Tel: 617-422-0700
Fax: 617-422-0909
www.bdo.com

One International Place
Boston, MA 02110

August 14, 2019

Harrington Memorial Hospital, Inc.
100 South Street
Southbridge, MA 01550-8002

Dear Tom,

Enclosed are the following income tax returns prepared on behalf of Harrington Memorial Hospital, Inc. for the year ended September 30, 2018.

2017 990 - Return of Organization Exempt from Income Tax
2017 8879-EO - IRS E-file Signature Authorization Form
2017 Schedule A - Public Charity Status and Public Support
2017 Schedule B - Schedule of Contributors
2017 Schedule C - Political Campaign and Lobbying Activities
2017 Schedule D - Supplemental Financial Statements
2017 Schedule H - Hospitals
2017 Schedule J - Compensation Information
2017 Schedule K - Supplemental Information on Tax-Exempt Bonds
2017 Schedule L - Transactions with Interested Persons
2017 Schedule O - Supplemental Information to Form 990 or 990EZ
2017 Schedule R - Related Organizations and Unrelated Partnerships
2017 990-T - Exempt Organization Business Income Tax Return
2017 Massachusetts Form PC
2017 Massachusetts Form M-990T

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

A tax-exempt organization is required to provide **copies** of Form 990 if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990 "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990 to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990 in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990 the organization can disclose the internet address from which he/she can print a copy of the Form 990.

Any act of self-dealing, the making or retaining of excess business holdings, or jeopardizing investments, and the making of taxable expenditures may subject the foundation to penalty excise taxes of from 5% to 200% of the amount of the prohibited transaction. Please contact us for further information if you have questions concerning any of these prohibited transactions.

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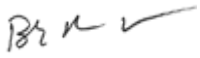
BDO is the brand name for the BDO network and for each of the BDO Member Firms.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,



Brian Vigneault
BDO USA, LLP

Enclosures

Tel: 617-422-0700
Fax: 617-422-0909
www.bdo.com

One International Place
Boston, MA 02110

Harrington Memorial Hospital, Inc.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended September 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BDO USA, LLP
ONE INTERNATIONAL PLACE
BOSTON MA 02110

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before August 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 10/01 , 2017, and ending 09/30 , 20 18

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-1878

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

04-2103577

Name and title of officer

EDWARD MOORE, CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	**1b** 147861704.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5) .	**4b**
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BDO USA, LLP to enter my PIN 2 8 4 2 2 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 08/15/2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0 4 1 2 3 9 1 3 5 3 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶ 08/15/2019

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.**

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 20 18

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 SOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code
SOUTHBRIDGE, MA 01550-8002

D Employer identification number
04-2103577

E Telephone number
(508) 765-8130

G Gross receipts $ 148,361,398.

F Name and address of principal officer: EDWARD MOORE
100 SOUTH STREET SOUTHBRIDGE, MA 01550-8002

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HARRINGTONHOSPITAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1928 **M** State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CHARITABLE - TO PROVIDE HIGH QUALITY MEDICAL SERVICES IN A COST EFFICIENT AND COST EFFECTIVE MANNER TO THE RESIDENTS OF SOUTH CENTRAL MASSACHUSETTS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14.
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14.
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	1,580.
6	Total number of volunteers (estimate if necessary)	**6**	474.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,080,312.
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	392,380.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,889,054.	617,603.
9	Program service revenue (Part VIII, line 2g)	135,310,761.	140,287,237.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,667,235.	5,013,186.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,280,515.	1,943,678.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,147,565.	147,861,704.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79,684,458.	76,311,750.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 572,672.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,699,964.	59,121,824.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	133,384,422.	135,433,574.
19	Revenue less expenses. Subtract line 18 from line 12	11,763,143.	12,428,130.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	140,672,194.	137,786,230.
21	Total liabilities (Part X, line 26)	66,453,360.	62,481,713.
22	Net assets or fund balances. Subtract line 21 from line 20	74,218,834.	75,304,517.

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 — Date: 08/15/2019

▶ EDWARD MOORE CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRIAN VIGNEAULT	BV	08/15/2019		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) ☒ Yes ☐ No

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

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:

THE PRIMARY MISSION OF THE HOSPITAL IS TO PROVIDE HIGH QUALITY MEDICAL SERVICES IN A COST EFFICIENT MANNER TO THE RESIDENTS OF SOUTH CENTRAL MASSACHUSETTS.

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 $ 52,038,282. including grants of $) (Revenue $ 68,540,057.)

THE OPERATION OF AN ACUTE CARE HOSPITAL, WHICH HAD OVER 285,000 OUTPATIENT VISITS DURING THE YEAR ENDED SEPTEMBER 30, 2017.

4b (Code:) (Expenses $ 34,352,951. including grants of $) (Revenue $ 39,579,777.)

