			NOTICE 20:	18-1	00	2	703	3 1 3 7 0 0 - 0
	005 -	E	cempt Organization			Tax Retu	rn l	OND No. 4545 0007
Form	√99ữ-T		(and proxy tax	3061	OMB No 1545-0687			
	,	For cale	ndar year 2017 or other tax year begin	ning _	07/01 , 2017, and end	ng 06/30	20 1 8	୭ଲ17
Depar	tment of the Treasury		► Go to www irs.gov/Form990					<u> </u>
Intern	Revenue Service	Do	not enter SSN numbers on this form a				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed		Name of organization (Check be	ox if na	me changed and see instruction	ns)		oyer identification number
B Ev	empt under section		THE CHESHIRE MEDICAL	. CF	NTER		}	,
	501(C 103)	Print	Number, street, and room or suite no				02-0	354549
	408(e) 220(e)	or Type						ated business activity codes
	408A530(a)	Type	580-590 COURT STREET	r			(See In	structions)
	529(a)		City or town, state or province, country		ZIP or foreign postal code -			
	ok value of all assets and of year		KEENE, NH 03431-540				l	
1 .	25,320,625.		up exemption number (See instruction ck organization type X 501			<u> </u>	104(-)	
			rimary unrelated business activity		rporation 501(c	trust	401(a)	trust Other trust
			corporation a subsidiary in an affili		roup or a parent-subsidianu	controlled group?		Yes X No
			identifying number of the parent coi	_	• •	controlled group.		
			ATHRYN WILLBARGER	porati		ne number ▶ 60	3-354-	-5454
			or Business Income		(A) Income	(B) Exper		(C) Net
1 a	Gross receipts or s	ales	101,273.					
b	Less returns and allowa		c Balance ▶	1 c	101,273.			
2	Cost of goods sol	d (Sched	ule A, line 7)	2	101,273.			
3	Gross profit Sub	ract line	2 from line 1c	3				
4 a	Capital gain net in	ncome (a	ttach Schedule D)	4a				
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b				
C	Capital loss dedu	ction for t	rusts	4c				
5	Income (loss) from	partnershij	os and S corporations (attach statement)	5_				
6	Rent income (Sch	edule C)		6				
7	Unrelated debt-fir	anced in	come (Schedule E)	7				
8	Interest annuities, royal	ties, and rer	its from controlled organizations (Schedule F)	_ 8				
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10				
11	Advertising incom	e (Sched	ule J)	11		ļ		
12	•		tions, attach schedule)	12	88,740.	ATCH 1		88,740.
13	Total Combine lin	es 3 thre	ough 12	13	88,740.			88,740.
Pai			Taken Elsewhere (See instr				Except	or contributions,
			be directly connected with t					<u> </u>
14	Compensation of	officers,	directors, and trustees (Schedule K)				• • 14	
15	Salaries and wage	s		• • •	·····/······	CENTER	15	
16 17	Repairs and main	ienance	• • • • • • • • • • • • • • • • • • • •	• • •			75/17	
18	Interest (attach se	hodulo)				0 3 2019	1011	
19	Tayos and licenses	nedule)		• • •	🕮	.v. + .zu ₁ g .	19	
20	Charitable contrib	utione /S	Gee instructions for limitation rules)	• • •	COL		(2) 19 20 20	
21	Depreciation (atta	ch Form	4562)		21	EN UT		
22			on Schedule A and elsewhere on re				∦ 22b	
23	•				· · · · · · 			
24			compensation plans					
25								
26			Schedule I)					
27			chedule J)					
28			chedule)				1	
29			s 14 through 28					
30			e income before net operating					88,740.
31			on (limited to the amount on line 30					
32	_		ncome before specific deduction					88,740.
33	Specific deduction	(Genera	ally \$1,000, but see line 33 instruct	ions fo	or exceptions)		33	1,000.
34	Unrelated busine	ss taxal	ole income Subtract line 33 fro	om lin	e 32 If line 33 is grea	iter than line 3	2,	

