

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WINDSOR HOSPITAL CORPORATION</b> Doing business as <b>MT ASCUTNEY HOSPITAL &amp; HEALTH CE</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>289 COUNTY ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>WINDSOR, VT 05089</b>	<b>D</b> Employer identification number <b>03-0183721</b>  <b>E</b> Telephone number <b>8026746711</b>
<b>F</b> Name and address of principal officer: <b>DAVID SANVILLE</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>55,744,734.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>MTASCUTNEYHOSPITAL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1933</b> <b>M</b> State of legal domicile: <b>VT</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE LIVES OF THOSE WE SERVE. OUR ACTIVITIES INCLUDE PROVIDING HEALTHCARE.</b>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>539</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>152</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,057,821.</b>	<b>Current Year</b> <b>1,332,952.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>53,629,858.</b>	<b>53,489,218.</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>883,372.</b>	<b>704,709.</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>77,823.</b>	<b>168,749.</b>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>55,648,874.</b>	<b>55,695,628.</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>32,199,150.</b>	<b>33,429,358.</b>	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>271,040.</b>			
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>21,315,219.</b>	<b>21,228,616.</b>	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>53,514,369.</b>	<b>54,657,974.</b>	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>2,134,505.</b>	<b>1,037,654.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>54,844,981.</b>	<b>End of Year</b> <b>56,791,953.</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>26,292,087.</b>	<b>30,202,152.</b>	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>28,552,894.</b>	<b>26,589,801.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DAVID SANVILLE, CFO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>W. JAY SIMMS</b>	Preparer's signature <b>W. JAY SIMMS</b>	Date <b>08/04/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00435321</b>
	Firm's name ▶ <b>TYLER, SIMMS &amp; ST. SAUVEUR CPAS, P.C.</b>			Firm's EIN ▶ <b>02-0476956</b>	
Firm's address ▶ <b>19 MORGAN DRIVE</b> <b>LEBANON, NH 03766</b>			Phone no. <b>603-653-0044</b>		

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 42,863,463. including grants of \$ ) (Revenue \$ 53,623,724. ) 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 1,049 DISCHARGES, 1,655 SURGERIES, 61,477 LAB TESTS, AND 12,426 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 42,863,463.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	10	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN GILMAN TRUSTEE	1.00	X					0.	0.	0.	
(2) HON. DONNA SWEANEY VICE-CHAIR	1.00	X		X			0.	0.	0.	
(3) STEVEN SMITH, MD TRUSTEE	1.00 40.00	X					0.	178,488.	46,388.	
(4) ALAN KEILLER CHAIR	1.00	X		X			0.	0.	0.	
(5) MARIA PADIN, MD TRUSTEE	1.00 40.00	X					0.	405,936.	60,559.	
(6) VINCENT FUSCA III TREASURER	1.00	X		X			0.	0.	0.	
(7) DEANNA S. HOWARD TRUSTEE	1.00	X					0.	0.	0.	
(8) MATTHEW S. HOUDE TRUSTEE	1.00 40.00	X					0.	228,470.	39,768.	
(9) STEPHEN D. SURGENOR, MD TRUSTEE	1.00 40.00	X					0.	494,340.	49,722.	
(10) JOHN TANSEY SECRETARY	1.00	X		X			0.	0.	0.	
(11) JOSEPH PERRAS, MD PRESIDENT & CEO	40.00 1.00	X		X			371,209.	0.	10,994.	
(12) PAMELA BROWN TRUSTEE	1.00	X					0.	0.	0.	
(13) PATRICK JORDAN TRUSTEE	1.00 40.00	X					0.	595,188.	43,639.	
(14) STEVE CRIHFELD TRUSTEE	1.00	X					0.	0.	0.	
(15) ANNICE MASON, MD TRUSTEE	1.00	X					193,665.	0.	30,474.	
(16) LYNN PETERSON, MD (THRU 12/2018) TRUSTEE	1.00	X					0.	0.	0.	
(17) WILLIAM PALMER, MD (THRU 12/2018) TRUSTEE	1.00	X					0.	212,018.	31,880.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL NEWBOLD (THRU 3/2019) TRUSTEE	1.00	X					0.	0.	0.	
(19) DAVID SANVILLE CFO	32.00			X			196,540.	0.	29,366.	
(20) PETER RAUERT PHYSICIAN	40.00				X		403,866.	0.	30,335.	
(21) DENNIS HEIBEIN PHYSICIAN	40.00				X		253,272.	0.	20,396.	
(22) CHRISTOPHER CONNER PHYSICIAN	40.00				X		361,250.	0.	31,182.	
(23) MARY JOYCE PHYSICIAN	40.00				X		243,473.	0.	31,096.	
(24) ALDEN HALL PHYSICIAN	40.00				X		237,187.	0.	9,467.	
<b>1b Sub-total</b>							2,260,462.	2,114,440.	465,266.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,260,462.	2,114,440.	465,266.	

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 **8**

	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 CLINIC ONE MEDICAL DRIVE, LEBANON, NH 03756	LEADERSHIP, PHYSICIANS AND MEDIC	3,263,926.
EMERGENCY SERVICES OF NEW ENGLAND PO BOX 12, CHESTER, VT 05143	MEDICAL STAFF PROVIDERS FOR EMERGE	1,529,689.
SODEXO INC. & AFFILIATES PO BOX 360170, PITTSBURGH, PA 15251	MNGMT & SUPPORT STAFF - ENVMMNTL SRV	770,623.
CERNER PO BOX 959156, ST LOUIS, MO 63195	SUPPORT FOR EMR	612,335.
AHSA PO BOX 1930, EDMOND, OK 73083	TEMPORARY NURSING/CLINICAL STA	190,705.

