

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2017 calendar year, or tax year beginning 01/01, 2017, and ending 09/30, 20 17

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION. D Employer identification number: 51-0491062. E Telephone number: (603) 740-2687. G Gross receipts \$: 820,581. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c)(), (insert no), 4947(a)(1) or 527. J Website: WWW.WDHOSPITAL.COM. H(c) Group exemption number.

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 2003. M State of legal domicile: NH.

Part I Summary

Table with 22 rows and 4 columns. Rows include: 1. Mission: PHILANTHROPIC FUNDRAISING AND STEWARDSHIP. 2-7. Governance metrics. 8-12. Revenue: Total revenue 747,914. 13-19. Expenses: Total expenses 583,810. 20-22. Net Assets or Fund Balances: Total assets 10,164,563.

Part II Signature Block

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

Sign Here: Signature of officer: Peter E. Walcek, Date: 08/15/2018, Title: CFO/VP OF FINANCE.

Paid Preparer Use Only: Preparer's name: BRIAN VIGNEAULT, Signature: [Signature], Date: 06/18/2018, PTIN: P00540650, Firm's name: BDO USA, LLP, Firm's EIN: 13-5381590, Firm's address: ONE INTERNATIONAL PLACE BOSTON, MA 02110, Phone no: 617-422-0700.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
SEE SCHEDULE O.

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 No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses \$ 326,983 including grants of \$ 326,983) (Revenue \$ _____)
THE FOUNDATION WAS ESTABLISHED IN 2003 FOR THE PURPOSE OF
CULTIVATING, SECURING, AND STEWARDING PHILANTHROPIC GIFTS THAT
WILL SUPPORT THE CAPITAL, PROGRAMMATIC, AND ENDOWMENT NEEDS OF THE
HOSPITAL AND ITS AFFILIATES.

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 ▶ 326,983.

ADGILOR 510491062

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> (see instructions)?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 (see instructions).</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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 20a through 38 regarding hospital operations, financial statements, grants, compensation, tax-exempt bonds, and Schedule L, M, N, R, and O 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 columns for line numbers (1a-14b), descriptions of questions, and Yes/No response boxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990... 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... b Other officers or key employees of the organization... If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)... 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PETER E WALCER 789 CENTRAL AVENUE DOVER, NH 03820-2526 603-740-2804

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 dotted 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) JAY LEVY CHAIRMAN	4.00 0.	X		X				0.	0.	0.
(2) DAVE VERNO VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) TOM TORR, ESQ. TREASURER	4.00 0.	X		X				0.	0.	0.
(4) JACKIE EASTWOOD SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) RICHARD CARD DIRECTOR	1.00 0.	X						0.	0.	0.
(6) RICHARD CONLEY DIRECTOR	1.00 0.	X						0.	0.	0.
(7) WILLIAM DANFORD, MD DIRECTOR	1.00 50.00	X						0.	0.	0.
(8) ROGER HAMEL DIRECTOR	1.00 5.00	X						0.	0.	0.
(9) THOMAS LEVASSEUR, CLU DIRECTOR	1.00 .50	X						0.	0.	0.
(10) BARBARA MILLER DIRECTOR	1.00 0.	X						0.	0.	0.
(11) JAMES O'NEILL, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(12) LARRY RAICHE, CPA DIRECTOR	1.00 0.	X						0.	0.	0.
(13) BABU RAMDEV, MD DIRECTOR	1.00 0.	X						0.	0.	0.
(14) JOHN SALMON DIRECTOR	1.00 5.00	X						0.	0.	0.

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 dotted 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			
(15) GREGORY J. WALKER ----- DIRECTOR/PRESIDENT/C	1.00 54.00	X		X				0.	0.	0.
(16) PETER E. WALCEK ----- DIRECTOR/CFO	1.00 54.00	X		X				0.	0.	0.
(17) ALISON SOLLEE, MD ----- DIRECTOR	1.00 26.00	X						0.	0.	0.
(18) JAMES STEVENS ----- DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 **0**.

	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		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		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		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	117,750				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	245,239				
	g	Noncash contributions included in lines 1a-1f \$	15,553				
	h	Total. Add lines 1a-1f ▶	362,989				
Program Service Revenue	2a _____ Business Code						
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶	170,733		10,075	160,658	
	4	Income from investment of tax-exempt bond proceeds ▶	0				
	5	Royalties ▶	0				
	6a	(i) Real					
		(ii) Personal					
		b	Gross rents				
		c	Less rental expenses				
	d	Rental income or (loss)					
	e	Net rental income or (loss) ▶	0				
	7a	(i) Securities					
		(ii) Other					
		b	Gross amount from sales of assets other than inventory				
		c	Less cost or other basis and sales expenses				
	d	Gain or (loss)					
	e	Net gain or (loss) ▶	0				
8a	Gross income from fundraising events (not including \$ 117,750 of contributions reported on line 1c) See Part IV, line 18 a		291,859				
	b Less direct expenses b		72,667				
	c Net income or (loss) from fundraising events. ATCH 2 ▶		214,192				
9a	Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities. ▶		0				
10a	Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory. ▶		0				
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶	0					
12	Total revenue. See instructions ▶		747,914		10,075	160,658	

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	307,319.	307,319.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	19,664.	19,664.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	140.		140.	
c Accounting	4,500.		4,500.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,776.			8,776.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	3,470.		3,470.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	448.		448.	
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED SERVICES-WDH	219,559.			219,559.
b SUPPLIES & OTHER	19,934.			19,934.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	583,810.	326,983.	8,558.	248,269.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	931,522.	2	1,278,887.
	3	Pledges and grants receivable, net	105,402.	3	98,642.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	2,189.	9	3,125.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	53,653.	10a	
	b	Less accumulated depreciation	49,375.	10b	
			4,726.	10c	4,278.
	11	Investments - publicly traded securities	7,764,201.	11	8,779,631.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets See Part IV, line 11	0.	15	0.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,808,040.	16	10,164,563.	
Liabilities	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,200,755.	27	7,315,172.
	28	Temporarily restricted net assets	1,235,558.	28	1,456,383.
	29	Permanently restricted net assets	1,371,727.	29	1,393,008.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	8,808,040.	33	10,164,563.	
34	Total liabilities and net assets/fund balances	8,808,040.	34	10,164,563.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	747,914.
2	Total expenses (must equal Part IX, column (A), line 25)	2	583,810.
3	Revenue less expenses. Subtract line 2 from line 1	3	164,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,808,040.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,192,419.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,164,563.