For	n 990-T (2017) THE CHESHIRE MEDICAL CENTER	02-0354549	Page 2
Ρ̈́́ε	rt III Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group		
	members (sections 1561 and 1563) check here ▶ See instructions and:		
ē	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
	(1) \$ (2) \$ (3) \$		
t	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)\$		
	(2) Additional 3% lax (not more than \$100,000)		
	Income tax on the amount on line 34,	35c 18	,252.
36	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions ,	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	050
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	470 18	,252.
	Tax and Payments		
41 a	Foreign tax credit (corporations attach Form 1118, trusts atlach Form 1116). , , , , 41a		
	Other credits (see instructions)		
C C	General business credit Atlach Form 3800 (see instructions)	1	
0	Credit for prior year minimum tax (attach Form 8801 or 8827),	41%	
42			252.
43	Subtract line 41e from line 40. Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8886 Other (attach schedule),	43	
44	Total tax. Add lines 42 and 43		252.
	Payments: A 2016 overpayment credited to 2017		
	2017 estimated tax payments		
c	Tex deposited with Form 8868	1	
_	Foreign organizations: Tax paid or withheld at source (see Instructions)		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (Attach Form 8941)		
Я		1	
	Other credits and payments Form 2439 ☐ Form 4136 ☐ Other Total ► 45g		
46	Total payments. Add lines 45e through 45g	46	
		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48 18,	252.
49	Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50	
Part			
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or c		No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	reign country	J.
	here >		X
	During the lax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?	<u> </u>
	If YES, see instructions for other forms the organization may have to file.		1
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under pensities of payury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowledge and be	inf it is
Cian	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which proparer has any knowledge		
Sign	0 m C m C m C m m m m m m m m m m m m m	the IRS discuss this	
Here		the preparer shown structions)? Yes X	- 1
	ProhiType prenara's name Prenara's sermiure Date	PTIN	التنسي
Paid	TIMOTHY R HEPBURN 5.15.19 Solf-emp	P0018239	3
repa	Firm's name BAKER NEWMAN & NOYES LLC	N ▶01-0494526	
Jse (Only Film's address ► 650 ELM STREET 302, MANCHESTER, NH 03101 Phone no		4>
		Form 990-1	(2017)

JSA

7x2741 2 000 4511KP D58D

And the second second

Form 990-T (2017)	ada Cald E						Page 3		
Schedule A - Cost of Goo		iter method				6			
	Inventory at beginning of year . 1 Purchases 2				ar	-			
3 Cost of labor				7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in					
4a Additional section 263A cost	· · - 					7			
·							Yes No		
(attach schedule)					section 263A (v		Tes No		
b Other costs (attach schedule5 Total, Add lines 1 through 4)	·				or acquired for		$ _{x}$		
5 Total. Add lines 1 through 4		ronorti c	nd Dersonal Property	Leased V	Vith Bool Brons		<u> </u>		
(see instructions)	From Real F	roperty a	na Personal Property	Leaseu v	vitti Keai Prope	rty;			
Description of property									
/1)			·						
(1)			· · · · · · · · · · · · · · · · · · ·						
(2)						 -	····		
(3)				-					
(4)	2. Rent recei	vod or occru							
				<u> </u>	·				
(a) From personal property (if the pe for personal property is more than more than 50%)		percenta	rom real and personal property age of rent for personal property of the rent is based on profit or	exceeds		Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)					*****				
(2)									
(3)									
(4)	 -								
Total		Total							
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, co					(b) Total deduction Enter here and on Part I, line 6, colur	n page 1,			
Schedule E - Unrelated Det			e instructions)			(2)			
Oniousis E Villotated Por	J. 1 111411004 1	11001110 (00	2 Gross income from or	3 [Deductions directly cor debt-finance		ole to		
1. Description of debt-f	inanced property		allocable to debt-financed	(a) Straight line depreciation		(b) Other deductions			
			property		ch schedule)	(attach schedule)			
(1)									
(2)									
(3)									
(4)									
allocable to debt-financed debt-financed property			6. Column 4 divided by column 5	1 7 Gross income reportable		8. Allocable ded (column 6 x total of 3(a) and 3(of columns		
	(0.100), 00		%						
(1)			%			· ·· ·			
(3)			%						
			%	<u> </u>					
(4)				Enter her	e and on page 1,	Enter here and o	n nage 1		
~				Part I, lin	e 7, column (A)	Part I, line 7, col	umn (B)		
Totals									