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 **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	905,595.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	427,357.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		30,519.				
	<b>h Total.</b> Add lines 1a-1f		1,332,952.				
Program Service Revenue	<b>2 a</b> PATIENT SERVICE REVENUE	Business Code 621110	44,221,861.	44,221,861.			
	<b>b</b> HEALTH CARE REFORM PAYMENTS	621110	6,627,522.	6,627,522.			
	<b>c</b> PROGRAM & MISC OTHER	621110	2,639,835.	2,639,835.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		53,489,218.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		271,119.			271,119.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	24,026.				
		(ii) Personal					
		Less: rental expenses	0.				
	<b>c</b> Rental income or (loss)		24,026.				
	<b>d</b> Net rental income or (loss)		24,026.			24,026.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	464,131.				
		(ii) Other					
		Less: cost or other basis and sales expenses	0.	30,541.			
		<b>c</b> Gain or (loss)	464,131.	-30,541.			
	<b>d</b> Net gain or (loss)		433,590.			433,590.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	28,782.				
<b>b</b> Less: direct expenses			18,565.				
<b>c</b> Net income or (loss) from fundraising events			10,217.			10,217.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> EQUITY IN INCOME OF SUBSIDIARIES		900003	134,506.	134,506.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			134,506.				
<b>12 Total revenue.</b> See instructions			55,695,628.	53,623,724.	0.	738,952.	

**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 .....	640,092.		640,092.	
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 .....	26,185,013.	22,329,088.	3,717,276.	138,649.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	715,628.	530,609.	181,418.	3,601.
9 Other employee benefits .....	4,075,721.	2,947,011.	1,108,722.	19,988.
10 Payroll taxes .....	1,812,904.	1,309,098.	494,923.	8,883.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	18,858.		18,858.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	114,551.		114,551.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,302,201.	2,326,398.	1,947,384.	28,419.
12 Advertising and promotion .....	107,952.	11,839.	71,847.	24,266.
13 Office expenses .....	72,122.	59,934.	11,783.	405.
14 Information technology .....	315,630.	113,760.	193,723.	8,147.
15 Royalties .....				
16 Occupancy .....	618,466.	606,286.	12,134.	46.
17 Travel .....	81,409.	51,256.	28,784.	1,369.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	231,937.	167,482.	63,319.	1,136.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,385,663.	1,722,687.	651,286.	11,690.
23 Insurance .....	619,834.	398,537.	219,709.	1,588.
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 <b>PURCHASED SERVICES</b>	5,067,982.	4,770,212.	297,770.	
b <b>SUPPLIES</b>	3,444,356.	3,213,665.	230,111.	580.
c <b>DUES/FEES/TAXES</b>	2,232,318.	1,863,776.	365,890.	2,652.
d <b>UTILITIES</b>	647,868.	34,540.	613,328.	
e All other expenses	967,469.	407,285.	540,563.	19,621.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>54,657,974.</b>	<b>42,863,463.</b>	<b>11,523,471.</b>	<b>271,040.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,170,204.	<b>1</b>	7,769,055.
	<b>2</b> Savings and temporary cash investments .....	174,261.	<b>2</b>	1,005,914.
	<b>3</b> Pledges and grants receivable, net .....	692,307.	<b>3</b>	1,066,871.
	<b>4</b> Accounts receivable, net .....	6,004,348.	<b>4</b>	5,314,165.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	459,566.	<b>8</b>	386,754.
	<b>9</b> Prepaid expenses and deferred charges .....	472,047.	<b>9</b>	558,925.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 45,945,059.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 27,828,304.	18,085,242.	<b>10c</b> 18,116,755.
	<b>11</b> Investments - publicly traded securities .....	17,206,629.	<b>11</b>	17,808,032.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,888,026.	<b>12</b>	1,851,391.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,692,351.	<b>15</b>	2,914,091.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	54,844,981.	<b>16</b>	56,791,953.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,599,443.	<b>17</b>	5,672,758.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	953,292.	<b>19</b>	1,147,853.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	567,610.	<b>23</b>	779,234.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,171,742.	<b>25</b>	22,602,307.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,292,087.	<b>26</b>	30,202,152.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	21,306,927.	<b>27</b>	19,412,279.
	<b>28</b> Temporarily restricted net assets .....	1,354,615.	<b>28</b>	1,314,990.
	<b>29</b> Permanently restricted net assets .....	5,891,352.	<b>29</b>	5,862,532.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	28,552,894.	<b>33</b>	26,589,801.	
<b>34</b> Total liabilities and net assets/fund balances .....	54,844,981.	<b>34</b>	56,791,953.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,695,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,657,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,037,654.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,552,894.
5	Net unrealized gains (losses) on investments	5	-18,938.
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	-2,981,809.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,589,801.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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  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? .....  
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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

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

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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

WINDSOR HOSPITAL CORPORATION

Employer identification number

03-0183721

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**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 <b>WINDSOR HOSPITAL CORPORATION</b>	Employer identification number <b>03-0183721</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		12,355.
<b>j</b> Total. Add lines 1c through 1i			12,355.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE HOSPITAL PAID \$9,900 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 PAID \$2,455 IN



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**  
**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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)? .....

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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
1c	
1d	
1e	
1f	

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

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	5,060,299.	4,958,242.	4,667,571.	4,431,980.	4,759,330.
b Contributions					
c Net investment earnings, gains, and losses	188,211.	289,494.	475,456.	420,076.	-30,485.
d Grants or scholarships					
e Other expenditures for facilities and programs	195,815.	187,437.	184,785.	184,485.	296,865.
f Administrative expenses					
g End of year balance	5,052,695.	5,060,299.	4,958,242.	4,667,571.	4,431,980.