Part XII Financial Statements and Reporting

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

- 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 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION**

Employer identification number
51-0491062

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		
	ATTACHMENT 1						
(A)			3				
(B)							
(C)							
(D)							
(E)							
Total						307,319.	19,664.

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

Schedule A (Form 990 or 990-EZ) 2017

JSA 7E1210 1 000

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
16b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
17b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		X

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions.	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013. . . .			
b	Excess from 2014. . . .			
c	Excess from 2015. . . .			
d	Excess from 2016. . . .			
e	Excess from 2017. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I, LINE 12G, COLUMN VI:

SCHOLARSHIPS AWARDED: THE WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION (THE FOUNDATION) OFFICE AWARDED 14 NURSING SCHOLARSHIPS TO EMPLOYEES OF THE WENTWORTH-DOUGLASS HOSPITAL (THE HOSPITAL) PURSUING NEW CAREERS IN NURSING OR ADVANCED NURSING DEGREES IN 2017. THE FOUNDATION ALSO AWARDED 7 SCHOLARSHIPS TO LOCAL HIGH SCHOOL SENIORS PURSUING CAREERS IN A HEALTH-RELATED FIELD. BUT FOR THE FOUNDATION'S ROLE IN AWARDING FUNDS, THIS SCHOLARSHIP ACTIVITY WOULD OTHERWISE HAVE BEEN CONDUCTED BY THE HOSPITAL.

SCHEDULE A, PART IV, SECTION A, LINE 1:

WHILE NOT ALL ORGANIZATIONS ARE LISTED AS SUPPORTED ORGANIZATIONS IN THE FOUNDATION'S GOVERNING DOCUMENTS, THEY DO, HOWEVER, FALL WITHIN A CHARITABLE CLASS OF ORGANIZATIONS THAT THE FOUNDATION IS AUTHORIZED TO SUPPORT. ACCORDING TO THE FOUNDATION'S BYLAWS, THE EXCLUSIVE PURPOSE OF THE FOUNDATION IS TO "SUPPORT THE MISSION OF WENTWORTH-DOUGLASS HOSPITAL; ENCOURAGE PHILANTHROPY AND ENGAGE IN FUND DEVELOPMENT ACTIVITIES ON BEHALF OF AND PROVIDE FINANCIAL ASSISTANCE TO WENTWORTH-DOUGLASS HOSPITAL AND ITS NON-PROFIT AFFILIATES, WHICH ARE EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND RECOGNIZED AS A PUBLIC CHARITY UNDER SECTION 509(A)(1) OR 509(A)(2) OF THE CODE; AND, ENGAGE IN ANY AND ALL ACTIVITIES CONSISTENT WITH AND IN FURTHERANCE OF THE ABOVE PURPOSES."

THE HOSPITAL IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF WENTWORTH-DOUGLASS PHYSICIANS CORPORATION (WDPC), AND WDPC IS EXEMPT

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.)

UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE AS A QUALIFYING PUBLIC

CHARITY UNDER 170(B)(1)(A)(III). THEREFORE, WDPC FALLS WITHIN A
STIPULATED CLASS OF ORGANIZATIONS DESIGNATED IN THE FOUNDATION'S
GOVERNING DOCUMENTS AS A NON-PROFIT AFFILIATE OF THE HOSPITAL.

SCHEDULE A, PART IV, SECTION C, LINE 1:

FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017, CONTROL OF THE FOUNDATION
AND WDPC (ANOTHER SUPPORTED ORGANIZATION OF THE FOUNDATION) WAS VESTED IN
THE HOSPITAL BY VIRTUE OF MULTIPLE SHARED BOARD MEMBERS. ADDITIONALLY,
THE FOUNDATION'S EXCLUSIVE LEADERSHIP IS VESTED IN GREGORY WALKER AND
PETER WALCEK, WHO SERVE AS THE PRESIDENT/CEO AND CFO, RESPECTIVELY, OF
THE FOUNDATION AND ALSO SERVE AS THE PRESIDENT/CEO AND CFO, RESPECTIVELY,
OF OTHER SUPPORTED ORGANIZATIONS.

FURTHERMORE, THE HOSPITAL IS THE SOLE CORPORATE MEMBER OF THE FOUNDATION
AND ITS SUPPORTED AFFILIATED ORGANIZATIONS (WDPC AND WENTWORTH-DOUGLASS
COMMUNITY HEALTH CORPORATION).

PURSUANT TO THE FOUNDATION'S BYLAWS (ARTICLE III, PARAGRAPH 2), THE
HOSPITAL SHALL BE ENTITLED TO APPOINT AND REMOVE DIRECTORS OF THE
FOUNDATION, AS WELL AS THE ELECTION OF ALL FOUNDATION DIRECTORS. THE
MEMBER SHALL ALSO BE ENTITLED TO ONE VOTE ON ALL OTHER MATTERS TO BE
VOTED ON BY A MEMBER OF A NONPROFIT CORPORATION. ADDITIONALLY, CERTAIN
RESERVED POWERS AND AUTHORITIES OF THE FOUNDATION'S BOARD OF TRUSTEES ARE
SUBJECT TO THE APPROVAL OF THE HOSPITAL'S GOVERNING BODY.

