887,449
Emerging markets	381,558	-	-	381,558
Growth	4,248,063	-	-	4,248,063
Foreign stock	931,050	-	-	931,050
Total equity mutual funds	6,818,809	-	-	6,818,809
Fixed income mutual funds				
Emerging markets	470,223	-	-	470,223
U.S. fixed income	3,143,385	-	-	3,143,385
Global	827,263	-	-	827,263
Total fixed income mutual funds	4,440,871	-	-	4,440,871
U.S. Treasury obligations	442,969	-	-	442,969
U.S. Government agencies	110,705	-	-	110,705
Corporate and Foreign bonds	352,070	-	-	352,070
Total investments held by defined benefit pension plan	$ 12,314,322	$ -	$ -	$ 12,314,322

The Organization's other financial instruments consist of cash and cash equivalents, trade accounts receivable and payable, estimated third-party payor settlements and long-term debt. The carrying values of these financial instruments approximate their fair values.

19. Fair Value Measurements (continued):

The following table summarizes Level 3 instruments measured at fair value on a recurring basis as of September 30, 2018:

	Beneficial Interest in Perpetual Trusts	Charitable Remainder Trust
Balance at September 30, 2017	$ 1,659,614	$ 196,436
Unrealized appreciation	13,342	18,632
Balance at September 30, 2018	$ 1,672,956	$ 215,068

The following table summarizes Level 3 instruments measured at fair value on a recurring basis as of September 30, 2017:

	Beneficial Interest in Perpetual Trusts	Charitable Remainder Trust
Balance at September 30, 2016	$ 1,631,675	$ 199,252
Unrealized appreciation	27,939	22,527
Net assets released from restrictions used for operations	-	(25,343)
Balance at September 30, 2017	$ 1,659,614	$ 196,436

The fair value of Level 2 assets is primarily based on quoted market prices of underlying assets, comparable securities, interest rates, and credit risk. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Level 3 investments are valued using discounted cash flow methodologies.

20. Meaningful Use Revenues:

The Medicare and Medicaid electronic health record (EHR) incentive programs provide a financial incentive for achieving “meaningful use” of certified EHR technology. The criteria for meaningful use was staged in three steps from fiscal year 2013 through 2016. The meaningful use attestation is subject to audit by CMS in future years. As part of this process, a final settlement amount for the incentive payments could be established that differs from the initial calculation and could result in return of a portion or all of the incentive payments received by the Hospital.

20. Meaningful Use Revenues (continued):

The Medicaid program will provide incentive payments to hospitals and eligible professionals as they adopt, implement, upgrade or demonstrate meaningful use in the first year of participation and demonstrate meaningful use for up to five remaining participation years.

For the years ended September 30, 2018 and 2017, the Hospital recorded meaningful use revenue from the Medicaid and Medicare EHR programs for $290,689 and $10,000, respectively. Revenue from the programs is included in other operating revenue.

21. OneCare Vermont:

The Hospital entered into an agreement with OneCare Vermont Accountable Care Organization, LLC to participate in the Vermont Medicaid Next Generation Model effective January 1, 2018 through December 31, 2021. The agreement can be extended for additional one-year terms. This is an alternative payment and population health management program with Medicaid. Under the program, the Hospital receives fixed monthly payments to provide care for their number of attributable lives, but per the agreement, the Hospital is still required to submit actual patient service claims. Therefore, the revenue associated with the actual patient services is included in gross patient service revenue and contractual allowances for the year ended September 30, 2018. To the extent patient service claims have not yet been processed to inform the Hospital the patient is covered under this program, there are patient accounts receivable included on the consolidated balance sheet as of September 30, 2018.

As the actual payments received under the agreement are from a risk-based contract, the actual earned payments are reported separately from patient service revenue and was $732,703 and $0 for the years ended September 30, 2018 and 2017, respectively.

Included in estimated settlements with third-party payors on the consolidated balance sheets is an estimated settlement for the program of $55,750 and $0 as of September 30, 2018 and 2017, respectively.

22. Subsequent Events:

The Organization has reviewed events occurring after September 30, 2018 through February 4, 2019, the date management accepted the final draft of the financial statements and made them available to be issued. The Organization has not reviewed events occurring after the report date, February 4, 2019, for their potential impact on the information contained in these consolidated financial statements.