THE OPERATION OF AN ACUTE CARE HOSPITAL, WHICH PROVIDED 20,073 DAYS OF INPATIENT CARE DURING THE YEAR ENDED SEPTEMBER 30, 2018. IN FY 2018 THE HOSPITAL HAD 113 BEDS AND 12 NURSERIES.

4c (Code:) (Expenses $ 17,456,865. including grants of $) (Revenue $ 35,120,008.)

THE OPERATION OF AN ACUTE CARE HOSPITAL, WHICH PROVIDED TREATMENT FOR 41,914 EMERGENCY ROOM VISITS DURING THE YEAR ENDED SEPTEMBER 30, 2018.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 103,848,098.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	78		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . .	**2a**	1,580		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)	**2b**		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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?	2	X	
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? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a	X	
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?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA,

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 ☒ 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: ▶ TOM SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550 508-765-8130

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) JOSE DINGUI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(2) ANTHONY M. DETARANDO	1.00									
DIRECTOR	0.	X						0.	0.	0.
(3) ANTHONY JAY DETARANDO	1.00									
PAST CHAIR	0.	X						0.	0.	0.
(4) PIOTR GRABIAS, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5) JOHN MICHAEL MCGLONE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6) FRANCIS POWERS, MD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) JAMES WADDICK	1.00									
PAST CHAIR	0.	X						0.	0.	0.
(8) ROBERT MUENZBERG, JR.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) MARK PALMERINO	1.00									
CHAIR	0.	X						0.	0.	0.
(10) DEBORAH BOYD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) KATHLEEN CHARETTE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) MICHAEL ENGEL	1.00									
SECRETARY	0.	X						0.	0.	0.
(13) JAMES FAUST	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) RANDALL V. BECKER	1.00									
VICE CHAIR	0.	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) EDWARD H. MOORE	40.00									
PRESIDENT/CEO	0.			X				749,244.	0.	53,395.
(16) THOMAS SULLIVAN	40.00									
VICE PRESIDENT/TREASURER	0.			X				374,852.	0.	43,925.
(17) ARTHUR RUSSO, M.D.	32.00									
VP OF MEDICAL AFFAIR	0.				X			330,588.	0.	39,996.
(18) THOMAS HIJECK	40.00									
VP OF NURSING	0.				X			222,513.	0.	25,440.
(19) HAROLD R. LEMIEUX	40.00									
VP AND CIO	0.				X			224,550.	0.	16,866.
(20) CHRISTOPHER CANNIFF	40.00									
VP OF HR	0.				X			198,742.	0.	2,603.
(21) JAMES SULLIVAN, JR., MD	40.00									
PHYSICIAN	0.					X		514,098.	0.	33,294.
(22) JARRETT M. BURNS, MD	30.00									
PHYSICIAN	0.					X		346,303.	0.	20,252.
(23) ANDREW MARINO, MD	30.00									
PHYSICIAN	0.					X		383,546.	0.	24,972.
(24) MARIE KING	30.00									
PHYSICIAN	0.					X		352,198.	0.	20,506.
(25) TINA RENDER	40.00									
PHYSICIAN	0.					X		356,054.	0.	22,334.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								4,052,688.	0.	303,583.
d Total (add lines 1b and 1c) ▶								4,052,688.	0.	303,583.

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 ▶ 103

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶ 109

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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	617,603.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f ▶		617,603.			
Program Service Revenue			**Business Code**				
	2a	NET PATIENT SERVICE REVENUE	900099	135,579,731.	134,499,419.	1,080,312.	
	b	CONTRACT REVENUE	900099	2,618,741.	2,618,741.		
	c	OTHER CLINICAL REVENUE	900099	2,088,765.	2,088,765.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		140,287,237.			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,768,652.			2,768,652.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents	305,843.				
	b	Less: rental expenses	499,694.				
	c	Rental income or (loss)	-193,851.				
	d	Net rental income or (loss) ▶		-193,851.			-193,851.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,201,585. / 42,949.				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	2,201,585. / 42,949.				
	d	Net gain or (loss) ▶		2,244,534.			2,244,534.
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events ▶		0.			
	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	PHARMACY	900099	957,745.	957,745.		
	b	INCENTIVE PAYMENTS	900099	213,817.	213,817.		
	c	CAFETERIA	900099	612,966.	612,966.		
	d	All other revenue	900099	353,001.	353,001.		
	e	**Total.** Add lines 11a-11d ▶		2,137,529.			
	12	**Total revenue.** See instructions. ▶		147,861,704.	141,344,454.	1,080,312.	4,819,335.

