9393159	07204 9
ax Return	OMB No 1545-0687

Form 990	-T -	/and provide							MB No 1545-0687
, o.m. • • • •		(and proxy t					806	,	0047
	For cale	endar year 2017 or other tax year be					20 1	<u>-</u>	201/
Department of the Tre	·]	► Go to www irs gov/Form9						Onen	to Public Inspection for
Internal Revenue Serv		not enter SSN numbers on this for							to Public Inspection for)(3) Organizations Only
A Check bo		Name of organization (Chec	k box if na	ame changed and se	ee instructio	ns)			ntification number
							'	_ , ,	,
B Exempt under se		DARTMOUTH-HITCHCOC	CK CLI	INIC			_		
X 501(C)	Print	Number, street, and room or suite r	o IfaPC	box, see instruction	ons		22	2-251959)6
408(e)	^{220(e)} Type							Jnrelated bus See instructions	siness activity codes
408A	530(a)	ONE MEDICAL CENTER	R DRIV	/E			' ``	See mandenona	,
529(a)		City or town, state or province, cou	intry, and	ZIP or foreign posta	l code				
C Book value of all	assets	LEBANON, NH 03756					54	1900	
at end of year	F Gro	oup exemption number (See instr	uctions)	>					
218,528,3	160. G Che	eck organization type 🕨 🛛 X 🛭 5	01(c) cc	orporation	501(c) trust	40	1(a) trust	Other trust
H Describe the	organization's p	orimary unrelated business activity	/ ▶	AT	'TACHM	IENT 1			
I During the ta	x year, was the	corporation a subsidiary in an a	ffiliated g	group or a parent-	subsidiary	controlled grou	٦b, · ·	•	Yes X No
If "Yes," ente	r the name and	identifying number of the parent	corporati	ion 🕨		-			
J The books are	e in care of 🕨 1	DANIEL P. JANTZEN			Telepho	ne number 🕨	603-6	50-5634	
		or Business Income		(A) Inco	me	(B) Ex	penses		(C) Net
	pts or sales								
	and allowances	c Balance	. ▶ 1c	346	5,528.				
		lule A, line 7)				1	 -		
3 Gross prof	fit Subtract line	2 from line 1c	3	346	5,528.				346,528.
4a Capital ga	in net income (a	attach Schedule D)	4a				 -		
		Part II, line 17) (attach Form 4797)							
• .	* *	trusts				 			
		ps and S corporations (attach stateme			-435.	ATCH	2		-435.
			· / — —	-					
		ncome (Schedule E)						\neg	
_		nts from controlled organizations (Schedule	•			· · · · · · · · · · · · · · · · · · ·			
	•	(Schedule (17) organization (Schedule	1						
		ncome (Schedule I)				· · · · · · · · · · · · · · · · · · ·			
•		dule J)		<u> </u>					
		ctions, attach schedule)	1	369	9,075.	ATCH	3		369,075.
	-	ough 12	•	715	5,168.				715,168.
Part Ded	uctions Not	Taken Elsewhere (See in	struction	ons for limitat	ions on	deductions) (Exce	pt for cor	tributions.
e dedi	uctions must	be directly connected with	h the u	nrelated busir	ness inco	ome)	, (
· — — —		directors, and trustees (Schedule						14	
15 Salaries ar	nd wages	···· RECEIV		<u> </u>				15	313,563.
16 Repairs an	id maintenance	RECEIV	こじ・.	10		,		16	
L L 17 Bad debts				S				17	
니17 Bad debts, 기18 Interest (a	ttach schedule)	E MAY 2 2	019	<u> </u>				18	
≓19 Taxes and	licenses	17.1		100			1	19	
⊉20 Charitable	contributions (S	See instructions of mitation rule	s) ATI	ACHMENT	4			20	36,258.
21 Depreciation	on (attach Form	4562) UGDEN,	01.		21		```	<u>-</u> -	
22 Less denre		on Schedule A and elsewhere or				-		22b	
23 Depletion				_				23	
		compensation plans						24	
		S						25	
		Schedule I)						26	
		chedule J)						27	
		schedule)						28	39,022.
		s 14 through 28						29	388,843.
		es 14 through 28							326,325.
		on (limited to the amount on line	_				,_	30	175,283.
		on (limited to the amount on line e income before specific deduct						31 32	151,042.
		•			•		· · · · ⊢	33	1,000.
33 Specific de 34 Unrelated	nenez) noncuer	ally \$1,000, but see line 33 instr ble income Subtract line 33	from 1-	or exceptions).		ator than lie	`;·	33	1,000.
ontor the a	nusiness taxa	line 32	HOITI III	16 32 II III18 3	oo is grea	acci uidii iini	* 39.	F0.4	150,042.
enter the S	maner of 4810 of	mnu uz , , , , , , , , ,						J. 1	,,,,,,,,