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  83.49%
- c Temporarily restricted endowment  16.51%

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		410,000.		410,000.
b Buildings		18,601,081.	9,623,528.	8,977,553.
c Leasehold improvements				
d Equipment		14,118,726.	10,383,006.	3,735,720.
e Other		12,815,252.	7,821,770.	4,993,482.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,116,755.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) RENTAL DEPOSITS	5,560.
(2) EQUITY IN SUBSIDIARY	2,563,153.
(3) OTHER RECEIVABLES	345,378.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,914,091.

**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) DUE TO AFFILIATES	640,173.
(3) EST. SETTLEMENTS W/ 3RD PARTY	
(4) PAYORS	2,974,040.
(5) MARY HITCHCOCK MEMORIAL HOSPITAL	
(6) (RELATED) NOTE PAYABLE	10,847,332.
(7) OTHER LIABILITIES	670,477.
(8) POST RETIREMENT BENEFIT OBLIGATION	7,470,285.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,602,307.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	52,598,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-18,938.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-2,981,809.	
e	Add lines 2a through 2d	2e		-3,000,747.
3	Subtract line 2e from line 1	3		55,599,642.
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	114,551.	
b	Other (Describe in Part XIII.)	4b	-18,565.	
c	Add lines 4a and 4b	4c		95,986.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		55,695,628.

**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	54,561,988.
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	18,565.	
e	Add lines 2a through 2d	2e		18,565.
3	Subtract line 2e from line 1	3		54,543,423.
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	114,551.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		114,551.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		54,657,974.

**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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER COMPONENTS OF NET PERIODIC BENEFIT COST	133,993.
CHANGE IN NET ASSETS TO RECOGNIZE FUNDED STATUS OF	
POST-RETIREMENT PLANS	-3,240,994.
TRANSFER OF NET ASSETS FROM DARTMOUTH HITCHCOCK CLINIC	125,192.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,981,809.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-18,565.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	18,565.
----------------------	---------



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	28,782.		28,782.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	28,782.		28,782.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,915.		2,915.
	6	Rent/facility costs	4,019.		4,019.
	7	Food and beverages	6,948.		6,948.
	8	Entertainment			
	9	Other direct expenses	4,683.		4,683.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				10,217.

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

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

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

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





**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2018**

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			345,697.		345,697.	.63%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			6411524.	1078105.	5333419.	9.76%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			6757221.	1078105.	5679116.	10.39%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			2093606.	1573800.	519,806.	.95%
<b>f</b> Health professions education (from Worksheet 5) .....			235,665.		235,665.	.43%
<b>g</b> Subsidized health services (from Worksheet 6) .....			4447254.	3444743.	1002511.	1.83%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1,593.		1,593.	.00%
<b>j Total.</b> Other Benefits .....			6778118.	5018543.	1759575.	3.21%
<b>k Total.</b> Add lines 7d and 7j .....			13535339.	6096648.	7438691.	13.60%



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)

1 WINDSOR HOSPITAL CORPORATION
289 COUNTY ROAD
WINDSOR, VT 05089

Table with columns: 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. Row 1: 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
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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 .....	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 .....	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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE O</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE O</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>225</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE O</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE O</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SCHEDULE O</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> 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
<b>22</b>	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	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	23	X
<b>24</b>	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.	24	X

Schedule H (Form 990) 2018

**Part V Facility Information** (continued)

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

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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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 REGARDING FINDINGS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

WINDSOR HOSPITAL CORPORATION:

PART V, SECTION B, LINE 7D: A BENEFIT REPORT 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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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.

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 INCLUDES 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 DISEASE NOT 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 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

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

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

HELP US UNDERSTAND THE SPECIFIC ISSUES FACING OUR COMMUNITIES SO THAT WE CAN DEVELOP EFFECTIVE, COLLECTIVE SOLUTIONS.

IN 2019, WE IMPLEMENTED THE FOLLOWING PROGRAMS WITHIN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN DESIGNED TO ADDRESS THE PRIORITY HEALTH NEEDS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT.

1. MENTAL HEALTH

A FULL-TIME PSYCHIATRIST IS EMBEDDED IN THE PATIENT CENTERED MEDICAL HOME PROVIDING THERAPY.

WE HAVE A CONTRACTUAL AGREEMENT FOR MONTHLY PEDIATRIC PSYCHIATRY CONSULTATION FOR HIGH RISK PEDIATRIC PATIENTS AND THEIR FAMILIES. WE HAVE AN EMBEDDED HCRS CLINICIAN AVAILABLE IN OUR PATIENT CENTERED MEDICAL HOME 3-4 DAYS A WEEK. WE HAVE PROVIDED TWO WELLNESS RECOVERY ACTION PLAN (WRAP) SELF-MANAGEMENT COURSES. WE HAVE PROVIDED FIVE ADULT MENTAL HEALTH FIRST AID COURSES AND TWO CHILDREN MENTAL HEALTH FIRST AID COURSES ADDRESSING MENTAL HEALTH AND SUICIDE PREVENTION TO BUILD KNOWLEDGE AND CAPACITY OF OUR STAFF. WE HAVE DISTRIBUTED 7 CASES OF GUN LOCKS AS PART OF OUR SUICIDE PREVENTION INITIATIVE. WE HAVE INCREASED STAFF SUPPORT THROUGH CHAPLAINCY SERVICES. WE HAVE UPDATED OUR COMMUNITY BASED MENTAL HEALTH RESOURCE GUIDE TO IMPROVE ACCESS TO CARE IN THE COMMUNITY. WE STARTED A SUPPORT GROUP FOR PARENTS WHO HAVE EXPERIENCED THE DEATH OF A CHILD. WE INCREASED THE NUMBER OF HOURS OF CHAPLAINCY SERVICES TO IMPROVE OUR SUPPORT OF STAFF AND PATIENTS. WE IMPLEMENTED A WORK UNITED PROGRAM TO PROVIDE SUPPORT FOR STAFF.