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
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	2,052,031.		2,052,031.	
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	61,124,223.	53,266,881.	7,669,290.	188,052.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,296,398.	1,093,054.	199,485.	3,859.
9 Other employee benefits	7,515,152.	6,336,379.	1,156,403.	22,370.
10 Payroll taxes	4,323,946.	3,645,723.	665,353.	12,870.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	124,929.		124,929.	
c Accounting	123,575.		123,575.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	13,622,243.	4,261,675.	9,323,776.	36,792.
12 Advertising and promotion	211,408.	2,726.		208,682.
13 Office expenses	1,109,579.	341,013.	764,958.	3,608.
14 Information technology	1,768,820.	100,062.	1,664,708.	4,050.
15 Royalties	0.			
16 Occupancy	6,546,596.	2,767,154.	3,779,442.	
17 Travel	152,437.	106,579.	44,657.	1,201.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	66,258.	36,134.	27,056.	3,068.
20 Interest	787,061.	26.	787,035.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,935,305.	4,799,046.	1,108,797.	27,462.
23 Insurance	1,185,798.	921,621.	264,177.	
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 MEDICAL/SURGICAL SUPPLIES	8,844,417.	8,784,116.	60,301.	
b PHARMACEUTICALS	7,368,440.	7,368,440.		
c PHYSICIAN FEES	5,861,526.	5,843,039.	18,487.	
d DEPARTMENTAL SUPPLIES & EXPE	5,413,432.	4,174,430.	1,178,344.	60,658.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	135,433,574.	103,848,098.	31,012,804.	572,672.
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 ▶ ☐ 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	3,742,937.	1	2,970,003.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	15,270,716.	4	16,095,915.
	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	436,194.	7	509,253.
	8	Inventories for sale or use	1,521,743.	8	1,549,214.
	9	Prepaid expenses and deferred charges	1,528,265.	9	1,895,236.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 150,808,213.			
	b	Less: accumulated depreciation — 10b: 104,508,117.	46,506,533.	10c	46,300,096.
	11	Investments - publicly traded securities ATCH 3	71,509,930.	11	67,293,304.
	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	155,876.	15	1,173,209.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	140,672,194.	16	137,786,230.
Liabilities	17	Accounts payable and accrued expenses	25,487,495.	17	27,035,020.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	30,065,214.	20	28,179,039.
	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	10,900,651.	25	7,267,654.
	26	**Total liabilities.** Add lines 17 through 25	66,453,360.	26	62,481,713.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	65,837,449.	27	67,361,889.
	28	Temporarily restricted net assets	1,748,436.	28	1,295,060.
	29	Permanently restricted net assets	6,632,949.	29	6,647,568.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] 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	74,218,834.	33	75,304,517.
	34	Total liabilities and net assets/fund balances	140,672,194.	34	137,786,230.

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	147,861,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,433,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,428,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,218,834.
5	Net unrealized gains (losses) on investments	5	-1,124,837.
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	-10,217,610.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,304,517.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	**Employer identification number**
HARRINGTON MEMORIAL HOSPITAL, INC.	04-2103577

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 . . . . . ▶ ☐

b **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 . . . . . ▶ ☐

b **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

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

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 ▶ ☐

b **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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	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.*	3c		
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.*	4a		
b	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.*	4b		
c	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.*	4c		
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).*	5a		
b	**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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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).*	7		
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).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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.***	9c		
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.*	10a		
b	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.)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
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.***	11c		

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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
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.*	2a		
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.*	2b		
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.***	3a		
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.*	3b		

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 B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Name of the organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC. | Employer identification number 04-2103577

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF LORRAINE J. MARTEL 334 MAIN ST. STURBRIDGE, MA 01550	$ 21,504.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ESTATE OF VIRGINIA B. DECATALDI 19 KNOLLWOOD DR SOUTHBRIDGE, MA 01550	$ 18,345.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	ARTHUR REMILLARD 1400 SOUTH OCEAN BOULEVARD #306 BOCA RATON, FL 33432	$ 130,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	HYDE GROUP, INC. 54 EASTFORD RD SOUTHBRIDGE, MA 01550	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	ALAN & ELIZABETH PEPPEL 94 PARADISE LN FISKDALE, MA 01518	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	WEBSTER FIVE FOUNDATION 136 THOMPSON RD WEBSTER, MA 01570	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC. | Employer identification number 04-2103577

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SOUTHBRIDGE CREDIT UNION PO BOX F SOUTHBRIDGE, MA 01570	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	FALLON HEALTH 10 CHESTNUT ST WORCESTER, MA 01608	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	FIDUCIARY INVESTMENT ADVISORS, LLC 100 NORTHFIELD DR WINDSOR, CT 06095	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	OVERLOOK HEALTH & REHABILITATION CENTER 88 MASONIC HOME RD CHARLTON, MA 01507	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	HARVARD MEDICAL FACULTY PHYSICIANS 330 BROOKLINE AVE BOSTON, MA 02215	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	ANTHONY M. DETARANDO 32 BENTWOOD DR STURBRIDGE, MA 01566	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC. | Employer identification number 04-2103577