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)

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV)		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
		YES	NO	YES	NO		
WENTWORTH-DOUGLASS HOSPITAL	02-0260334	3			X	307,319	19,664
WENTWORTH-DOUGLASS PHYSICIANS ORGANIZATION	02-0497927	3			X	0	0
TOTAL AMOUNT OF SUPPORT						<u>307,319</u>	<u>19,664</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION

Employer identification number 51-0491062

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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., 1b 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, 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.

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

Schedule D (Form 990) 2017

JSA 7E1268 2 000

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
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?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

- 1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quas-endowment
b Permanent endowment
c Temporarily restricted endowment
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
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.

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and rows numbered 2 through 9.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
	b Other (Describe in Part XIII)	4b	747,914.	
	c Add lines 4a and 4b			4c 747,914.
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 747,914.

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	
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		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
	b Other (Describe in Part XIII)	4b	583,810.	
	c Add lines 4a and 4b			4c 583,810.
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 583,810.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

ADD TO THE ENDOWMENT TO SUPPORT THE NEEDS OF THE HOSPITAL AND THE RELATED
NONPROFIT SUBSIDIARIES OF THE HOSPITAL.

PART XI, 4B:

ALL FOUNDATION RELATED ACTIVITY IS CLASSIFIED AS NON-OPERATING IN THE
AUDITED FINANCIAL STATEMENTS.

PART XII, 4B:

ALL FOUNDATION RELATED ACTIVITY IS CLASSIFIED AS NON-OPERATING IN THE
AUDITED FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION**

Employer identification number
51-0491062

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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	
		GOLF TOURNAMENT (event type)	5K WALK (event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	115,317.	294,292.	0.	409,609.
	2	Less: Contributions		117,750.	0.	117,750.
	3	Gross income (line 1 minus line 2)	115,317.	176,542.	0.	291,859.
Direct Expenses	4	Cash prizes			0.	
	5	Noncash prizes	7,636.	21,313.	0.	28,949.
	6	Rent/facility costs	20,460.	19,658.	0.	40,118.
	7	Food and beverages	388.	5,553.	0.	5,941.
	8	Entertainment			0.	
	9	Other direct expenses	257.	2,402.	0.	2,659.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					214,192.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<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: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART II, FUNDRAISING:

IN ACCORDANCE WITH THE IRS INSTRUCTIONS FOR THE REPORTING OF INCOME ON SCHEDULE G, EVENT REVENUE DEEMED TO BE CHARITABLE CONTRIBUTIONS HAS BEEN REPORTED ON LINE 2, THUS REDUCING THE TOTAL GROSS EVENT INCOME ON LINE 3. THIS PRESENTATION GIVES THE APPEARANCE ON SCHEDULE G OF A TOTAL NET GAIN OF \$214,192 FROM THE RESPECTIVE EVENTS. HOWEVER, WHEN THE CHARITABLE CONTRIBUTIONS ARE CONSIDERED AND ADDED BACK, THE TOTAL NET CASH FLOW

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

GENERATED FROM THESE TWO EVENTS WAS \$331,942.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTH FOUNDATION

WENTWORTH-DOUGLASS HOSPITAL AND

Employer identification number
51-0491062

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVENUE DOVER, NH 03820	02-0260334	501(C)(3)	307,319				SUPPORT THE CAPITAL
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the instructions for Form 990 Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	NURSING SCHOLARSHIPS	14	12,664			
2	SCHOLARSHIPS TO HIGH SCHOOL SENIORS	7	7,000			
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS AWARDED: THE FOUNDATION ONLY AWARDED GRANTS TO RELATED 501 (C) (3)

PUBLIC CHARITIES, ADDITIONAL MONITORING IS NOT DEEMED NECESSARY.

SCHOLARSHIPS AWARDED: THE FOUNDATION OFFICE AWARDED 14 NURSING

SCHOLARSHIPS TO EMPLOYEES OF THE WENTWORTH-DOUGLASS HOSPITAL PURSUING NEW

CAREERS IN NURSING OR ADVANCED NURSING DEGREES IN 2017. THE SCHOLARSHIPS

WERE FUNDED FROM THE EDNA DUBE & THE HELEN GARLAND NURSING SCHOLARSHIP

ENDOWMENT. THE TOTAL AMOUNT AWARDED WAS \$12,664; THE AMOUNT OF THE 14

NURSING SCHOLARSHIPS RANGED FROM \$500 TO \$1,000. THE FOUNDATION ALSO

AWARDED 7 SCHOLARSHIPS TO LOCAL HIGH SCHOOL SENIORS PURSUING CAREERS IN A

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

HEALTH-RELATED FIELD; THE AMOUNT OF EACH OF THE 7 SCHOLARSHIPS WAS \$1,000. THE SCHOLARSHIPS WERE FUNDED THROUGH THE AUXILIARY ENDOWMENT.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION**

Employer identification number
51-0491062

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Connected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES J O'NEILL, JR	DIRECTOR		BANKING		X
(2) RICHARD CARD	DIRECTOR	124,449	SERVICES		X
(3) PETER WALCEK/GREG WALKER	OFFICER/OFFICER	713,184	BUSINESS RELATIONSHIP		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) NAME OF PERSON: JAMES J. O'NEILL, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSONS AND ORGANIZATION: DIRECTOR

(D) DESCRIPTION OF TRANSACTION:

JAMES J. O'NEILL, JR. IS THE PRESIDENT AND CEO OF FEDERAL SAVINGS BANK. WENTWORTH SURGERY CENTER, A JOINT VENTURE OWNED 98% BY WENTWORTH-DOUGLASS HOSPITAL, HOLDS ITS OPERATING ACCOUNT WITH FEDERAL SAVINGS BANK, AND ALL TRANSACTIONS BETWEEN WENTWORTH SURGERY CENTER AND FEDERAL SAVINGS BANK ARE NEGOTIATED AT ARMS-LENGTH. IN ACCORDANCE WITH IRS INSTRUCTIONS, THIS BUSINESS RELATIONSHIP HAS BEEN DISCLOSED IN SCHEDULE L, PART IV.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

