Exempt Organization Business Income Tax Return (and proxy tax under section 6033) (e) 190. Total Control of the Times (and proxy tax under section 6033) (e) 190. Total Control of the Times (and proxy tax under section 6033) (e) 190. Total Control of the Cont		21	Ι.,	_				2700	- r	•	0081	
Cand proxy tax under section 6033(e) 1906	163 /)^_T_	/ I						า	<u> </u>	OMB No 1545-068	87
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C Books yield all assets				l ' ' ' '		•	,				541800	
T25,382,29			F Gr	<u> </u>	ictions.))	-					
trade or business here ▶ PROGRAM ADVERTISING SALES. 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 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. ▶ The books are in care of ▶ DANIEL JANTZEN	41 0/14						n 🔲 501(c) trust	401(a)	trus	st	trust
trade or business here ▶ PROGRAM ADVERTISING SALES. If only one, complete Parts I—I 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. ▶ I The books are in care of ▶ DANIEL JANIZEN I Telephone number ▶ (603) 650-5634 Telephone number ▶ (603) 650-5634 Telephone number ▶ (60	H Ent	er the number	of the c	organization's unrelated trades or b	usiness	ses. ►	1	Describe	e the on	ly (or first) unrelat	ed
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 IIII or IIII in the parent corporation. ▶ During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	trac	de or business	here ▶	PROGRAM ADVERTISING SA	LES	. If on	ly one, comple				-	
trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶							•					
If "Yes," enter the name and identifying number of the parent corporation. ►						•		•				
If "Yes," enter the name and identifying number of the parent corporation. ►	I Dur	ing the tax year,	was th	e corporation a subsidiary in an affiliat	ted grou	ip or a	parent-subsidia	ary controlled g	roup? .		► ☐ Yes 🗸	No
Part Unrelated Trade or Business Income					-		•		·			
1a Gross receipts or sales 0 c Balance ► 1c 0 d								phone numbe	r ▶		(603) 650-5634	1
Description Control	Part	Unrelated	d Trad	e or Business Income			(A) Income	(B) Ex	penses		(C) Net	
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c. 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1a	Gross receipts	or sale	es 0				01/2/201				(3.87)
3 Gross profit. Subtract line 2 from line 1c. 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annufies, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annufies, royalties, and rents from a controlled organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depreciation (attach Form 4562) 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 31 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 31 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 31 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 31 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 31 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 3 31 Unrelated business taxable income before net operating loss deduction. S	b	Less returns and a	allowance	es 0 c Balan	ice ►	1c	0			靈		
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Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 46	3	Gross profit. S	ubtract	t line 2 from line 1c .	[3	0	X 12			0	
Capital loss deduction for trusts 1 1 1 1 1 1 1 1 1	4a	Capital gain ne	et incor	ne (attach Schedule D)		4a	0		的长度	糖烷	0	
Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 0 0 0 0 0 0 0 0 0	b	Net gain (loss)	(Form 4	4797, Part II, line 17) (attach Form 4	797) [4b	0	400	調整 編	龖	0	
Rent income (Schedule C)	С	Capital loss de	eductio	n for trusts .	. [4c	0	新教 院	學包括		0	
The properties of the proper	5	Income (loss) fro	m a par	tnership or an S corporation (attach stat	tement) [5	0	20 TAG	操業	驗	0	
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Investment income of a section 501(c)(7), (9), or (17) organization (Schedule (s))	7	Unrelated deb	t-financ	ced income (Schedule E)	[7	0		0		0	<u> </u>
10 Exploited exempt activity income (Schedule I) 10 0 0 0 0 0 0 0 1 1	8	Interest, annuities,	royalties,	and rents from a controlled organization (Sch	nedule F) [8	0		0		` 0	
11	9	Investment income	e of a sec	ction 501(c)(7), (9), or (17) organization (Sche	edule G) [9	0		0		0	
Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Total. Combine lines 3 through 12 15 Total. Combine lines 3 through 12 16 Total. Combine lines 3 through 12 17 Total. Combine lines 3 through 12 18 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrepated pusings microme) 18 Compensation of officers, directors, and trustees (Schedule X) 19 Salaries and wages 10 Salaries and wages 10 Salaries and maintenance 10 Salaries and maintenance 11 Bad debts 12 9 2020 13 Total. Combine lines 3 through 14 A62 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 0 17 0 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 0 19 Charitable contributions (See instructions for limitation rules) 20 1,296 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Depletion 26 Excess exempt expenses (Schedule I) 27 Contributions (See instructions) 28 Excess readership costs (Schedule J) 29 Total deductions (attach schedule) 20 Other deductions (attach schedule) 21 Depletions 22 Depletions 23 Depletions 24 Depletions 25 Depletions 26 Excess exempt expenses (Schedule J) 27 Depletions 28 1,500 29 Total deductions (attach schedule) 29 Total deductions (attach schedule) 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 11,666 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 1,666	10	Exploited exer	npt act	ivity income (Schedule I)	[10	0		0		0	
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Repairs and maintenance Repairs and maintenan					dule_K)_	·	<u></u>			\rightarrow		ļ
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Taxes and licenses					<u> </u>	<u></u>				$\overline{}$		
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Employee benefit programs		•							⊢			├──
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27 0 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 31 11,666				-					_	_		├
Other deductions (attach schedule)				· ·		•			_	$\overline{}$		
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30						•		e 29 from line		-		
32 Unrelated business taxable income. Subtract line 31 from line 30										-		
					-							
									<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>		<u> </u>	1