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DIGIORGIO ASSOCIATES/ MONITOR BUILDERS 225 FRIEND ST BOSTON, MA 02114	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	PIERCE & MANDELL, P.C. 11 BEACON ST SUITE 800 BOSTON, MA 02108	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	HARRINGTON AUXILIARY 100 SOUTH STREET SOUTHBRIDGE, MA 01550-8002	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	RICHARD B. HARDY 88 MASONIC HOME RD, APT R313 CHARLTON, MA 01507	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	DEXTER RUSSELL 44 RIVER ST SOUTHBRIDE, MA 01550	$ 34,406.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	BERKELEY RESEARCH GROUP 2200 POWELL STREET STE 1200 EMERYVILLE, CA 94608	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC. | Employer identification number 04-2103577

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CORNERSTONE BANK 253 MAIN STREET SOUTHBRIDGE, MA 01550	$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	RICHARD R. CLEMENCE 28 PINEDALE ST SOUTHBRIDGE, MA 01550	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	ARAMARK GLOBAL BUSINESS SERVICES 5880 NOLENSVILLE PIKE NASHVILLE, TN 37211	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	BARTHOLOMEW ELECTRIC LLC 363 ELM ST ENFIELD, CT 06082	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	COVERYS FOUNDATION ONE FINANCIAL CENTER 13TH FL BOSTON, MA 02111	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	WEBSTER EMS PO BOX 869 WEBSTER, MA 01570	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC. | Employer identification number 04-2103577

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JOHN RAWLS 1066 DENNISON DRIVE SOUTHBRIDGE, MA 01550	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	EDWARD MOORE 26 HIDDEN BROOKE DRIVE BROOKFIELD, CT 06084	$ 7,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	ACCESS AMBULANCE 290 ARMISTICE BLVD PAWTUCKET, RI 02861	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	ALLSCRIPTS 101 LINDENWOOD DRIVE STE300 MALVERN, PA 19355	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	HAI ARCHETECTURE 64 GOTHIC STREET, SUITE 1 NORTHAMPTON, MA 01060	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	NIXON PEABODY 1300 CLINTON SQUARE ROCHESTER, NY 14604	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC. | Employer identification number 04-2103577

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	PFM-PUBLIC FINANCIAL MANAGEMENT 1735 MARKET STREET 43RD FLOOR PHILADELPHIA, PA 19103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	FESTIVAL OF GIVING TREES 444 MAIN ST. SOUTHBRIDGE, MA 01550	$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number 04-2103577

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number 04-2103577

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
HARRINGTON MEMORIAL HOSPITAL, INC.	04-2103577

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		56,252.
j Total. Add lines 1c through 1i			56,252.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

POLITICAL ACTIVITIES

THE HOSPITAL PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION. THE PORTION OF THE HOSPITAL'S ANNUAL DUES ALLOCATED TO LOBBYING BY THE ASSOCIATION WAS $6,492 FOR THE YEAR ENDED SEPTEMBER 30, 2018.

THE HOSPITAL ALSO UTILIZES THE SERVICES OF A CONSULTANT, GOVERNMENT RELATIONS GROUP, FOR GENERAL LOBBYING ON ITS BEHALF AS AN ACUTE CARE COMMUNITY HOSPITAL. TOTAL FEES PAID TO THE GROUP WERE $25,500 FOR THE YEAR ENDED SEPTEMBER 30, 2018.

THE HOSPITAL PAYS DUES TO THE MASSACHUSETTS HEALTH ASSOCIATION. THE PORTION OF THE HOSPITAL'S ANNUAL DUES ALLOCATED TO LOBBYING BY THE ASSOCIATION WAS $24,260 FOR THE YEAR ENDED SEPTEMBER 30, 2018.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

04-2103577

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,511,862.	56,432,299.	54,967,463.	56,747,795.	58,646,800.
b Contributions				1,740,261.	
c Net investment earnings, gains, and losses	2,727,908.	7,284,568.	4,438,201.	-1,790,459.	4,960,824.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,553,071.	3,205,005.	2,973,365.	1,730,134.	6,859,829.
f Administrative expenses					
g End of year balance	57,686,699.	60,511,862.	56,432,299.	54,967,463.	56,747,795.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 88.2700 %
- b Permanent endowment ▶ 11.5300 %
- c Temporarily restricted endowment ▶ _____ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,032,436.		1,032,436.
b Buildings		52,666,979.	34,188,555.	18,478,424.
c Leasehold improvements		19,718,473.	5,774,515.	13,943,958.
d Equipment		72,906,986.	61,607,663.	11,299,323.
e Other		4,483,339.	2,937,384.	1,545,955.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				46,300,096.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED SETTLEMENTS WITH THI	1,720,454.
(3) PENSION LIABILITY	4,262,267.
(4) CAPITAL LEASE OBLIGATION	439,933.
(5) HEFA LEASE	845,000.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	7,267,654.

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 [X]

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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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:

TO SUPPORT THE OPERATIONS AND FUNCTIONS OF THE ORGANIZATION.