2. ALCOHOL AND DRUG MISUSE, INCLUDING HEROIN AND PAIN MEDICATIONS

**Part V Facility Information** (continued)

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

**MEDICAL BASED PREVENTION**

WE TRACK AND DISSEMINATE THE OUTCOMES OF THE QUARTERLY VERMONT PRESCRIPTION MONITORING SYSTEM AMONG PROVIDERS. WINDSOR COUNTY HAS ACHIEVED THE LOWEST RATE OF OPIOID ANALGESIC PRESCRIPTIONS IN THE STATE FOR 3 YEARS. WINDSOR COUNTY HAS A SECOND LOWEST RATE OF PRESCRIPTIONS OF BENZODIAZEPINES AND STIMULUS MEDICATIONS FOR 3 YEARS. WE HAVE IMPLEMENTED SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) IN THE CLINIC. IN 2019, 384+ INDIVIDUALS WERE SCREENED AND REFERRED TO TREATMENT AS INDICATED. MAHHC HIRES STAFF IN CONJUNCTION WITH THE BLUEPRINT FOR HEALTH WITHIN THE HUB AND SPOKE PROGRAM. WE PROVIDE NURSES AND COUNSELORS FOR THE SPECIALTY ADDICTION CONNECTICUT VALLEY RECOVERY SERVICES AND BRADFORD PSYCHIATRIC ASSOCIATES. WE ALSO PROVIDE SPOKE STAFF SUPPORT AT OHC AND PEDIATRIC PATIENTS RECEIVING MEDICATION ASSISTED THERAPY. TWO OF OUR SPOKE NURSES HAVE BECOME CERTIFIED IN ACUPUNCTURE FOR RECOVERY. THIS CERTIFICATION IS CALLED ACCUDETTOX. WITH THE LEADERSHIP OF DR. PERRAS, INTENSIVE WORK HAS BEEN DONE BY DR. MARASA, SEAMUS GEOGHEGAN AND THEIR TEAM IN THE EMERGENCY DEPARTMENT TO OPEN UP RAPID ACCESS TO MEDICATION ASSISTED THERAPY. BEST PRACTICE PROTOCOLS WERE IMPLEMENTED. THIS PROGRAM LINKS PATIENTS STRUGGLING WITH ADDICTION DIRECTLY TO THERAPY AT CONNECTICUT VALLEY RECOVERY SERVICES FOR ONGOING CARE. WE ALSO PROVIDE MEDICATION ASSISTED THERAPY FOR PARENTS WITH OUR PEDIATRIC CLINIC. OUR EMERGENCY DEPARTMENT HAS ALSO BECOME A NALOXONE DISTRIBUTION SITE FOR THE COMMUNITY PLACING LIFESAVING MEDICATION IN THE HANDS OF FRIENDS AND RELATIVES WHOSE LOVED ONES OTHERWISE MAY HAVE DIED FROM AN OVERDOSE. A MULTIDISCIPLINARY TEAM CONSISTING OF A PRIMARY CARE PROVIDER, AN ADDICTION SPECIALIST PROVIDER, A PAIN SPECIALIST PROVIDER, A PHYSIATRIST, A PHYSICAL

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

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

THERAPIST, A RECREATIONAL THERAPIST, HOSPITAL ADMINISTRATOR,  
 SELF-MANAGEMENT COORDINATOR, MASSEUSE, AND ACUPUNCTURIST CONTINUE TO MEET  
 ON A MONTHLY BASIS TO PROVIDE CONSULT AND SUPPORT TO PROVIDERS MANAGING  
 THE CARE OF CHRONIC PAIN PATIENTS. WE STARTED A MULTISECTOR WORK GROUP  
 WITH COMMUNITY PARTNERS TO PLAN AN EFFORT THAT WILL REDUCE THE BARRIER TO  
 TREATMENT FOR SUBSTANCE MISUSE. WE PROVIDED TWO CHRONIC PAIN  
 SELF-MANAGEMENT CLASSES. WE CREATED A MULTISECTOR WORK GROUP TO ADDRESS  
 THE BARRIERS TO SUBSTANCE USE DISORDER TREATMENT.