1

Part I	Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e	
	instructions)	33	11 686
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	0
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sun		
	of lines 33 and 34		11 666
		36	11,666
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 35	37	1,000
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36		
	enter the smaller of zero or line 36	38	10 666
Part I			
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		2,240
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or	n	
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	9 34	2 240
Part \	V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a		
	Other credits (see instructions)	-	
	General business credit. Attach Form 3800 (see instructions)	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	\dashv \mid	
	Total credits. Add lines 45a through 45d	45e	0
		46	2,240
	Subtract line 45e from line 44	47	0
	· · · · · · · · · · · · · · · · · · ·		2.240
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018	_	
	2018 estimated tax payments	→	
	Tax deposited with Form 8868	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	_	
e	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) . 501		
g	Other credits, adjustments, and payments: Form 2439		1
	☐ Form 4136 ☐ Other 0 Total ► 50g 0		[
51	Total payments. Add lines 50a through 50g	51	14,000
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ [52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55	- 54	11,760
	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ 11,760 Refunded ▶		0
Part \	<u> </u>		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other au	honty Yes No
	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization r		morney
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the		
	here ►		, /
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oroian tais	
		oreign trus	"' · - •
	If "Yes," see instructions for other forms the organization may have to file		0
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penaltigs of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of mu t	
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ge -	
_	la (a) de de la companya de la compa	May the	RS discuss this return preparer shown below
Here			ructions)? [Yes No
	Signature of officer Date Title		
Paid	Print/Type preparer's name Preparer's signature Date	Check	
Prepa	arer	self-employ	
Use (Only Firm's name ➤ CROWE LLP	Firm's EIN ▶	
	Firm's address ► 175 POWDER FOREST DRIVE, SIMSBURY, CT 06089-7902	Phone no.	(860) 678-9200
			Form 990-T (2018

5- · · · · 0	20 4 (2010)								_	
	90-† (2018) dule A—Cost of Goods Solo	Fr	iter method of in	ventory v	aluation >	_			<u>F</u>	Page 3
1	Inventory at beginning of year		1 0			at	end of year	6	0	
2	Purchases	r	2 0	7	· ·		ods sold. Subtract			
3	Cost of labor	F	3 0				ine 5. Enter here and	\ \		
4a	Additional section 263A cost	s 🗀			ın Part I, lıı	ne	2	7	0	
	(attach schedule)		4a 0	8	Do the ru	les	s of section 263A (with	h respect to	Yes	No
þ	Other costs (attach schedule)		4b 0				duced or acquired for			
5	Total. Add lines 1 through 4b		5 0	I I			ızatıon?			✓
	dule C-Rent Income (From	Re	al Property and	Persona	I Property	Le	eased With Real Pro	perty)		
<u> </u>	instructions)			·		_				
	ription of property									
(1)										
(2) (3)						_				
(4)			**							
· · · · · · · · · · · · · · · · · · ·	2. Rent	eceiv	ed or accrued			_				
	om personal property (if the percentage of personal property is more than 10% but n more than 50%)		(b) From real an percentage of rent f 50% or if the rent i	or personal p	roperty exceeds		3(a) Deductions directly in columns 2(a) and			18
(1)										
(2)										
(3)						_				
(4)										
Total		0	Total			0	(b) Total deductions.			
	tal income. Add totals of columns 26		d 2(b) Enter				Enter here and on page			_
	nd on page 1, Part I, line 6, column (/		<u> </u>			0	Part I, line 6, column (B)	<u> </u>		0
Sche	dule E—Unrelated Debt-Fin	anc	ea income (see		···	_	3. Deductions directly con	inected with or all	ocable t	0
	1. Description of debt-finance	i nror	nertv		ncome from or debt-financed	L	debt-financ	ed property		
	W besomption of dest infance.			1	operty		(a) Straight line depreciation (attach schedule)	(b) Other do		s
<u>(1)</u>	**************************************					┸				
(2)				ļ		┸				
(3)	· · · · · · · · · · · · · · · · · · ·					╀		ļ		
(4)	4 Amount of sucress		o advicted bear			1				
	acquisition debt on or	of or bt-fin	le adjusted basis allocable to anced property ch schedule)	4 0	Column Iivided olumn 5		7. Gross income reportable (column 2 × column 6)	8. Allocable ((column 6 × tot 3(a) and	al of colu	

%

% %

%

Enter here and on page 1, Part I, line 7, column (A).