PART X, LINE 2:

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,578,992.	989,307.	589,685.	.44
b Medicaid (from Worksheet 3, column a)			30,375,034.	33,265,564.	-2,890,530.	-2.13
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,806,511.	2,962,013.	844,498.	.62
d **Total** Financial Assistance and Means-Tested Government Programs			35,760,537.	37,216,884.	-1,456,347.	-1.07
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,264,064.	1,657,094.	606,969.	.44
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,127,268.	699,500.	427,768.	.32
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			3,391,332.	2,356,594.	1,034,737.	.76
k **Total.** Add lines 7d and 7j			39,151,869.	39,573,478.	-421,610.	-.31

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		4,891.		4,891.	
4 Environmental improvements						
5 Leadership development and training for community members	1		100,953.		100,953.	.07
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2		105,844.		105,844.	.07

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 2,214,850.			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	31,445,861.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,305,013.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-859,152.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	10 N. MAIN STREET	MEDICAL OFFICE SPACE	50.00000		
2	CENTRAL MASS COMPREH	MEDICAL FACILITY	22.00000		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HARRINGTON MEMORIAL HOSPITAL 100 SOUTH STREET SOUTHBRIDGE MA 01550-8002	X	X					X		SEE SCHED. O NOTE	
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 17			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.HARRINGTONHOSPITAL.ORG			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): HTTP://HARRINGTONHOSPITAL.ORG/FOR-PATIENTS/PA			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 400.0000 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[ ] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.HARRINGTONHOSPITAL.ORG			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[X] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	[ ] Actions that require a legal or judicial process			
e	[X] Other similar actions (describe in Section C)			
f	[ ] None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[X] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	[ ] Actions that require a legal or judicial process			
e	[X] Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** [X] Processed incomplete and complete FAP applications
- **d** [X] Made presumptive eligibility determinations
- **e** [ ] Other (describe in Section C)
- **f** [ ] None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	X	
	If "No," indicate why:			
a	[ ] The hospital facility did not provide care for any emergency medical conditions			
b	[ ] The hospital facility's policy was not in writing			
c	[ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☒ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	**23**		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	**24**	X	

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

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

PART V, SECTION B, LINE 5:

A TOTAL OF THREE FOCUS GROUPS WERE CONDUCTED WITH INDIVIDUALS REPRESENTING THESE POPULATIONS OF INTEREST IN THE HARRINGTON CATCHMENT AREA: (1) SENIOR CITIZENS (OLDER ADULTS), (2) LATINOS, AND (3) SUBSTANCE USERS IN RECOVERY. HARRINGTON LEADERSHIP CHOSE THESE POPULATIONS BASED ON THEIR IDENTIFICATION AS PARTICULARLY VULNERABLE POPULATIONS IN THE HOSPITAL CATCHMENT AREA. THE SENIOR AND RECOVERY GROUPS WERE COMPRISED OF LAY COMMUNITY MEMBERS, WHILE THE LATINO GROUP CONSISTED OF KEY STAKEHOLDERS REPRESENTING COMMUNITY ORGANIZATIONS SERVING THE LATINO POPULATION. REFER TO THE CHNA FOR FURTHER INFORMATION.

PART V, SECTION B, LINE 11:

AS NOTED ON ITS WEBSITE, THE HOSPITAL DEVELOPED A STRATEGIC PLAN TO IDENTIFY PROGRAMS AND FUTURE PROJECTS THAT WILL ENABLE THE HOSPITAL TO ADDRESS THE SIGNIFICANT NEEDS IN ITS CHNA.

PART V, SECTION B, LINE 18D:

REFERRAL TO COLLECTION AGENCY.

PART V, SECTION B, LINE 19D:

COLLECTION AGENCY ACTIVITIES.

PART V, SECTION B, LINE 22D:

PATIENT RESPONSIBLE AMOUNTS ARE BASED ON FAMILY SIZE AND RELATIONSHIP OF THE FAMILY'S INCOME TO THE FEDERAL POVERTY GUIDELINES, PER THE HOSPITAL'S

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

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

UNINSURED RELIEF POLICY. RELIEF IS AVAILABLE FOR INDIVIDUALS WHOSE FAMILY INCOME IS 400% OR LESS OF THE FEDERAL POVERTY GUIDELINES. RELIEF PROVIDED TO THE PATIENT RANGES FROM 100% RELIEF TO 20% RELIEF OF OUTSTANDING AMOUNTS DEPENDING ON FAMILY SIZE AND INCOME LEVEL.

PART V, SECTION B, LINE 24:

ALL HOSPITAL PATIENTS ARE CHARGED ACCORDING TO THE HOSPITAL'S ESTABLISHED CHARGES FOR SERVICES. IT IS INCUMBENT UPON THE PATIENT TO AVAIL HIMSELF/HERSELF OF RELIEF THROUGH THE HOSPITAL'S UNINSURED RELIEF PROGRAM.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART II, COMMUNITY BUILDING ACTIVITIES:

AFTER-CARE NURSES & HOME VISITING PROGRAMS

FREE-CARE VAN

INTERPRETER SERVICES

MENTAL HEALTH CLINIC

PREVENTIVE HEALTH DEPARTMENT (HEALTH EDUCATION, MAMMOGRAMS, ETC.)