(A) NAME OF PERSON: RICHARD CARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSONS AND ORGANIZATION: DIRECTOR

(D) DESCRIPTION OF TRANSACTION:

D.F. RICHARD ENERGY PROVIDES SERVICES TO THE HOSPITAL. RICHARD CARD, A DIRECTOR OF THE FOUNDATION, IS THE CEO OF D.F. RICHARD ENERGY. THE HOSPITAL AND SUBSIDIARIES MADE PAYMENTS TO D.F. RICHARD ENERGY TOTALING \$124,449 IN FY17. ALL TRANSACTIONS BETWEEN THE HOSPITAL AND D.F. RICHARD

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

ARE NEGOTIATED AT ARMS-LENGTH.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS WITH INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSONS: GREGORY J. WALKER & PETER E. WALCEK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/CEO & CFO/VP FINANCE

(D) DESCRIPTION OF TRANSACTION: JOINT VENTURE

PETER WALCEK, AN OFFICER OF WDH, AND GREGORY WALKER, AN OFFICER OF WDH, SERVE ON THE BOARD OF MANAGERS OF WENTWORTH HOMECARE & HOSPICE, LLC. WDH HAS A 50% OWNERSHIP IN WENTWORTH HOMECARE & HOSPICE, LLC. WDH RECORDED INCOME FROM WENTWORTH HOMECARE & HOSPICE, LLC OF \$711,249, RECEIVED CASH DISTRIBUTIONS OF \$720,000 IN FY17, AND MADE PAYMENTS TO WENTWORTH HOMECARE & HOSPICE, LLC IN THE AMOUNT OF \$1,935 IN FY17.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTH FOUNDATION

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

51-0491062

FORM 990, PART I, EXPLANATION OF SHORT ACCOUNTING PERIOD:

THE FORM 990 FILING REPRESENTS THE NINE MONTH PERIOD JANUARY 1, 2017 -
SEPTEMBER 30, 2017. THIS IS DUE TO THE RECENT CHANGE OF ACCOUNTING PERIOD
TO A FISCAL YEAR PERIOD (FROM A JANUARY 1 - DECEMBER 31 CALENDAR YEAR
REPORTING PERIOD FOR PRIOR CALENDAR YEARS' FILINGS TO A OCTOBER 1 -
SEPTEMBER 30 FISCAL YEAR FILINGS).

NOTE THAT THE FILING IS FOR A NINE MONTH PERIOD AND THERE IS NO TAX YEAR
ENDING WITHIN THE FISCAL YEAR SO THERE IS NO COMPENSATION INFORMATION
PROVIDED IN PART VII. THE COMPENSATION FOR THE 12 MONTH PERIOD OF THE
2017 CALENDAR YEAR/ANNUAL W-2'S AND 1099'S WILL BE REPORTED ON THE 2018
FISCAL YEAR TAX RETURN FOR THE PERIOD OCTOBER 1, 2017-SEPTEMBER 30, 2018
AS REQUIRED. THIS WILL BE REPORTED AS PART OF THE PARTNERS HEALTHCARE
SYSTEM, INC. AND AFFILIATES GROUP RETURN.

FORM 990, PART III, LINE 1:

THE MISSION OF THE WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION (THE
FOUNDATION) IS TO CULTIVATE, SECURE AND STEWARD PHILANTHROPIC GIFTS THAT
WILL SUPPORT THE CAPITAL, PROGRAMMATIC AND ENDOWMENT NEEDS OF
WENTWORTH-DOUGLASS HOSPITAL.

THE FOUNDATION WAS ESTABLISHED IN 2003 FOR THE PURPOSE OF CULTIVATING,
SECURING, AND STEWARDING PHILANTHRPIC GIFTS THAT WILL SUPPORT THE
CAPITAL, PROGRAMMATIC, AND ENDOWMENT NEEDS OF THE HOSPITAL AND ITS

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION	Employer identification number 51-0491062
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AFFILIATES.

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

TRUSTEES ROGER HAMEL AND DAVID VERNO, BOTH DIRECTORS OF THE FOUNDATION
HAVE A BUSINESS RELATIONSHIP AS THEY ARE BOTH SERVE AS VICE PRESIDENT,
PARTNERS AT LEONE, MCDONNELL & ROBERTS, PROFESSIONAL ASSOCIATION

BOTH OFFICERS GREG WALKER AND PETER WALCEK HAVE A BUSINESS RELATIONSHIP
AS THEY BOTH SERVE ON THE BOARD OF MANAGERS OF A HOSPITAL JOINT VENTURE.

FORM 990, PART VI, SECTION A, LINE 4:

PURSUANT TO THE TRANSACTION DESCRIBED IN LINE 6, THE FOUNDATION BYLAWS
WERE UPDATED TO REFLECT THE CHANGES IN THE SOLE CORPORATE MEMBER OF THE
FOUNDATION AND POWERS ARE AS DESCRIBED IN LINE 7B.

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

EFFECTIVE JANUARY 1, 2017, MASSACHUSETTS GENERAL HOSPITAL (MGH) BECAME
THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF THE HOSPITAL.
CONTEMPORANEOUSLY, THE HOSPITAL BECAME THE SOLE CORPORATE MEMBER AND
PARENT ORGANIZATION OF THE FOUNDATION, WDPC, AND THE WENTWORTH-DOUGLASS
COMMUNITY HEALTH CORPORATION (WDCHC). AS PART OF THE TRANSACTION, WDHS
WAS SPUN OFF WITH THE PURPOSE OF MONITORING THE INTEGRATION OF THE
HOSPITAL INTO MGH.