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Schedule F - Interest, Annu					ntrolled Or							
Name of controlled organization	2. Employer identification number		3 Net unrelated (loss) (see insti			4 Total of specified payments made		1	5. Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5
(1)												
(2)												
(3)								-				
(4) Nonexempt Controlled Organi	zations		-			<u> </u>		1				<u></u>
Nonexempt Controlled Organi	8. Net unrelated i	ncome	7	•	Total of specific		10.	Part	of column	9 that is	1	1 Deductions directly
7 Taxable Income	(loss) (see instruc				ayments made				d in the contion's gross		co	nnected with income in column 10
(1)												
(2)							<u> </u>					
(3)			+				ļ.—					
(4)							A	dd co	olumns 5 a	nd 10	A	dd columns 6 and 11
Totals	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u>.</u> ▶	En: Pa	ter he	ere and on ine 8, colur	page 1, nn (A)	En	iter here and on page 1, art I, line 8, column (B)
Schedule G - Investment In	come of a Sec	ction 5	01(c)(7) <u>,</u>			nizati	on ((see inst	ructions)		5 Total deductions
1 Description of income	2 Amount o	fincome			3 Deductions directly connected (attach schedule)				l-asides schedule)		and set-asides (cot 3 plus col 4)	
(1)	ļ									 .		
(2)	 											
(3)							-+					
	Enter here and Part I, line 9, c											Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exe	empt Activity In	come,	Othe	r Th	an Adverti	sing Ir	come	(Se	e instru	ctions)		
1 Description of exploited activity	scription of exploited activity business income connected with 2 minus column 3) is not unity that attribute		6 Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more then column 4)							
(1)							_		-			<u> </u>
(2)		,										
(3)												
(4)	<u> </u>						l					<u> </u>
	Enter here and on page 1, Part I, line 10, col (A)		ere an 1, Par 0, col	t I,								Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising Ir	Come (see instr	uctions)			l							
Part I Income From Per				nsoli	idated Bas	is						
income From Fer	Todicals report	Ca Oil	<u>a 00</u>	11301	4. Advert		· · · · · ·		-			7. Excess readership
1. Name of periodical	2 Gross advertising income	advertising advertising co			gain or (loss) (col		5. Circulation income		6. Readership costs		costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	-											_
(3)	ļ											_
(4)	 											-
Totals (carry to Part II, line (5))						_						- 000 7
												Form 990-T (2017)

Part II Income From Pe 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	•					
· · · · · · · · · · · · · · · · · · ·	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			** <u>***********************************</u>	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	<u> </u>					
Schedule K - Compensation	on of Officers, D	irectors, and Tr	ustees (see instr	ructions)		
1. Name		2.	Title	3 Percent of time devoted to business	4. Compensation	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total Enter here and on page 1	Part II line 14					

•	ATTACHMENT 1
PART I - LINE 12 - OTHER INCOME	
DISALLOWED FRINGE BENEFIT RELATED TO PARKING LOTS	88,740.
PART I - LINE 12 - OTHER INCOME	88,740.

•

02-0354549 ATTACHMENT 2

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING B	LENDED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	87,740.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	•
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	18,425.
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	3,327,088.
5 MULTIPLY LINE 3 BY—THE NUMBER OF DAYS 181 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	3,334,925.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	9,115.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	9,137.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	18,252.