PROVISION OF MEETING SPACES FOR RECOVERY COMMUNITY MEETINGS

SENIOR CITIZEN LUNCHES

VETERANS MEALS

VOLUNTEER PROGRAM

PART III, LINE 2:

THE ORGANIZATION USED A RATIO OF ITS TOTAL COSTS TO CHARGES APPLIED TO

ITS TOTAL BAD DEBT EXPENSE.

PART III, LINE 4:

THE ORGANIZATION PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS EQUAL TO

ESTIMATED BAD DEBT LOSSES. THE ESTIMATED LOSSES ARE BASED ON HISTORICAL

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COLLECTION EXPERIENCE TOGETHER WITH A REVIEW OF THE CURRENT STATUS OF

EXISTING RECEIVABLES.

THE ORGANIZATION USED A RATIO OF ITS TOTAL COSTS TO CHARGES TO CALCULATE

THE AMOUNT OF BAD DEBT EXPENSE AT COST.

PART III, LINE 8:

THE SHORTFALL EXPERIENCED BY THE ORGANIZATION FROM PROVIDED CARE TO

MEDICARE BENEFICIARIES SHOULD BE TREATED AS A COMMUNITY BENEFIT AS IT

REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO PROVIDING CARE TO THE FRAIL

AND ELDER CITIZENS OF THE COMMUNITY IT SERVES BEYOND THE AMOUNT IT

RECEIVES FROM THE MEDICARE PROGRAM. THIS CONTRIBUTION LEVEL IS CONSISTENT

WITH THE ORGANIZATION'S OVERALL CHARITABLE MISSION TO PROVIDE CARE TO ALL

INDIVIDUALS, REGARDLESS OF THE LEVEL OF PAYMENT RECEIVED FOR PROVIDING

THAT CARE.

THE ORGANIZATION USED A RATIO OF ITS TOTAL COSTS TO CHARGES TO CALCULATE

THE ALLOWANCE COSTS RELATED TO MEDICARE REVENUE RECEIVED.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 9B:

CO-PAYMENT AND/OR DEDUCTIBLE AMOUNTS FOR NON-EMERGENT OR NON-URGENT SERVICES IN ACCORDANCE WITH EMTALA SHALL BE COLLECTED AT TIME OF SERVICES OR REQUESTED BY SENDING A DAY AFTER LETTER. THE FIRST STATEMENT WILL INCLUDE INFORMATION ABOUT THE AVAILABILITY OF A FINANCIAL ASSISTANCE, MEDICAL HARDSHIP, BUDGETS, AND THE HOSPITAL'S UNINSURED RELIEF PROGRAM THAT MIGHT BE ABLE TO COVER THE COST OF THE HOSPITAL'S BILL, ALONG WITH NOTICE OF A PROMPT PAYMENT DISCOUNT FOR UNINSURED PATIENTS OF 20% IF PAID IN FULL WITHIN 10 BUSINESS DAYS OF RECEIVING THE FIRST STATEMENT. A TOTAL OF 3 STATEMENTS AND A FINAL NOTICE LETTER, TELEPHONE CALL ON ALL ACCOUNTS OVER $500.00, COLLECTION LETTERS, PERSONAL CONTACT NOTICES, DAY AFTER LETTER TO COLLECT COPAY AND/OR DEDUCTIBLE AT TIME OF SERVICE, COMPUTER NOTIFICATIONS, OR ANY OTHER NOTIFICATION METHOD THAT CONSTITUTES A GENUINE EFFORT TO CONTACT THE PARTY RESPONSIBLE FOR THE OBLIGATION. DOCUMENTATION OF ALL COLLECTION EFFORTS TO LOCATE THE PARTY RESPONSIBLE FOR THE OBLIGATION OR THE CORRECT ADDRESS ON BILLINGS. SENDING A FINAL NOTICE BY CERTIFIED MAIL FOR UNINSURED PATIENTS (THOSE WHO ARE NOT ENROLLED IN A PUBLIC PROGRAM SUCH AS THE HEALTH SAFETY NET OF

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MASSHEALTH). THE HOSPITAL SHALL NOT ASSIGN A PATIENT'S ACCOUNTS FOR

COLLECTION TO AN OUTSIDE AGENCY PRIOR TO 120 DAYS AFTER THE INITIAL BILL.