PURSUANT TO THE FOUNDATION'S BYLAWS (ARTICLE III, PARAGRAPH 2), THE
HOSPITAL SHALL BE ENTITLED TO APPOINT AND REMOVE DIRECTORS OF THE

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION	Employer identification number 51-0491062
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FOUNDATION, AS WELL AS THE ELECTION OF ALL FOUNDATION DIRECTORS. THE MEMBER SHALL ALSO BE ENTITLED TO ONE VOTE ON ALL OTHER MATTERS TO BE VOTED ON BY A MEMBER OF A NONPROFIT CORPORATION. ADDITIONALLY, CERTAIN RESERVED POWERS AND AUTHORITIES OF THE FOUNDATION'S BOARD OF TRUSTEES ARE SUBJECT TO THE APPROVAL OF THE HOSPITAL'S GOVERNING BODY.

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

EFFECTIVE JANUARY 1, 2017, WITH MGH BECOMING THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF THE HOSPITAL, THE HOSPITAL WILL APPOINT THE BOARD MEMBERS FOR THE FOUNDATION.

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

ALL POWERS OF THE FOUNDATION SHALL BE EXERCISED BY AND UNDER THE AUTHORITY OF FOUNDATION BOARD OF DIRECTORS, AND THE BUSINESS, PROPERTY AND AFFAIRS OF THE FOUNDATION SHALL BE MANAGED UNDER THE FOUNDATION BOARD'S DIRECTION. PROVIDED, HOWEVER, THAT NONE OF THE FOLLOWING ACTIONS SHALL BE EFFECTIVE UNLESS APPROVED BY THE BOARD OF THE HOSPITAL IN ITS CAPACITY AS SOLE-MEMBER OF THE FOUNDATION:

- (A) MAY RECOMMEND THE ADOPTION OR AMENDMENT OF THESE BYLAWS OR THE ARTICLES OF INCORPORATION;
- (B) MERGER OR CONSOLIDATION WITH ANY OTHER ENTITY;
- (C) DISSOLUTION AND DISTRIBUTION OF ASSETS IN CONNECTION THEREWITH;
- (D) ELECTION OF DIRECTORS OF THIS FOUNDATION;
- (E) MAY REVIEW AND RECOMMEND THE ADOPTION OF INVESTMENT POLICIES AND SELECTION OF INVESTMENT ADVISORS;
- (F) MAY REVIEW AND RECOMMEND THE INVESTMENT OF RESTRICTED GIFTS;

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION	Employer identification number 51-0491062
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(G) MAY REVIEW THE ANNUAL AUDIT OF PARTNERS AND ITS AFFILIATED ORGANIZATIONS CONDUCTED BY THE INDEPENDENT AUDITORS SELECTED BY PARTNERS, AND MAKE SUCH INQUIRES OF SUCH INDEPENDENT AUDITORS, MEMBERS OF THE PARTNERS AUDIT AND COMPLIANCE COMMITTEE, PARTNERS INTERNAL AUDIT SERVICES AND/OR PARTNERS MANAGEMENT AS THE FOUNDATION DEEMS NECESSARY OR APPROPRIATE REGARDING ANY MATERIAL MATTERS RELATING TO THE FOUNDATION THAT ARISE OUT OF SUCH AUDIT;

(H) MAY REVIEW AND RECOMMEND APPROVAL OF ITS OPERATING AND CAPITAL BUDGETS TO THE HOSPITAL BOARD OF DIRECTORS;

(I) ACCEPTANCE OF GIFTS THAT: (1) ARE CONTINGENT UPON ACTIONS OF THE HOSPITAL OR ITS OTHER SUBSIDIARIES; (2) ARE LIMITED TO USE, BY OR BENEFIT OF, HOSPITAL OR ITS SUBSIDIARIES; OR (3) REQUIRE ANY PAYOUT FROM THE HOSPITAL OR ONE OF ITS SUBSIDIARIES;

(J) DONATION OR TRANSFER OF ANY ASSET WITH AN AGGREGATE VALUE IN EXCESS OF THE AMOUNT SPECIFIED BY THE FOUNDATION BOARD POLICY;AND

(K) ANY OTHER MATTER THAT WOULD REQUIRE THE APPROVAL OF THE MEMBER OF A NEW HAMPSHIRE NON-PROFIT CORPORATION.

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

A DRAFT OF THE FORM 990 IS INITIALLY REVIEWED IN DETAIL BY THE HOSPITAL'S FINANCE COMMITTEE AND KEY EMPLOYEES. THEREAFTER, THE FINAL DRAFT IS PRESENTED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. EACH MEMBER OF THE BOARD IS PROVIDED WITH A DRAFT OF THE FORM 990 IN ADVANCE OF EACH MEETING.

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION	Employer identification number 51-0491062
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FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. ALL ARE REQUIRED TO REPORT ANY CONFLICTS AND SIGN, DATE, AND RETURN THE POLICY, WHETHER OR NOT A CONFLICT EXISTS, TO CONFIRM COMPLIANCE CONFLICTS ARE DISCLOSED IN ACCORDANCE WITH STATE OF NEW HAMPSHIRE RSA 7:19-A, IN THE LOCAL NEWSPAPER AND SUBMITTED TO THE NEW HAMPSHIRE ATTORNEY GENERAL.

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

CEO'S COMPENSATION: THE COMPENSATION AND BENEFITS OF WENTWORTH-DOUGLASS HOSPITAL ARE REVIEWED, ADJUSTED AND VOTED ON BY ALL INDEPENDENT MEMBERS OF THE HOSPITAL BOARD ANNUALLY. SEE THE HOSPITAL'S SEPARATE FORM 990 FOR FURTHER DETAILS.