For Paperwork Reduction Act Notice, see instructions.

7X2740 2000
6060BH D58D

₽ar	t III Tax Computation				·		
35	Organizations Taxable as Corporations. See	instructions for tax com	putation Controlled o	roup			
	members (sections 1561 and 1563) check here ▶			.			
а	Enter your share of the \$50,000, \$25,000, and \$9		rackets (in that order)				
_	(1) \$ 5,245. (2) \$	(3)			1		
h	Enter organization's share of (1) Additional 5% tax (not r		<u> </u>	ł			
•	(2) Additional 3% tax (not more than \$100,000)						
_	Income tax on the amount on line 34		ATCH 6	35c	1	41.	570.
36		ructions for tax comp				<u> </u>	
••			041)				
27	the amount on line 34 from Tax rate schedule or Proxy tax. See instructions				 		
37					 		
38 39	Alternative minimum tax			30	 		
40	Total Add lines 37, 38 and 39 to line 35c or 36, whiche	war applies	• • • • • • • • • • • • • • • • • • • •	44 48	 	41,5	570
		vei applies	· · · · · · · · · · · · · · · · · · ·	· 6 1 44	L		
			440		1		
	Foreign tax credit (corporations attach Form 1118, trust						
	Other credits (see instructions)			-			
	General business credit Attach Form 3800 (see instruction		امما				
đ	Credit for prior year minimum tax (attach Form 8801 or 8	3827)	410		ľ		
e	Total credits. Add lines 41a through 41d Subtract line 41e from line 40	• • • • • • • • • • • • • • • • • • • •		4/c 41e	 	41 (570.
				· · · · · · · · · · · · · · · · · · ·	ļ.——	41,	570.
43	Other taxes Check if from Form 4255 Form 8611				 	41,5	- 7.0
44	Total tax Add lines 42 and 43	· · · · · · · · · · · · · · · · · · ·		48 44 161.	 	41,	370.
				101.			
	2017 estimated tax payments		45b				
	Tax deposited with Form 8868						
	Foreign organizations Tax paid or withheld at source (se				ļ		
	Backup withholding (see instructions)			——			
	Credit for small employer health insurance premiums (At		451				
g	Other credits and payments Form 243	39]				
	Form 4136 Other	Total ▶	45g	<u>~</u>			161.
46	Total payments. Add lines 45a through 45g				 _		
47	Estimated tax penalty (see instructions) Check if Form 2					33,4	100
48	Tax due If line 46 is less than the total of lines 44 and 4				 	33,5	109.
49	Overpayment. If line 46 is larger than the total of lines 4						
50	Enter the amount of line 49 you want Credited to 2018 estim		Refundo		L		
Par						Yes	No
51	At any time during the 2017 calendar year, did t						
	over a financial account (bank, securities, or othe	•		-			ł
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts II TES	o, enter the name or	the foreig	in country	x	
	here ▶BERMUDA						x
52	During the tax year, did the organization receive a distrib		intor of, or transferor to,	a foreign tru	st ⁷		
	If YES, see instructions for other forms the organization m	•					
53	Enter the amount of tax-exempt interest received or accr Under penalties of Penur) I declare that I have examined this		hedules and statements and t	o the best of	my knowledge	and beli	ef it is
Siar	true chirred and complete the bratton of preparer (other than taxo	payer) is based on all information of wh	ich preparer has any knowledge				.,
Sign		151/3/19 CFO	•		IRS discuss		
Her	DANTEL P. JAMIZEN, CPA Signature of officer	Date Title	<u> </u>	with the (see instruc	preparer sh tions)?		No
		Preparer's signature	Date		PTIN		140
Paid		p-mer el elgilolofie		Check L	11		
Prep	arer			self-employe			
Use	Only Firm's name	-		Firm's EIN			
	Firm's address			Phone no	Q	00 T	(2017)