CHECKING THE ELIGIILITY VERIFICATION SYSTEM (EVS) TO ENSURE THAT THE

PATIENT IS NOT A LOW INCOME PATIENT AS DETERMINED BY THE OFFICE OF

MEDICAID AND HAS NOT SUBMITTED AN APPLICATION TO THE VIRTUAL GATEWAY

SYSTEM FOR COVERAGE OF THE SERVICES UNDER A PUBLIC PROGRAM, PRIOR TO

SUBMITTING CLAIMS TO THE HEALTH SAFETY NET OFFICE FOR EMERGENCY BAD DEBT

COVERAGE OF AN EMERGENCY LEVEL OR URGENT CARE SERVICE. THE FOLLOWING

INDIVIDUALS AND PATIENT POPULATIONS ARE EXEMPT FROM ANY COLLECTION OR

BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS:

PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT

LIMITED TO: MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND

CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN, "LOW INCOME

PATIENTS" AS DETERMINED BY THE OFFICE OF MEDICAID SUBJECT TO CERTAIN

EXCEPTIONS AS DESCRIBED IN ITS CREDIT AND COLLECTION POLICY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 2:

MOST OF OUR COMMUNITY OUTREACH HAS REMAINED CONSISTENT, AND WE HAVE EXPANDED EVEN MORE IN OUR BEHAVIORAL HEALTH FIELD FOR ACCESS TO CARE, INCLUDING A CO-OCCURRING DISORDERS UNIT IN WEBSTER, MA, BUT AS FAR AS 2017, OUR FINDINGS IN TOP HEALTH CONCERNS WERE:

FOR OVERALL COMMUNITY HEALTH CONCERNS, 68% OF PARTICIPANTS CITED OBESITY, FOLLOWED BY CANCER (61%), OPIOID/HEROIN ADDICTION (58%), MENTAL HEALTH DISORDERS/DEPRESSION (57%) AND DIABETES (54%).

IN RESPONSE TO THIS, HARRINGTON CONTINUES TO PROVIDE OUTREACH AND EDUCATION TO UNDERSERVED POPULATIONS INCLUDING HISPANIC, ELDERLY AND LOW INCOME. THROUGH FREE HEALTH SCREENINGS LIKE BLOOD PRESSURE AND WORKPLACE SEMINARS ABOUT NUTRITION AND DIABETES, WE HAVE BEEN ABLE TO CONNECT WITH OVER 500 COMMUNITY MEMBERS ANNUALLY TO PROVIDE EDUCATION AND RESOURCES TO LIFE HEALTHIER LIFESTYLES. OUR SELF WELLNESS PROGRAM HAS BEEN WORKING IN CONJUNCTION WITH SEVERAL REGIONAL AGENCIES TO PROVIDE OUTREACH TO AGES 13-26 SURROUNDING HEALTHY RELATIONSHIPS, PREGNANCY, BULLYING AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SELF-ESTEEM.

HARRINGTON ADDITIONALLY HAS EXPANDED ITS BEHAVIORAL HEALTH FOOTPRINT, OPENED TWO NEW CHILD AND FAMILY SERVICES CENTER AND DOUBLE ITS THERAPY TEAM WHICH HAS ALLOWED FOR GREATER ACCESS TO MENTAL HEALTH SERVICES IN THE COMMUNITY, INCLUDING WALK-IN INTAKES.

PART VI, LINE 3:

FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL AND ITS FINANCIAL COUNSELORS WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL. THE GOAL OF THESE NOTICES IS TO ASSIST PATIENTS IN APPLYING FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS MASSHEALTH,

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START,

HEALTH SAFETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET. THE

HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE

ELIGIBILITY PROCESS TO BE A LOW INCOME PATIENT UNDER EITHER THE

MASSACHUSETTS HEALTH SAFETY NET PROGRAM OR ADDITIONAL ASSISTANCE FOR

PATIENTS WHO ARE LOW INCOME THROUGH THE UNINSURED RELIEF PROGRAM. THE

HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT AVAILABLE PAYMENT PLANS THAT

MAY BE AVAILABLE TO THEM BASED ON THEIR FAMILY SIZE AND INCOME. THE

HOSPITAL SHALL POST A NOTICE (SIGNS) OF AVAILABILITY OF FINANCIAL

ASSISTANCE IN THE FOLLOWING LOCATIONS:

I. INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT ADMISSION AND/OR

REGISTRATION AREAS;

II. PATIENT FINANCIAL COUNSELOR AREAS;

III. CENTRAL ADMISSION/REGISTRATION AREAS; AND

IV. BUSINESS OFFICE AREAS THAT IS OPEN TO PATIENTS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 4:

THE HARRINGTON HEALTHCARE SYSTEM CATCHMENT AREA FOCUSED ON FOR THE ASSESSMENT IS LOCATED PRIMARILY IN THE SOUTHERN REGION OF CENTRAL MASSACHUSETTS, AND INCLUDES 17 MASSACHUSETTS COMMUNITIES (BRIMFIELD, BROOKFIELD, CHARLTON, DOUGLAS, DUDLEY, EAST BROOKFIELD, HOLLAND, NORTH BROOKFIELD, OXFORD, PALMER, SOUTHBRIDGE, SPENCER, STURBRIDGE, WALES, WARREN, WEBSTER, WEST BROOKFIELD) AS WELL AS TWO COMMUNITIES (THOMPSON AND WOODSTOCK) IN NORTHERN CONNECTICUT.