THE FOUNDATION EXECUTIVE DIRECTOR'S COMPENSATION: THE HOSPITAL CEO REVIEWS THE DIRECTOR'S COMPENSATION ANNUALLY AND DETERMINES COMPENSATION BASED ON PERFORMANCE, SALARY RANGES AND MARKET COMPETITIVE DATA. COMPENSATION DATA IS PROVIDED BY AN INDEPENDENT NATIONAL CONSULTING FIRM EVERY OTHER YEAR. COMPENSATION OF KEY EMPLOYEES: THE CEO REVIEWS THE SALARIES OF KEY EMPLOYEES ANNUALLY AND RECOMMENDS COMPENSATION BASED ON PERFORMANCE, SALARY RANGES AND MARKET COMPETITIVE DATA. COMPENSATION DATA IS PROVIDED BY AN INDEPENDENT NATIONAL CONSULTING FIRM EVERY OTHER YEAR. THE CEO PRESENTS SALARY RANGE DATA FOR KEY EMPLOYEES TO THE BOARD ANNUALLY FOR APPROVAL. USING THE BOARD APPROVED SALARY RANGE DATA, THE CEO RECOMMENDS SALARY INCREASES FOR VICE PRESIDENTS TO THE HOSPITAL BOARD FOR APPROVAL AND THE VICE PRESIDENTS RECOMMENDS SALARY INCREASES FOR

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION	Employer identification number 51-0491062
--	--

DIRECTORS AND OTHER MANAGEMENT POSITIONS TO THE CEO, FOR APPROVAL. ALL COMPENSATION FOR VICE PRESIDENTS AND ABOVE REQUIRES FINAL APPROVAL BY THE HOSPITALS' INDEPENDENT BOARD MEMBERS.

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

THE FOUNDATION FILES AUDITED FINANCIAL STATEMENTS ANNUALLY WITH THE NEW HAMPSHIRE ATTORNEY GENERAL'S CHARITABLE TRUST UNIT AND INFORMED THE DIRECTOR OF CHARITABLE TRUSTS OF ANY PECUNIARY BENEFIT TRANSACTIONS THAT HAVE OCCURRED BETWEEN THE FOUNDATION AND A BOARD MEMBER OR OFFICER. NOTICES OF SUCH TRANSACTIONS OF \$5,000 OR MORE ARE ALSO PUBLISHED IN THE LOCAL NEWSPAPER IN ACCORDANCE WITH NH RSA 7:19-A, II(D). CURRENT COPIES OF THE BYLAWS, CONFLICT OF INTEREST POLICY, AND FORM 990 ARE ON FILE WITH THE CHARITABLE TRUST UNIT.

FORM 990, PART VII, SECTION A:

AS THIS RETURN COVERS THE PERIOD 1/1/2017 THROUGH 9/30/2017, THERE WAS NO REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AS COMPENSATION FOR THE CALENDAR YEAR 2017 WILL BE REPORTED WITHIN THE 2018 FORM 990. GREGORY J. WALKER AND PETER E. WALCEK EACH WORKED AN AVERAGE OF 55 HOURS PER WEEK. OF THE RESPECTIVE HOURS WORKED BY EACH, AN AVERAGE OF 2 HOURS PER WEEK WAS DEDICATED TO THE FOUNDATION. FOR ADMINISTRATIVE PURPOSES, THEIR RESPECTIVE TOTAL COMPENSATION AND THAT FOR KELLY MACLEAN CLARK, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, IS PAID IN ITS ENTIRETY BY THE HOSPITAL. MS. CLARK DEVOTES 50% OF HER TIME TO THE FOUNDATION.

FORM 990, PART VIII:

CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS: IN ADDITION TO THE

Name of the organization WENTWORTH-DOUGLASS HOSPITAL AND HEALTH FOUNDATION	Employer identification number 51-0491062
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FUNDRAISING ACTIVITY AND CONTRIBUTIONS REPORTED ON THIS FORM 990, THE HOSPITAL ALSO RECEIVED DIRECT CONTRIBUTIONS AND GRANTS THAT ARE, IN PART, DUE TO THE SYNERGISTIC EFFECT OF THE FOUNDATION. THE HOSPITAL CONTRIBUTIONS AND GRANTS RECEIVED, AND NOT REFLECTED IN THIS FORM 990 TOTALED \$57,085 FOR 2017.

FORM 990, PART XI, LINE 9, CHANGE IN NET ASSETS:
NET TRANSFER FROM WENTWORTH-DOUGLASS HOSPITAL \$307,319

EFFECTIVE DECEMBER 28, 2017, ALL EXISTING DEBT, SERIES 2011A, 2016A AND 2016B, WAS REFINANCED VIA AN INTERCOMPANY LOAN WITH PARTNERS HEALTHCARE. THE PRINCIPAL AMOUNT OF THIS LOAN TOTALED \$105,505,000, AND CARRIES AN INTEREST RATE BASED ON THE BLENDED RATE OF PARTNERS DEBT, WHICH IS RESET ANNUALLY ON OCTOBER 1ST. THE INTERCOMPANY DEBT IS SCHEDULED TO MATURE ON JANUARY 15, 2041.