COMMUNITY BASED PREVENTION

THE MT. ASCUTNEY PREVENTION PARTNERSHIP WORKS WITH MULTIPLE PARTNERS TO  
 SUCCESSFULLY DECREASE ACCESS TO DANGEROUS MEDICATIONS OR "ADULT ONLY"  
 SUBSTANCES, INCREASE POLICIES THAT WORK TO PREVENT SUBSTANCE MISUSE, AND  
 FIND WAYS TO INCREASE FACTORS THAT PROTECT YOUTH AND COMMUNITIES FROM  
 RISKY CHOICES. THIS PAST YEAR, WE HAVE WORKED TO LAUNCH A NEW WEBSITE,  
 VISIT WWW.MAPPVT.ORG. OTHER ACTIVITIES INCLUDE THE FOLLOWING: WE  
 DISSEMINATED 30 MAIL BACK ENVELOPE KIOSKS ACROSS WINDSOR & ORANGE COUNTIES  
 THROUGH MULTIPLE PARTNERSHIPS. CREATED "HOME VISITORS" MAIL BACK ENVELOPE  
 PACKETS FOR DISTRIBUTION TO VISITING NURSE, SENIOR SOLUTIONS, MEALS ON  
 WHEELS, SASH, ETC. WORKERS. WE CONTINUED TO SUPPORT 2X ANNUAL DRUG TAKE  
 BACK DAYS WITH GRANT FUNDS, WE PURCHASED MICHIGAN MODEL PREVENTION  
 CURRICULA FOR 100% OF WINDSOR SOUTHEAST SUPERVISORY UNION (WSESU) SCHOOLS.  
 WE CREATED SCHOOL POLICY CHECKLIST FOR SCHOOLS WORKING TO ASSESS STRENGTHS  
 AND OPPORTUNITIES FOR EXISTING POLICIES. WE CO-CREATED TOWN PLAN HEALTH  
 CHAPTER TEMPLATE WITH TWO RIVERS OTTAUQUECHEE REGIONAL COMMISSIONS.  
 CHAPTER WAS ADOPTED BY TOWNS OF BRIDGEWATER, PLYMOUTH, AND IS BEING

**Part V Facility Information** (continued)

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

CONSIDERED BY OTHERS. WE CREATED AND PRESENTED TO TWO MUNICIPALITIES ON THE IMPACTS OF MARIJUANA COMMERCIALIZATION IN AN EFFORT TO ENGAGE IN A TOWN VISIONING PROCESS. WE CONDUCTED NEW MARIJUANA LAW SURVEY ACROSS WINDSOR & ORANGE COUNTIES, 685 RESPONSES. ENGAGED DATA ANALYST TO DRAFT REPORT AND THEN USED RESULTS TO DESIGN MJ EDUCATION CAMPAIGN. WE CREATED CBD INFORMATIONAL FLYER, CBD PRESS RELEASE, AND SHARED ACROSS COMMUNITIES AND WITH PEDIATRIC CLINICS. WE PROVIDED FACILITATION OF COMMUNITY DIALOGUE AROUND COMMUNITY ACTION AND PREVENTION IN TOWN OF HARTLAND AND IN WINDSOR CENTRAL SUPERVISORY UNION (WCSU). SUPPORTED WCSU IN ADDRESSING SUBSTANCE MISUSE IN NEW DISTRICT STRATEGIC PLAN AND PROVIDED ONGOING SUPPORT FOR STUDENT ASSISTANCE PROFESSIONAL (SAP) AND EMPOWER UP! MENTORING PROGRAM. WE CONTRACT AND SUPPORT FOR GIFFORD AND LITTLE RIVERS HEALTH CARE TO ADDRESS GAPS IN PREVENTION EFFORTS ACROSS ORANGE COUNTY.

MAHHC WORKED WITH SPRINGFIELD TURNING POINT RECOVERY CENTER TO PREPARE FOR AND IMPLEMENT A PROGRAM THAT LINKS RECOVERY COACHES TO PATIENTS IN THE EMERGENCY DEPARTMENT FOR SUPPORT IN THE RECOVERY PROCESS FOR SUBSTANCE USE DISORDER. THIS SERVICE IS AVAILABLE 7 DAYS A WEEK 24 HOURS A DAY. ONCE THE PATIENT CONSENTS, THE RECOVERY COACHES WILL MEET WITH THE PATIENT IN THE EMERGENCY DEPARTMENT. THEY WILL ALSO FOLLOW THE PATIENT TO PROVIDE SUPPORT IN THE FIRST 10 DAYS AFTER THEIR EMERGENCY DEPARTMENT VISIT.

3. ACCESS TO AFFORDABLE HEALTH INSURANCE, HEALTH SERVICES AND PRESCRIPTION DRUGS

OUR WINDSOR COMMUNITY HEALTH CLINIC LINKS THE UNINSURED AND UNDERINSURED PATIENTS TO PRIMARY CARE SERVICES. THE STAFF IN THAT CLINIC ASSIST PATIENTS IN THE APPLICATION FOR HEALTH INSURANCES FOR WHICH THEY ARE

**Part V Facility Information** (continued)

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

ELIGIBLE. THROUGH DONATIONS AND GRANTS WE HAVE ORGANIZED A MEDICATION, TRANSPORTATION AND SUPPLY/MEDICAL EQUIPMENT VOUCHER PROGRAM FOR PATIENTS. WE PROVIDE ASSISTANCE WITH THE PATIENT ASSISTANCE PROGRAM TO PHARMACEUTICAL COMPANIES.

(SEE CONTINUED EXPLANATION ON SCHEDULE O)

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.

**Part V Facility Information** (continued)

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

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 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 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 \$2,559,711 OF THE TOTAL COMMUNITY BENEFIT EXPENSES AND \$3,208,191 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, BRFS, QUALITY INDICATORS FROM BOTH THE HOSPITAL AND EXTERNAL EVALUATIONS SUCH AS ONE CARE VERMONT AND 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 PRESENTS FOR THEIR HEALTH CARE APPOINTMENT; THE REGISTRATION STAFF MAKE

**Part VI** Supplemental Information (Continuation)

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, CANCER AND RESPIRATORY DISEASES THAT ACCOUNT FOR OVER 50% OF THE DEATHS IN

**Part VI** Supplemental Information (Continuation)

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 PATCH 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 THE 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 VERMONT AND NEW HAMPSHIRE COMPRISING THE MT. ASCUTNEY HOSPITAL AND

**Part VI** Supplemental Information (Continuation)

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.