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES
Consolidating Balance Sheets – Assets
As of September 30, 2018

	Mt. Ascutney Hospital and Health Center	Historic Homes of Runnemede, Inc.	Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 7,053,318	$ 81,932	$ -	$ 7,135,250
Restricted cash	116,888	2,594	-	119,482
Short-term investments	174,261	-	-	174,261
Patient accounts receivable, net	5,816,466	-	-	5,816,466
Current portion of pledges receivable, net	41,948	-	-	41,948
Other receivables, net	811,062	52,910	(12,576)	851,396
Inventories	459,566	-	-	459,566
Prepaid expenses	472,047	23,591	-	495,638
Total current assets	14,945,556	161,027	(12,576)	15,094,007
Assets whose use is limited or restricted				
Investments	17,206,629	1,076,307	-	18,282,936
Charitable remainder trust	215,068	-	-	215,068
Beneficial interest in perpetual trusts	1,672,956	-	-	1,672,956
Total assets whose use is limited or restricted	19,094,653	1,076,307	-	20,170,960
Property and equipment, net	18,085,242	1,689,907	-	19,775,149
Pledges receivable, less current portion shown above	27,179	-	-	27,179
Other assets	2,692,351	-	(2,428,647)	263,704
Total assets	$ 54,844,981	$ 2,927,241	$ (2,441,223)	$ 55,330,999

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES
Consolidating Balance Sheets – Liabilities and Net Assets
As of September 30, 2018

	Mt. Ascutney Hospital and Health Center	Historic Homes of Runnemede, Inc.	Eliminations	Consolidated
Liabilities				
Current liabilities				
Accounts payable and accrued expense	$ 3,342,226	$ 98,281	$ (12,576)	$ 3,427,931
Construction payable	259,332	-	-	259,332
Accrued salaries and wages	2,172,810	49,158	-	2,221,968
Accrued earned time off	1,463,568	-	-	1,463,568
Other current liabilities	1,433,645	2,405	-	1,436,050
Estimated settlements with third-party payors	1,396,395	-	-	1,396,395
Current portion of long-term debt	-	25,600	-	25,600
Current portion of capital leases	194,616	-	-	194,616
Total current liabilities	10,262,592	175,444	(12,576)	10,425,460
Long-term debt, less current portion shown above	10,842,747	323,150	-	11,165,897
Capital leases, less current portion shown above	372,994	-	-	372,994
Post-retirement benefit obligation	4,573,284	-	-	4,573,284
Other liabilities	240,470	-	-	240,470
Total liabilities	26,292,087	498,594	(12,576)	26,778,105
Net assets				
Unrestricted	21,306,927	2,428,647	(2,428,647)	21,306,927
Temporarily restricted	1,354,615	-	-	1,354,615
Permanently restricted	5,891,352	-	-	5,891,352
Total net assets	28,552,894	2,428,647	(2,428,647)	28,552,894
Total liabilities and net assets	$ 54,844,981	$ 2,927,241	$ (2,441,223)	$ 55,330,999

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES
Consolidating Balance Sheets – Assets
As of September 30, 2017

	Mt. Ascutney Hospital and Health Center	Historic Homes of Runnemede, Inc.	Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 5,978,940	$ 120,671	$ -	$ 6,099,611
Restricted cash	115,957	3,663	-	119,620
Short-term investments	172,467	-	-	172,467
Patient accounts receivable, net	5,725,139	-	-	5,725,139
Current portion of pledges receivable, net	141,992	-	-	141,992
Other receivables, net	560,273	23,779	(14,113)	569,939
Inventories	478,194	-	-	478,194
Prepaid expenses	581,355	15,917	-	597,272
Total current assets	13,754,317	164,030	(14,113)	13,904,234
Assets whose use is limited or restricted				
Investments	15,281,709	1,037,487	-	16,319,196
Charitable remainder trust	196,436	-	-	196,436
Beneficial interest in perpetual trusts	1,659,614	-	-	1,659,614
Total assets whose use is limited or restricted	17,137,759	1,037,487	-	18,175,246
Property and equipment, net	17,135,210	1,743,507	-	18,878,717
Pledges receivable, less current portion shown above	64,541	-	-	64,541
Other assets	2,604,059	-	(2,396,799)	207,260
Total assets	$ 50,695,886	$ 2,945,024	$ (2,410,912)	$ 51,229,998