0

▶

Form 990-T (2018)

0

0

Enter here and on page 1, Part I, line 7, column (B)

(1)

(2)

(4)

Totals

Total dividends-received deductions included in column 8

Schedule F—Interest, Ann	uilles,	noyaides,			Organizations	amzauuns (Se	e iiisiiuC	dons)	
Name of controlled organization		Employer cation number		related income e instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	ontrolling	conne	ductions directly ected with income in column 5
(1)									
(2)					_				
(3)									
(4)					L	<u> </u>		<u> </u>	
Nonexempt Controlled Organia	zations			_		·			
7. Taxable Income		Net unrelated ind iss) (see instructi			otal of specified yments made	10. Part of column included in the coorganization's gro	ontrolling	connec	eductions directly sted with income in column 10
(1)									
(2)									
(3)				<u> </u>		·	-		
(4)	<u> </u>		_			<u> </u>			
Totals	-		4	•		Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h Part I,	olumns 6 and 11 ere and on page 1, line 8, column (B)
Schedule G-Investment	Incom	e of a Sect	ion 50	1(c)(7), (9),	or (17) Organi	zation (see inst	-		
1. Description of income		2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedu	s	5. To and so	tal deductions et-asides (col. 3 olus col. 4)
(1)							$\neg \neg$		
(2)			_						····
(3)						7' 1			
(4)					· · · · · · · · · · · · · · · · · · ·	77			
Totals Schedule I—Exploited Exe	•	Enter here and Part I, line 9, c	olumn (/	A). 0 2 2 3 5	Advertising In	come (see inst	ructions	Part I, III	re and on page 1, ne 9, column (B)
1. Description of exploited activ	nty ,	2. Gross unrelated business inco- from trade of business	me co	3. Expenses directly onnected with production of unrelated siness 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	attribut	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals	. •	Enter here and page 1, Part line 10, col (/	I, p	er here and on age 1, Part I, le 10, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I									
Part I Income From P				a Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) FUNDRAISING PROGRAMS		16,	300	1,838					
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•	16	300	1,838	14,462	, 0		, 0	0
		1		1,000		·			orm 990-T (2018)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If 7. Excess readership 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising minus column 5, but advertising costs ıncome costs a gain, compute cols 5 through 7 ıncome not more than column 4) (1) (2) (3) (4) Totals from Part I 16,300 1,838 0 Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 Totals, Part II (lines 1-5) 16,300 0 Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business % (2) % (3) % (4) %

Form **990-T** (2018)

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Form 990T Part II, Line 20 Charitable Contributions	31		
	Form 990T Part II, Line 20	Charitable Contributions	

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	626,356	6,843	1,296		618,217	2022
Totals	626,356	6.843	1.296	0	618.217	

Form 990T Part II, Line 28	Other Deductions	
	Description	Amount
PROGRAM ADVERTISING SALES		

1,500

(1) PROFESSIONAL FEES

	47	· · · · · · · · · · · · · · · · · · ·	_
Ģ.	Form 990T Part V, Line 50b	Estimated Tax Payments	
			_

	Date		Amount
01/17/2019			6,000
05/20/2019			8,000
		Totals	14,000

	_			_													
(e)	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(p)	Penalty for failure to pay estimated tax	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(c)	Accumulated earnings credit	0	187,500	0	0	62,500	0	0	0	0	0	0	0	0	0	0	0
(q)	Tax year end (Yr-Mo)	19-09	19-06	19-06	19-06	19-06	19-06	19-06	19-06	19-06	19-06	19-08	19-06	19-06	19-06	19-06	19-06
(a)	Employer identification number	02-0320283	02-0222140	46-0876427	26-4232401	22-2519596	02-0222139	81-3076466	02-0222171	02-0460136	02-0494420	02-0480857	02-0222791	02-0479094	02-0374997	02-0374998	02-0374999
(a)	Group member's name	(10) MT ASCUTNEY PROFESSIONAL CONDO OWNER'S ASSN	(11) MARY HITCHCOCK MEMORIAL HOSPITAL	(12) DH SPECIALTY SERVICES	(13) NEW ENGLAND ALLIANCE FOR HEALTH	(14) DARTMOUTH HITCHCOCK CLINIC	(15) THE HITCHCOCK FOUNDATION	(16) RENAISSANCE PSYCHIATRY OF NEW ENGLAND, LLC	(17) THE NEW LONDON HOSPITAL ASSOCIATION	(18) KEARSARGE COMMUNITY SERVICES, INC	(19) NEW LONDON PHYSICIAN GROUP, INC	(20) NEW LONDON MEDICAL CENTER EAST, INC	(21) ALICE PECK DAY MEMORIAL HOSPITAL	(22) ALICE PECK DAY LIFECARE CENTER	(23) KEENE HEALTH SERVICES	(24) KEENE HEALTH REALTY	(25) KEENE HEA! TH ENTERPRISES

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	8/29/2018		22		
Cash	3/3/2017				
Cash	3/29/2017		130		