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	117,750.
TOTAL	<u>117,750.</u>

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	291,859.	72,667.	214,192.
TOTALS	<u>291,859.</u>	<u>72,667.</u>	<u>214,192.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTH FOUNDATION

WENTWORTH-DOUGLASS HOSPITAL AND
FOUNDATION

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

Employer identification number
51-0491062

OMB No. 1545-0047

2017

Open to Public
Inspection

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVENUE DOVER, NH 03820 02-0260334	HEALTH CARE	NH	501 (C) (3)	LINE 3	WDH		X
(2)	WENTWORTH-DOUGLASS PHYSICIAN CORP 789 CENTRAL AVENUE DOVER, NH 03820 02-0497927	HEALTH CARE	NH	501 (C) (3)	LINE 3	WDH		X
(3)	THE MASSACHUSETTS GENERAL HOSPITAL (MGH) 55 FRUIT STREET BOSTON, MA 02114 04-1564655	HEALTHCARE	MA	501 (C) (3)	7	PHS		X
(4)	THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114 04-2697983	HOSPITAL	MA	501 (C) (3)	3	MGH		X
(5)	MASSACHUSETTS GENERAL HOSPITAL ORG. 55 FRUIT STREET BOSTON, MA 02114 04-2807148	HEALTHCARE	MA	501 (C) (3)	9	MGH		X
(6)	THE MGH HEALTH SERVICES CORPORATION 55 FRUIT STREET BOSTON, MA 02114 22-2717383	HEALTHCARE	MA	501 (C) (3)	11A	MGH		X
(7)	THE MGH INSTITUTE OF HEALTH PROFESSIONS 36 FIRST AVENUE CHARLESTOWN, MA 02129 04-2868893	MED EDUCATION	MA	501 (C) (3)	2	MGH		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL AND

HEALTH FOUNDATION

Employer identification number

51-0491062

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MCLEAN HOSPITAL, INC (MHC) 115 MILL STREET BELMONT, MA 02478 20-4572876	ADMIN SUPPORT	MA	501 (C) (3)	11A	MGH		X
(2)	THE MCLEAN HOSPITAL CORPORATION 115 MILL STREET BELMONT, MA 02478 04-2697981	HOSPITAL	MA	501 (C) (3)	3	MHC		X
(3)	MARTHA'S VINEYARD HOSPITAL, INC. (MVR) LINTON LANE, P O BOX 1477 OAK BLUFFS, MA 02557 04-2104691	HEALTHCARE	MA	501 (C) (3)	3	MGH		X
(4)	MNR, INC 1 LINTON LANE OAK BLUFFS, MA 02557 04-3419920	NURSING SVCS.	MA	501 (C) (3)	9	MVH		X
(5)	NANTUCKET COTTAGE HOSPITAL (NCH) 57 PROSPECT STREET NANTUCKET, MA 02554 04-2103823	HOSPITAL	MA	501 (C) (3)	3	MGH		X
(6)	NANTUCKET COTTAGE HOSPITAL FOUNDATION 57 PROSPECT STREET NANTUCKET, MA 02554 04-3829745	ADMIN SUPPORT	MA	501 (C) (3)	11A	NCH		X
(7)	BRIGHAM HEALTH (BH) 75 FRANCIS STREET BOSTON, MA 02115 04-2921338	ADMIN SUPPORT	MA	501 (C) (3)	7	PHS		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization
HEALTH FOUNDATION

WENTWORTH-DOUGLASS HOSPITAL AND

Employer identification number
51-0491062

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	THE BRIGHAM AND WOMEN'S HOSPITAL (BMH) 75 FRANCIS STREET BOSTON, MA 02115 04-2312909	HOSPITAL	MA	501 (C) (3)	3	BH	X	
(2)	BIOSCIENCES RESEARCH FOUNDATION, INC. 75 FRANCIS STREET BOSTON, MA 02115 22-2483849	PROMOTE RES.	MA	501 (C) (3)	11A	BH	X	
(3)	BHW RESEARCH, INC 75 FRANCIS STREET BOSTON, MA 02115 04-3011445	MED RESEARCH	MA	501 (C) (3)	11A	BH	X	
(4)	BRIGHAM COMMUNITY PRACTICES, INC. 75 FRANCIS STREET BOSTON, MA 02115 22-2588069	HEALTHCARE	MA	501 (C) (3)	9	BH	X	
(5)	BRIGHAM AND WOMEN'S PHYS ORG (BWPO) 75 FRANCIS STREET BOSTON, MA 02115 04-3466314	HEALTHCARE	MA	501 (C) (3)	9	BH	X	
(6)	BRIGHAM MEDICAL RES & EDU FOUNDATION 75 FRANCIS STREET BOSTON, MA 02115 04-3539249	MED RES & EDU	MA	501 (C) (3)	11A	BWPO	X	
(7)	BRIGHAM & WOMEN'S PADAKNER HOSP. (BWFH) 1153 CENTRE STREET BOSTON, MA 02130 04-2768256	HOSPITAL	MA	501 (C) (3)	3	BWHC	X	

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

WENTWORTH-DOUGLASS HOSPITAL AND

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL AND

HEALTH FOUNDATION

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

Open to Public
Inspection

Employer identification number

51-0491062

2017

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	VILLAGE MANOR NURSING HOME, INC 1153 CENTRE STREET BOSTON, MA 02130 04-2775265	NURSING HOME	MA	501 (C) (3)	3	BWFH	X	
(2)	PARTNERS CONTINUING CARE, INC (PCC) PRUDENTIAL TOWER, 800 BOYLSTON BOSTON, MA 02199 26-0003495	ADMIN SUPPORT	MA	501 (C) (3)	11A	PHS	X	
(3)	SPAULDING REHABILITATION HOSPITAL CORP. 300 FIRST AVENUE CHARLESTOWN, MA 02129 04-2551124	HOSPITAL	MA	501 (C) (3)	3	PCC	X	
(4)	REHAB HOSPITAL OF THE CAPE & ISLANDS 311 SERVICE ROAD EAST SANDWICH, MA 02537 04-3071419	HOSPITAL	MA	501 (C) (3)	3	PCC	X	
(5)	SHAUGHNESSY-KAPLAN REHABILITATION HOSP. DOVE AVENUE SALEM, MA 01970 04-3067082	HEALTHCARE	MA	501 (C) (3)	3	PCC	X	
(6)	PARTNERS HOME CARE, INC (PHC) 281 WINTER STREET WALTHAM, MA 02451 04-2918280	HOME HEALTH	MA	501 (C) (3)	9	PCC	X	
(7)	PRC, INC 101 MERRINAC STREET BOSTON, MA 02114 22-2632121	HEALTHCARE	MA	501 (C) (3)	3	PCC	X	