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES
Consolidating Balance Sheets – Liabilities and Net Assets
As of September 30, 2017

	Mt. Ascutney Hospital and Health Center	Historic Homes of Runnemede, Inc.	Eliminations	Consolidated
Liabilities				
Current liabilities				
Accounts payable and accrued expense	$ 1,947,935	$ 95,967	$ (14,113)	$ 2,029,789
Construction payable	108,000	-	-	108,000
Accrued salaries and wages	1,961,700	44,003	-	2,005,703
Accrued earned time off	1,405,555	-	-	1,405,555
Other current liabilities	1,086,157	2,405	-	1,088,562
Estimated settlements with third-party payors	1,133,202	-	-	1,133,202
Current portion of long-term debt	-	57,100	-	57,100
Current portion of capital leases	186,708	-	-	186,708
Total current liabilities	7,829,257	199,475	(14,113)	8,014,619
Long-term debt, less current portion shown above	10,838,163	348,750	-	11,186,913
Capital leases, less current portion shown above	567,240	-	-	567,240
Post-retirement benefit obligation	5,687,334	-	-	5,687,334
Other liabilities	230,469	-	-	230,469
Total liabilities	25,152,463	548,225	(14,113)	25,686,575
Net assets				
Unrestricted	18,320,180	2,396,799	(2,396,799)	18,320,180
Temporarily restricted	1,345,233	-	-	1,345,233
Permanently restricted	5,878,010	-	-	5,878,010
Total net assets	25,543,423	2,396,799	(2,396,799)	25,543,423
Total liabilities and net assets	$ 50,695,886	$ 2,945,024	$ (2,410,912)	$ 51,229,998

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES
Consolidating Statement of Operations
For the Year Ended September 30, 2018

	Mt. Ascutney Hospital and Health Center	Historic Homes of Runnemede, Inc.	Eliminations	Consolidated
Unrestricted revenues, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 51,617,817	$ -	$ -	$ 51,617,817
Less provision for doubtful accounts	1,541,879	-	-	1,541,879
Net patient service revenue	50,075,938	-	-	50,075,938
Other operating revenue	3,655,509	1,520,400	(186,822)	4,989,087
One Care Vermont	732,703	-	-	732,703
Net assets released from restrictions used for operations	29,954	-	-	29,954
Total unrestricted revenues, gains and other support	54,494,104	1,520,400	(186,822)	55,827,682
Expenses				
Salaries and wages	25,103,785	743,219	-	25,847,004
Employee benefits	7,242,147	188,796	(35,918)	7,395,025
Purchased services	9,712,926	150,809	(135,970)	9,727,765
Supplies and expenses	7,324,212	356,325	(14,934)	7,665,603
Vermont provider tax	1,762,965	-	-	1,762,965
Interest	231,119	-	-	231,119
Depreciation	2,072,075	117,508	-	2,189,583
Total expenses	53,449,229	1,556,657	(186,822)	54,819,064
Income (loss) from operations	1,044,875	(36,257)	-	1,008,618
Nonoperating revenue (expense)				
Net investment income	523,627	31,363	-	554,990
Contributions	252,994	4,150		257,144
Gain on sale of property and equipment	7,378	-	-	7,378
Endowment net assets released from restrictions used for operations	187,437	-	-	187,437
Other components of net periodic benefit cost	185,694	-	-	185,694
Total nonoperating revenue	1,157,130	35,513	-	1,192,643
Excess of revenues, gains, and other support over (under) expenses and nonoperating revenue	2,202,005	(744)	-	2,201,261
Unrealized gain on investments	110,784	32,592	-	143,376
Net assets released from restrictions used for acquisition of property and equipment	145,754	-	-	145,754
Equity in income of subsidiaries	31,848	-	(31,848)	-
Change in net assets to recognize funded status of post-retirement plans	496,356	-	-	496,356
Increase in unrestricted net assets	$ 2,986,747	$ 31,848	$ (31,848)	$ 2,986,747

WINDSOR HOSPITAL CORPORATION
(d/b/a MT. ASCUTNEY HOSPITAL AND HEALTH CENTER) AND SUBSIDIARIES
Consolidating Statement of Operations
For the Year Ended September 30, 2017