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)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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**
- b** Any related organization? ..... **5b**
- 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**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

**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 TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 177,050.	250.	1,188.	23,773.	22,615.	224,876.	0.	
(2) MARIA PADIN, MD TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 387,774.	5,250.	12,912.	37,334.	23,225.	466,495.	0.	
(3) MATTHEW S. HOUDE TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 210,958.	250.	17,262.	17,433.	22,335.	268,238.	0.	
(4) STEPHEN D. SURGENOR, MD TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 463,604.	250.	30,486.	29,196.	20,526.	544,062.	0.	
(5) JOSEPH FERRAS, MD PRESIDENT & CEO	(i) 371,209.	0.	0.	10,994.	382,203.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(6) PATRICK JORDAN TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 593,350.	250.	1,588.	21,080.	22,559.	638,827.	0.	
(7) ANNICE MASON, MD TRUSTEE	(i) 193,665.	0.	0.	7,105.	224,139.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(8) WILLIAM PALMER, MD (THRU 12/2018) TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	
(ii) 210,580.	250.	1,188.	19,987.	11,893.	243,898.	0.	
(9) DAVID SANVILLE CFO	(i) 196,540.	0.	0.	8,192.	225,906.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(10) PETER RAUERT PHYSICIAN	(i) 403,866.	0.	0.	10,994.	434,201.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(11) DENNIS HEIBEIN PHYSICIAN	(i) 253,272.	0.	0.	10,167.	273,668.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(12) CHRISTOPHER CONNER PHYSICIAN	(i) 361,250.	0.	0.	10,994.	392,432.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(13) MARY JOYCE PHYSICIAN	(i) 243,473.	0.	0.	9,922.	274,569.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(14) ALDEN HALL PHYSICIAN	(i) 237,187.	0.	0.	9,467.	246,654.	0.	
(ii) 0.	0.	0.	0.	0.	0.	0.	
(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:

DARTMOUTH-HITCHCOCK UTILIZES A COMPENSATION COMMITTEE AND A COMPENSATION SURVEY, DARTMOUTH-HITCHCOCK PROVIDES THE AMOUNT THAT THE CEO IS PAID BY WINDSOR HOSPITAL CORPORATION.

FORM 990, SCHEDULE J, PART II COLUMN B

PARTS I, II, AND III REPRESENT ACTUAL AMOUNTS PAID TO EMPLOYEES BY WINDSOR HOSPITAL CORPORATION AND RELATED ORGANIZATIONS. THESE AMOUNTS ARE REPORTED TO EMPLOYEES ON THEIR ANNUAL W-2 FORMS AS COMPENSATION.

COLUMNS C AND D REPRESENT ITEMS EARNED, HOWEVER, NOT PAID DIRECTLY TO THE EMPLOYEE AS CASH PAYMENTS DURING THE CALENDAR YEAR. COLUMN C INCLUDES RETIREMENT BENEFITS AS WELL AS ANY CHANGES IN PENSION

ACTUARIAL VALUE (IF APPLICABLE) IN A CALENDAR YEAR. COLUMN D REPRESENTS NONTAXABLE BENEFITS SUCH AS THE COST OF HEALTHCARE COVERAGE PROVIDED BY THE ORGANIZATION ON BEHALF OF ITS EMPLOYEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	30,519.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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

SCHEDULE M, LINE 32B:

MAHHC USES THE WEALTH MANAGEMENT FUNCTION AT THEIR BANK TO RECEIVE STOCK DONATIONS FOR THE HOSPITAL. THE BANK IS NOTIFIED OF AN INCOMING STOCK DONATION AND THE BANK LIQUIDATES IT AND REMITS IT TO THE HOSPITAL. THE BANK DOES NOT SOLICIT THE DONATIONS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

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 \$818,147 IN FY19.

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 COMPENSATION COMMITTEE OF THE BOARD MEETS ANNUALLY TO REVIEW AND RECOMMEND COMPENSATION FOR THE CEO, USING INDEPENDENT SURVEYS OF AREA COMPENSATION FOR EXECUTIVES OF VARIOUS SIZED HOSPITALS. THE COMPENSATION COMMITTEE IS MADE UP OF THE EXECUTIVE COMMITTEE AND A DARTMOUTH HITCHCOCK HEALTH REPRESENTATIVE. 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	-3,240,994.
OTHER COMPONENTS OF NET PERIODIC BENEFIT COST	133,993.
TRANSFER OF NET ASSETS FROM DARTMOUTH HITCHCOCK-HEALTH	125,192.

Name of the organization WINDSOR HOSPITAL CORPORATION	Employer identification number 03-0183721
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TOTAL TO FORM 990, PART XI, LINE 9 -2,981,809.

SCHEDULE H, PART V, LINE 7A:

HTTPS://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/2019-11/FY2018\_MTA\_COMMUNITY\_HEALTH\_NEEDS\_ASSESSMENT\_10.3.18.PDF

SCHEDULE H, PART V, LINE 10A:

HTTPS://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/2019-11/2019\_COMMUNITYHEALTHIMPLEMENTATIONPLAN.PDF

SCHEDULE H, PART V, LINE 11 CONTINUED:

4. FAMILY STRENGTHENING INCLUDING POVERTY AND CHILDHOOD TRAUMA

WE HAVE EMBEDDED A FAMILY WELLNESS PROGRAM IN OUR PEDIATRIC CLINIC THAT HAS IMPLEMENTED THE VERMONT FAMILY BASED APPROACH METHODOLOGY. WE HAVE PROVIDED PARENT EDUCATION THROUGH THE COLLABORATIVE PROBLEM-SOLVING COURSE AND THE CIRCLE OF SECURITY COURSE. WE PROVIDE EDUCATION PROGRAMMING AND ACTIVITIES TO BUILD ASSETS WITHIN THE COMMUNITY TO ADDRESS ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA. WE HAVE WORKED WITH THE PARENT-CHILD CENTERS OF SPRINGFIELD AND HARTFORD TO IMPLEMENT THE DULCE PROGRAM FOR 0 TO 6-MONTH-OLD'S IN OUR PEDIATRIC CLINIC. WE HAVE ORGANIZED FAMILY-FRIENDLY ACTIVITIES THAT ARE COMMUNITY BASED SUCH AS YOGA, EXERCISE, GARDENING, AND PLAY GROUPS. AS PART OF OUR COMMUNITY HEALTH IMPLEMENTATION PLAN, WE STARTED A MULTISECTOR WORK GROUP TO STRENGTHEN FAMILIES THAT IS ADDRESSING SOCIAL ISOLATION.

5. ACCESS TO PRIMARY CARE SERVICES

ACTIVE RECRUITMENT LED TO THE HIRE OF 3 PRIMARY CARE PROVIDERS TO DECREASE VACANCIES. SIGNIFICANT AMOUNT OF LEADERSHIP, QUALITY AND

Name of the organization WINDSOR HOSPITAL CORPORATION	Employer identification number 03-0183721
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CLINICAL PROVIDERS WAS INVESTED IN PREPARATION FOR NCQA RECERTIFICATION OF OUR PATIENT CENTERED MEDICAL HOME. WE HAVE CREATED A DASHBOARD OF QUALITY INDICATORS FOR CHRONIC DISEASE, PANEL MANAGEMENT AND PREVENTION. WE HAVE ORGANIZED AND IMPLEMENTED QUALITY IMPROVEMENT PROJECTS TO IMPROVE OUTCOMES IN OUR PATIENT POPULATION FOR HYPERTENSION AND DIABETES. WE HAVE ORGANIZED, BUILT EXPERTISE AND IMPLEMENTED CARE COORDINATION IN CARE MANAGEMENT PROGRAMS FOR HIGH RISK CHRONIC CARE PATIENTS.

#### 6. HEALTH CARE FOR SENIORS

WE ESTABLISHED A MULTISECTOR WORK GROUP AND WORKED WITH AGING IN PLACE GROUPS AND SENIORS TOGETHER TO IMPROVE THE RESOURCES AND SERVICES FOR SENIORS. WE CONTINUE TO LEAD A REGIONAL COMMUNITY BASED FALLS PREVENTION PROGRAM INVOLVING EMS, LONG-TERM CARE, RESIDENTIAL CARE PHYSICAL THERAPY AND OUR PATIENT CENTERED MEDICAL HOME UTILIZING CDC BEST PRACTICE TOOLS AND STRATEGIES. WE PARTICIPATED IN THE LEADERSHIP AND BOARD OF THE SCOTLAND HOUSE ADULT DAY HEALTH AND WELLNESS PROGRAM. WE HIRED THE WELLNESS NURSE IN THE SUPPORT AND SERVICES AT HOME PROGRAMS SERVING OVER 100 PATIENTS WITH ASSESSMENTS, EDUCATION, MONITORING AND CARE COORDINATION. WE HIRED THE HOUSING AND SUPPORTIVE SERVICES COORDINATOR WHO WORKED TO DECREASE SOCIAL ISOLATION BY PROVIDING ONE-ON-ONE VISITING, CLASSES AND EVENTS FOR RESIDENCE IN OLDE WINDSOR VILLAGE. WE ENGAGED SENIORS IN INTERGENERATIONAL ACTIVITIES SUCH AS OUR BACKPACK PROGRAM FOR SCHOOL SUPPLIES AND PEN PALS.

#### 7. AFFORDABLE HOUSING

WE PROVIDED SPACE FOR THE HOUSING MATTERS HOME BUYERS WORKSHOPS. WE FORMULATED A PARTNERSHIP WITH THE SPRINGFIELD WARMING SHELTER AND

Name of the organization

WINDSOR HOSPITAL CORPORATION

Employer identification number

03-0183721

RECRUITED A COMMUNITY DRIVING TEAM TO BRING RESIDENCE OF WINDSOR TO THE WARMING SHELTER AS NEEDED. WE CREATED A MULTISECTOR WORK GROUP WITHIN OUR COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE LACK OF HOUSING FOR OUR REGION AND INCREASE HOUSING OPTIONS FOR THE VULNERABLE. WE ENTERED INTO A PARTNERSHIP AGREEMENT WITH HARTFORD DISTRICT COORDINATED ENTRY TO PROVE OPTIONS FOR THE HOMELESS.

#### 8. AVAILABILITY OF AFFORDABLE ADULT HEALTH CARE

THROUGH DONATIONS WE PROVIDED DENTAL VOUCHERS TO ELIGIBLE PATIENTS THROUGH OUR WINDSOR COMMUNITY HEALTH CLINIC. WE HOSTED TWO FLOSS BAR DENTAL CLINICS FOR ADULTS TO PROVIDE SCREENING AND CLEANING IN THE ABSENCE OF A DENTIST IN THE TOWN. WE ORGANIZED AND IMPLEMENTED A DENTAL CLINIC IN THE SCHOOL WITH SUPPORT OF NORTHEAST DELTA DENTAL.