Form **990-T** (2017)

Form 990-T (2017)

▶

Total dividends-received deductions included in column 8

Schedule F - Interest, Anni	artioo, reoyantio			ontrolled Or				10 (000	7 11311 40110	,,,,,	
Name of controlled organization	2 Employer identification numb	oer 3 Ne	t unrel	ated income instructions)	4 Total		rfied	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 Organi	zations										
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specifical payments made		ine	cluded	in the co	9 that is introlling s income		Deductions directly nected with income in column 10
(1)											
(2)											
(3)											
(4)											
Totals	ocomo of a Soc	etion E01/a			>	Er P:	nter hen art I, lin	umns 5 a e and on e 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment in	Come of a Sec	יון טב ווטוו	<u>,,,,,</u>	3 Deduc		IIIZati	OII (S				5 Total deductions
1 Description of income	2 Amount of	f income		directly cor (attach sch	nected				f-asides schedule)	_	and set-asides (col 3 plus col 4)
(1)			-								
(2)	 		├								
(3)	 -		 							\dashv	
(4)	Enter here and	20 2020 1	}							-+	Enter here and on page 1
Totals ► Schedule I - Exploited Exe	Part I, line 9, c	olumn (A)	er Th	an Adverti	sing Ir	come	e (see	- Instru	ictions)		Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with of	4 Net incor from unrelat or business 2 minus col If a gain, c cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 (from	Gross in activit iot unre iness in	come by that	6 Experatributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			_	 -							
(2)	 			1				_			
(3)				 -		<u> </u>		_			
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,			.					Enter here and on page 1, Part II, line 26
Schodulo I - Advertising In	nomo (nos insti	untinna\		L							
Schedule J - Advertising In			ma a l	idated De-							
Part I Income From Per	logicals Report	ed on a Co	nsoı	idated Bas	SIS						T
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Advertigan or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If npute	5	Circula		6 Reade cost:	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								_			
(2)	 		_			-			-		7
(3)	 										7
(4)			_	1							7
											
Totals (carry to Part II, line (5))		<u></u> -		<u></u>	_						Form 990-T (2017)

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)

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)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

1. Name	2 Títle	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

CONTRACTING OF STAFF TO OTHER ORGANIZATIONS, CONSULTING SERVICES TO UNRELATED PARTIES, AND VIDEO REPRODUCTION TO THE GENERAL PUBLIC

22-2519596

•	ATTACHMENT 2
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
DARTMOUTH-HITCHCOCK MASTER INVESTMENT PROGRAM	-435.
INCOME (LOSS) FROM PARTNERSHIPS	-435.

ATTACHMENT 3

PART I - LINE 12 - OTHER INCOME

DISALLOWED FRINGE BENEFIT RELATED TO PARKING

369,075.

PART I - LINE 12 - OTHER INCOME

369,075.

ATTACHMEN	JT 4

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	715,168.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	352,585.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 36,258.
CHARITABLE CONTRIBUTION	793,822.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	36,258.

ATTACHMENT 5

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

ALL OTHER EXPENSES

39,022.

PART II - LINE 28 - OTHER DEDUCTIONS 39,022.

22-2519596 ATTACHMENT 6

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BI	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	150,042.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	51,466.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	31,509.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	9,469,744.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	5,703,129.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	25,945.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	15,625.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	41,570.