	Mt. Ascutney Hospital and Health Center	Historic Homes of Runnemede, Inc.	Eliminations	Consolidated
Unrestricted revenues, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 49,978,768	$ -	$ -	$ 49,978,768
Less provision for doubtful accounts	1,725,743	-	-	1,725,743
Net patient service revenue	48,253,025	-	-	48,253,025
Other operating revenue	3,559,549	1,570,493	(152,751)	4,977,291
Net assets released from restrictions used for operations	53,654	-	-	53,654
Total unrestricted revenues, gains and other support	51,866,228	1,570,493	(152,751)	53,283,970
Expenses				
Salaries and wages	24,032,701	734,735	-	24,767,436
Employee benefits	6,257,323	194,953	(34,724)	6,417,552
Purchased services	8,764,326	158,219	(114,983)	8,807,562
Supplies and expenses	7,432,214	348,951	(3,044)	7,778,121
Vermont provider tax	1,617,571	-	-	1,617,571
Interest	223,998	-	-	223,998
Depreciation	2,100,247	106,106	-	2,206,353
Total expenses	50,428,380	1,542,964	(152,751)	51,818,593
Income from operations	1,437,848	27,529	-	1,465,377
Nonoperating revenue (expense)				
Net investment income	392,515	29,979	-	422,494
Contributions	192,388	10,290	-	202,678
Loss on sale of property and equipment	(47,465)	-	-	(47,465)
Endowment net assets released from restrictions used for operations	184,785	-	-	184,785
Other components of net periodic benefit cost	141,188	-	-	141,188
Total nonoperating revenue	863,411	40,269	-	903,680
Excess of revenue, gains and other support over (under) expenses and nonoperating revenue and before discontinued operations	2,301,259	67,798	-	2,369,057
Unrealized gain on investments	678,333	42,811	-	721,144
Net assets released from restrictions used for acquisition of property and equipment	499,041	-	-	499,041
Equity in income of subsidiaries	110,609	-	(110,609)	-
Transfer of net assets from Dartmouth Hitchcock-Health	1,315,000	-	-	1,315,000
Change in net assets to recognize funded status of post-retirement plans	986,472	-	-	986,472
Increase in unrestricted net assets	$ 5,890,714	$ 110,609	$ (110,609)	$ 5,890,714

TSS TYLER, SIMMS & ST. SAUVEUR
Certified Public Accountants & Business Consultants
19 Morgan Drive Lebanon, NH 03766
Tel: (603)653-0044 Fax: (603)653-0209
www.tss-cpa.com

AUGUST 7, 2019

WINDSOR HOSPITAL CORPORATION
289 COUNTY ROAD
WINDSOR, VT 05089
ATTENTION: DAVID SANVILLE

DEAR DAVID:

WE HAVE PREPARED AND ENCLOSED YOUR 2017 VERMONT CORPORATION INCOME TAX RETURN FOR THE YEAR ENDED SEPTEMBER 30, 2018. THE RETURN SHOULD BE SIGNED AND DATED BY THE APPROPRIATE CORPORATE OFFICER(S) AND MAILED.

THE VERMONT FORM CO-411 SHOULD BE MAILED ON OR BEFORE AUGUST 15, 2019 TO:

VERMONT DEPARTMENT OF TAXES
133 STATE STREET
MONTPELIER, VT 05633-1401

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

W. JAY SIMMS

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-5723

VT Form CO-411	CORPORATE INCOME TAX RETURN

1741131 02

Entity Name	Fiscal Year Ending (YYYYMMDD)	Federal ID Number
WINDSOR HOSPITAL CORPORATION	20180930	030183721

FOR COMPUTERIZED USE ONLY

FID	030183721	FYB	20171001	FYE	20180930	NAICS	525990				
WINDSOR HOSPITAL CORPORATION				APC	N	AMD	N	EXT	N		
289 COUNTY ROAD				COM	N	CON	N	FIN	N		
					FED	990T		DSC	Y		
WINDSOR		VT	05089		WEG	0		VNX	0		
				SMFM	N	NOVT	N	HCA	N		
1	-6151	7	-6151	19A	0						
2	0	8	-6151	19B	300						
3	-6151	9	0	19C	0						
4A	0	10	0	19D	0						
4B	0	11	-6151	19E	0						
4C	0	12	0	19F	300						
4D	0	13	-6151	20	0						
4E	0	14	300	21	0						
4F	0	15	0	22	0						
4G	0	16	300	23	0						
5	-6151	17	0	PTIN	117583150						
6	100000000	18	300	PEIN	020476956						