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL AND

Employer identification number

51-0491062

HEALTH FOUNDATION

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NSMC HEALTHCARE, INC. (NSHC) 81 HIGHLAND AVENUE SALEM, MA 01970 04-3294420	ADMIN SUPPORT	MA	501 (C) (3)	11A	PHS	X	
(2)	NORTH SHORE MEDICAL CENTER, INC 81 HIGHLAND AVENUE SALEM, MA 01970 04-3399616	HOSPITAL	MA	501 (C) (3)	3	NSHC	X	
(3)	NORTH SHORE PHYSICIANS GROUP, INC. 81 HIGHLAND AVENUE SALEM, MA 01970 04-3080484	HEALTHCARE	MA	501 (C) (3)	11A	NSHC	X	
(4)	NEWTON-WELLESLEY HEALTHCARE SYSTEM (NWHC) 2014 WASHINGTON STREET NEWTON, MA 02462 04-2103611	ADMIN SUPPORT	MA	501 (C) (3)	11A	PHS	X	
(5)	NEWTON-WELLESLEY HOSPITAL 2014 WASHINGTON STREET NEWTON, MA 02462 04-2103611	HOSPITAL	MA	501 (C) (3)	3	NWHC	X	
(6)	NEWTON-WELLESLEY AMBULATORY SERVICES 2014 WASHINGTON STREET NEWTON, MA 02462 04-3455952	HEALTHCARE	MA	501 (C) (3)	11A	NWHC	X	
(7)	NEWTON-WELLESLEY HOSP CHARITABLE FOUN. 2014 WASHINGTON STREET NEWTON, MA 02462	FUNDRAISING	MA	501 (C) (3)	7	NWHC	X	

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Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL AND

HEALTH FOUNDATION

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

Employer identification number

51-0491062

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NEWTON-WELLESLEY CHILDREN'S CORNER, INC 2014 WASHINGTON STREET NEWTON, MA 02462	CHILD CARE	MA	501 (C) (3)	9	NWHC	X	
(2)	PARTNERS MEDICAL INTERNATIONAL, INC. 100 CAMBRIDGE STREET BOSTON, MA 02114	MED. TRAINING	MA	501 (C) (3)	11A	PHS	X	
(3)	SPAULDING HOSPITAL - CAMBRIDGE, INC. 1575 CAMBRIDGE STREET CAMBRIDGE, MA 02148	HOSPITAL	MA	501 (C) (3)	3	PCC	X	
(4)	NANTUCKET PHYSICIAN ORGANIZATION, INC 57 PROSPECT STREET NANTUCKET, MA 02554	HEALTHCARE	MA	501 (C) (3)	9	MGH	X	
(5)	NEIGHBORHOOD HEALTH PLAN, INC. (NHP) 253 SUMMER STREET BOSTON, MA 02210	INSURANCE	MA	501 (C) (4)	NONE	PHS	X	
(6)	COMMUNITY MEDICAL ALLIANCE, INC 253 SUMMER STREET BOSTON, MA 02210	INSURANCE	MA	501 (C) (3)	11A	NHP	X	
(7)	COOLEY DICKINSON HOSPITAL, INC. 30 LOCUST STREET NORTHAMPTON, MA 01060	HOSPITAL	MA	501 (C) (3)	3	CDHCC	X	

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

WENTWORTH-DOUGLASS HOSPITAL AND

Employer identification number

51-0491062

HEALTH FOUNDATION

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	VNA & HOSPICE OF COOLEY DICKINSON, INC. 168 INDUSTRIAL DRIVE NORTHAMPTON, MA 01060 04-2104788	HOME HEALTH	MA	501 (C) (3)	9	CDHCC	X	
(2)	COOLEY DICKINSON HEALTH CARE CORP. CDHCC 30 LOCUST STREET NORTHAMPTON, MA 01060 04-2103561	ADMIN SUPPORT	MA	501 (C) (3)	11B	MGH	X	
(3)	CD PRACTICE ASSOCIATES, INC P O BOX 911 NORTHAMPTON, MA 01060 04-3194547	HEALTHCARE	MA	501 (C) (3)	9	CDHCC	X	
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WENTWORTH SURGERY CENTER, LLC P O BOX 71 SOMERSWORTH, NH 03	SURGERY CENTE	NH	N/A						0			
(2) PHS BAY COLONY FUND 13-3887448 245 PARK AVENUE NEW YORK, NY 1	INVESTMENTS	DE	PPIA	EXCLUDED	384,450	184,773		X	0		X	93 8700
(3) WELINGTON TRUST CO 04-665759 280 CONGRESS STREET BOSTON, MA	INVESTMENTS	MA	PPIA	EXCLUDED	606,064	0		X	0		X	80 3100
(4) PHS POOLED INVEST 04-3268842 101 MERRIMAC STREET BOSTON, MA	INVESTMENTS	MA	PHS	EXCLUDED	314,205,038	8,236,155,545		X	0		X	100 0000
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) WENTWORTH-DOUGLASS COMMUNITY & HEAL 789 CENTRAL AVENUE DOVER, NH 03820 02-0399963	HEALTH FITNESS	NH	NONE	C CORP					
(2) NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORG 2014 WASHINGTON STREET NEWTON, MA 02462 04-3209749	HEALTHCARE	MA	NWHC	C CORP	4,675,275	10,113,926	100 0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)	WENTWORTH-DOUGLASS HOSPITAL	O	219,559.	ACTUAL PER BOOK
(2)	WENTWORTH-DOUGLASS HOSPITAL	R	307,319.	ACTUAL PER BOOK
(3)				
(4)				
(5)				
(6)				

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

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

Table with columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V - UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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