#### 9. FOOD INSECURITY

SCREENING FOR FOOD INSECURITY IS COMPLETED BY THE PEDIATRIC CLINIC AND THE COMMUNITY HEALTH TEAM. WE HOST THE VERMONT FOOD BANK, VEGGIE VAN GO EVERY MONTH WITH THE DELIVERY OF FREE VEGETABLES TO THE COMMUNITY. THIS SERVICE PROVIDES VEGETABLES TO 215-250 FAMILIES EACH MONTH. WE PROVIDED BOTH THE PREVENT TYPE 2 DIABETES SELF-MANAGEMENT WORKSHOPS AND THE DIABETES SELF-MANAGEMENT WORKSHOPS. WE SERVED AS A COMMUNITY LEADER IN THE DELIVERY OF SUMMER MEAL PROGRAMS CALLED OUR SUMMER PICNIC SERIES WORKING WITH THE SCHOOL AND AREA CHURCHES. WE SERVED 2500 MEALS THIS PAST SUMMER. STAFF VOLUNTEERS TIME PARTICIPATING IN DONATION OF FOOD AND SERVING COMMUNITY DINNERS EACH MONTH. WE PARTICIPATE IN FOOD DRIVES ON A MONTHLY BASIS AND THIS YEAR WORKED WITH RISEVT TO PROVIDE MEDICAL NUTRITION FOR CHRONIC DISEASE AT THE AREA FOOD SHELVES.

Name of the organization WINDSOR HOSPITAL CORPORATION	Employer identification number 03-0183721
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10. TRANSPORTATION

THROUGH THE ASSISTANCE OF A GRANT WE PROVIDED GAS CARDS AND MILEAGE FOR VOLUNTEERS TO PROVIDE RIDES TO WELLNESS PROGRAM BRINGING PATIENTS TO MEDICAL APPOINTMENTS. WE PROVIDE TRANSPORTATION VOUCHERS THROUGH THE WINDSOR COMMUNITY HEALTH CLINIC. WE ORGANIZED A COMMUNITY DRIVING TEAM FOR THE HOMELESS TO THE WARMING SHELTER IN SPRINGFIELD.

SCHEDULE H, PART V, LINE 16A:

[HTTPS://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/2020-02/FINANCIAL-ASSISTANCE-FOR-HEALTHCARE-SERVICES-POLICY-101119.PDF](https://www.mtascutneyhospital.org/sites/default/files/2020-02/financial-assistance-for-healthcare-services-policy-101119.pdf)

SCHEDULE H, PART V, LINE 16B:

[HTTPS://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/2019-11/FINANCIAL-ASSISTANCE-APPLICATION.PDF](https://www.mtascutneyhospital.org/sites/default/files/2019-11/financial-assistance-application.pdf)

SCHEDULE H, PART V, LINE 16C:

[HTTPS://WWW.MTASCUTNEYHOSPITAL.ORG/SITES/DEFAULT/FILES/2019-10/MAHHC-FINANCIAL-ASSISTANCE-POLICY-BROCHURE.PDF](https://www.mtascutneyhospital.org/sites/default/files/2019-10/mahhc-financial-assistance-policy-brochure.pdf)







**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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) HISTORIC HOMES OF RUNNEMEDE	Q	172,924 • ACTUAL	
(2)			
(3)			
(4)			
(5)			
(6)			





**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>WINDSOR HOSPITAL CORPORATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>289 COUNTY ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>WINDSOR, VT 05089</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>03-0183721</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>525990</b></p>
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<p><b>C</b> Book value of all assets at end of year  <b>56,791,953.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **INVESTMENT INCOME**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  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
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 731.	<b>STMT 1</b>	<b>731.</b>
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 731.		<b>731.</b>

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.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		<b>731.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>		<b>731.</b>

<b>Part III Total Unrelated Business Taxable Income</b>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... 731.
34	Amounts paid for disallowed fringes .....
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 2</b> ..... 731.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 .....
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) ..... 1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 .....
38	0.

<b>Part IV Tax Computation</b>	
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21) ..... 0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....
41	<b>Proxy tax.</b> See instructions .....
42	Alternative minimum tax (trusts only) .....
43	<b>Tax on Noncompliant Facility Income.</b> See instructions .....
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies .....
44	0.

<b>Part V Tax and Payments</b>	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 45a
b	Other credits (see instructions) ..... 45b
c	General business credit. Attach Form 3800 ..... 45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 45d
e	<b>Total credits.</b> Add lines 45a through 45d ..... 45e
46	Subtract line 45e from line 44 ..... 46 0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... 47
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions) ..... 48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 ..... 49 0.
50a	Payments: A 2017 overpayment credited to 2018 ..... 50a
b	2018 estimated tax payments ..... 50b
c	Tax deposited with Form 8868 ..... 50c
d	Foreign organizations: Tax paid or withheld at source (see instructions) ..... 50d
e	Backup withholding (see instructions) ..... 50e
f	Credit for small employer health insurance premiums (attach Form 8941) ..... 50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total ▶ 50g
51	<b>Total payments.</b> Add lines 50a through 50g ..... 51
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... 52
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ..... 53
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ..... 54
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> ..... 55

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
56	At any time during the 2018 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
57	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
58	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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>W. JAY SIMMS</b>	Preparer's signature <b>W. JAY SIMMS</b>	Date <b>08/04/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00435321</b>
	Firm's name ▶ <b>TYLER, SIMMS &amp; ST. SAUVEUR CPAS, P.C.</b>			Firm's EIN ▶ <b>02-0476956</b>	
Firm's address ▶ <b>19 MORGAN DRIVE</b>			Phone no. <b>603-653-0044</b>		
Firm's address ▶ <b>LEBANON, NH 03766</b>					

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

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

**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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

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

(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)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 .....		0.	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).
<b>Totals</b>			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).
<b>Totals</b>		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.
<b>Totals</b>	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)						
<b>Totals</b> (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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>