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Officer or Authorized Agent — Date

Printed name

Daytime telephone number (optional) 8026746711

E-mail address (optional)
DAVID.SANVILLE@MAHHC.ORG

May the Dept. of Taxes discuss this return with the preparer shown? [X] Yes [ ] No

Preparer's signature — Date 08 07 19

Print name, Firm's name (or yours if self-employed) and address below
W. JAY SIMMS
TYLER, SIMMS & ST. SAUVEUR CPA
19 MORGAN DRIVE
LEBANON, NH 03766
Telephone 603-653-0044

Preparer's e-mail address

Entity Name	WINDSOR HOSPITAL CORPORATION	Federal ID Number	030183721
Address, Line 1	289 COUNTY ROAD		
Address, Line 2			
City, State, ZIP Code	WINDSOR VT 05089		
Foreign Country			

	Yes	No
Did the Accounting Period change?		N
Is this an Amended Return?		N
Is this an Extended Return?		N
Is this a Unitary Combined Return?		N
Is this a Unitary Consolidated Return?		N
Is this a Final Return? **If yes, this cancels account**		N

Tax year BEGIN date (YYYYMMDD)	20171001
Tax year END date (YYYYMMDD)	20180930
Primary 6-digit North American Industrial Classification System (NAICS) Number	525990
Number of companies in Water's Edge Group	0
Number with Vermont Nexus	0

Federal tax return filed (check one box)

☐ 1120 ☐ 1120-F ☒ 990-T ☐ 1120-H ☐ Other

1.	FEDERAL TAXABLE INCOME		1.	-6151.
2.	Bonus Depreciation Adjustment (see instructions)		2.	0.
3.	Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Line 1 plus Line 2)		3.	-6151.
4.	ADD **(a)** Interest on non-Vermont state and local obligations	4(a). 0.		
	(b) State and local income or franchise taxes	4(b). 0.		
	LESS **(c)** Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	4(c). 0.		
	(d) Foreign dividends received	4(d). 0.		
	(e) Interest on U.S. Government obligations	4(e). 0.		
	(f) "Gross Up" required by IRC Sec. 78 and other excludable income	4(f). 0.		
	(g) Targeted Job Credit salary and wage expense addback	4(g). 0.		
5.	NET APPORTIONABLE INCOME (Line 3 plus Lines 4(a) and 4(b) less Lines 4(c) through 4(g))		5.	-6151.
6.	Vermont Percentage (100% or amount from VT Schedule BA-402, Line 22). Calculate percentage to six places to the right of the decimal point		6.	100.000000%
7.	Apportionable Income (Form CO-411, Line 5)		7.	-6151.
8.	Income Apportioned to Vermont (Multiply Line 6 by Line 7)		8.	-6151.
9.	Income Allocated to Vermont (Schedule BA-402, Line 1b)		9.	0.
10.	Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)		10.	0.
11.	Net VT Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10)		11.	-6151.
12.	VT Net Operating Loss deduction applied (attach schedule)		12.	0.
13.	VT Net Taxable Income for this entity (Subtract Line 12 from Line 11)		13.	-6151.
14.	VT Tax. Apply VT Tax Rates (below) to amount on Line 13		14.	300.
15.	Credits (Schedule BA-404, Column C, Line 11)		15.	0.
16.	**Tax Due** for this entity (Subtract Line 15 from Line 14)		16.	300.
17.	Gross Receipts (For purpose of minimum tax calculation. See instructions)		17.	0.

Check box if exception to minimum tax applies:

☐ **SMALL FARM CORPORATION** ($75 minimum)

☐ **NO VERMONT ACTIVITY** ($0)

☐ **HOMEOWNER'S / CONDO ASSOC.** (Federal Form 1120-H only) ($0)

TAX COMPUTATION SCHEDULE
(Effective for taxable periods beginning January 1, 2012)

IF VT NET INCOME IS	TAX IS
$10,000 or less	6.00%.
$10,001 to $25,000	$600 plus 7.00% of excess over $10,000.
$25,001 and over	$1,650 plus 8.50% of excess over $25,000.

IF GROSS RECEIPTS ARE	MINIMUM TAX IS
$2,000,000 OR less	$300
$2,000,001 - $5,000,000	$500
$5,000,001 and over	$750

Entity Name	Fiscal Year Ending (YYYYMMDD)	Federal ID Number
WINDSOR HOSPITAL CORPORATION	20180930	030183721

18.	Total Tax Due (Sum of Line 16 and Line 11 of all attached CO-421)			18.	300.
19.	**PAYMENTS**				
19a.	Estimated Payments	19a.	0.		
19b.	Payment with Extension	19b.	300.		
19c.	Nonresident Estimated Payments (Form WH-435)	19c.	0.		
19d.	Real Estate Withholding Payments (Form RW-171)	19d.	0.		
19e.	Prior Year Overpayment Applied	19e.	0.		
19f.	Total Payments (Add Lines 19a through 19e)			19f.	300.
20.	Balance Due. If Line 18 is more than Line 19f, subtract Line 19f from Line 18			20.	0.
	Make checks payable to *VT DEPARTMENT OF TAXES*				
21.	Overpayment. If Line 19f is more than Line 18, subtract Line 18 from Line 19f			21.	0.
22.	Overpayment to be applied to next tax year	22.	0.		
23.	Overpayment to be refunded (Subtract Line 22 from Line 21)			23.	0.

Return is due on the date prescribed for filing under the Internal Revenue Code, unless extended.

Payment is due on the date prescribed for filing under the Internal Revenue Code, even if the return is extended. Corporations with liabilities over $500, see instructions for estimated payments, VT Form CO-414.

Make check payable to: *Vermont Department of Taxes*

Send return and check to:
Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

VNOL Tracking Schedule

Year 2016 Original Loss Amount 3,029.

Exp-ired	Amount Used 2017	Amount Used 2018	Amount Used 2019	Amount Used 2020	Amount Used 2021	Amount Used 2022	Amount Used 2023	Amount Used 2024	Amount Used 2025	Amount Used 2026	Available Carryover
											3,029.

Year 2017 Original Loss Amount 6,151.

Exp-ired	Amount Used 2017	Amount Used 2018	Amount Used 2019	Amount Used 2020	Amount Used 2021	Amount Used 2022	Amount Used 2023	Amount Used 2024	Amount Used 2025	Amount Used 2026	Available Carryover
											6,151.

Year ____ Original Loss Amount _____

Exp-ired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount _____

Exp-ired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount _____

Exp-ired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

Year ____ Original Loss Amount _____

Exp-ired	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Amount Used	Available Carryover

EXTENDED TO AUGUST 15, 2019

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year 54,844,981.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
WINDSOR HOSPITAL CORPORATION

Number, street, and room or suite no. If a P.O. box, see instructions.
289 COUNTY ROAD

City or town, state or province, country, and ZIP or foreign postal code
WINDSOR, VT 05089

D Employer identification number (Employees' trust, see instructions.)
03-0183721

E Unrelated business activity codes (See instructions.)
525990

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ INVESTMENT INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DAVID SANVILLE Telephone number ▶ 8026746711

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	-6,151.	STMT 1	-6,151.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	-6,151.		-6,151.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-6,151.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-6,151.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-6,151.

723701 01-22-18 LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2017)

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	0.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	0.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

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

▶ Signature of officer | Date | ▶ CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
W. JAY SIMMS	W. JAY SIMMS	08/13/19		P00435321

Firm's name ▶ TYLER, SIMMS & ST. SAUVEUR CPAS, P.C. Firm's EIN ▶ 02-0476956

Firm's address ▶ 19 MORGAN DRIVE LEBANON, NH 03766 Phone no. 603-653-0044

Form **990-T** (2017)

723711 01-22-18

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 **Total.** Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
DARTMOUTH-HITCHCOCK MASTER INVESTMENT PROGRAM	-6,151.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-6,151.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/17	3,029.	0.	3,029.	3,029.
NOL CARRYOVER AVAILABLE THIS YEAR			3,029.	3,029.