PART VI, LINE 5:

REFER TO THE CHNA AND HOSPITAL WEBSITE FOR FURTHER DETAILS.

PART VI, LINE 6:

NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MA

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	EDWARD H. MOORE PRESIDENT/CEO	(i)	534,884.	192,645.	21,715.	42,000.	11,395.	802,639.	
		(ii)	0.	0.	0.				
2	THOMAS SULLIVAN VICE PRESIDENT/TREASURER	(i)	315,452.	38,868.	20,532.	42,000.	1,925.	418,777.	
		(ii)	0.	0.	0.				
3	ARTHUR RUSSO, M.D. VP OF MEDICAL AFFAIR	(i)	274,839.	34,728.	21,021.	39,996.		370,584.	
		(ii)	0.	0.	0.				
4	THOMAS HIJECK VP OF NURSING	(i)	201,808.	20,705.	0.	24,000.	1,440.	247,953.	
		(ii)	0.	0.	0.				
5	HAROLD R. LEMIEUX VP AND CIO	(i)	204,009.	20,541.	0.	7,800.	9,066.	241,416.	
		(ii)	0.	0.	0.				
6	CHRISTOPHER CANNIFF VP OF HR	(i)	179,800.	18,942.	0.		2,603.	201,345.	
		(ii)	0.	0.	0.				
7	JAMES SULLIVAN, JR., MD PHYSICIAN	(i)	481,098.	33,000.	0.	24,000.	9,294.	547,392.	
		(ii)	0.	0.	0.				
8	JARRETT M. BURNS, MD PHYSICIAN	(i)	313,303.	33,000.	0.	18,000.	2,252.	366,555.	
		(ii)	0.	0.	0.				
9	ANDREW MARINO, MD PHYSICIAN	(i)	350,546.	33,000.	0.	15,600.	9,372.	408,518.	
		(ii)	0.	0.	0.				
10	MARIE KING PHYSICIAN	(i)	319,198.	33,000.	0.	18,000.	2,506.	372,704.	
		(ii)	0.	0.	0.				
11	TINA RENDER PHYSICIAN	(i)	289,994.	1,250.	64,810.	10,400.	11,934.	378,388.	
		(ii)	0.	0.	0.				
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

EDWARD MOORE PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN,

WHICH WAS CREDITED WITH $42,000 IN DEFERRED COMPENSATION FOR CALENDAR

YEAR 2017.

THOMAS SULLIVAN PARTICIPATES IN A 457F PLAN, WHICH WAS CREDITED WITH

$42,000 IN DEFERRED COMPENSATION FOR CALENDAR YEAR 2017.

ARTHUR RUSSO PARTICIPATES IN A 457F PLAN, WHICH WAS CREDITED WITH $39,996

IN DEFERRED COMPENSATION FOR CALENDAR YEAR 2018.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **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
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY		NONEAVAIL	09/01/2017	30,495,000.	REFUND MHEFA, DEVELOPMENT, CONSTRU		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,495,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	1,763,869.			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	443,731.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,500,000.			
11	Other spent proceeds	17,944,616.			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)* MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV **Arbitrage** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART 1, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

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) Corrected? Yes	(d) Corrected? 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.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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.

	(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	(e) Sharing of organization's revenues? No
(1)	JRD REALTY TRUST	TRUSTEES OF THE TRUST	284,117.	THE HOSPITAL		
(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).

SCH. L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JRD REALTY TRUST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEES OF THE TRUST ARE INDIVIDUAL BOARD MEMBERS OF THE HOSPITAL.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL LEASED SPACE OWNED BY THE JRD REALTY TRUST, THE TRUSTEES OF WHICH ARE ANTHONY M. DETARANDO AND ANTHONY J. DETARANDO, BOTH OF WHOM ARE INDIVIDUAL BOARD MEMBERS OF THE HOSPITAL.

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

BOARD MEMBERS ANTHONY M. DETARANDO AND ANTHONY JAY DETARANDO ARE RELATED AS FATHER AND SON.

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

THE HOSPITAL'S SOLE CORPORATE MEMBER IS HARRINGTON HEALTHCARE SYSTEM, INC.

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

THE HOSPITAL'S SOLE CORPORATE MEMBER IS HARRINGTON HEALTHCARE SYSTEM, INC.

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

THE HOSPITAL'S SOLE CORPORATE MEMBER IS HARRINGTON HEALTHCARE SYSTEM, INC.

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

THE FORM 990 IS PREPARED BY THE HOSPITAL'S OUTSIDE INDEPENDENT ACCOUNTANT WITH INFORMATION GIVEN TO THEM BY THE HOSPITAL STAFF. AFTER COMPLETION, IT IS REVIEWED BY THE HOSPITAL'S CONTROLLER AND VP OF FINANCE BEFORE BEING PRESENTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI SECTION B, LINE 12C:

THE CORPORATION REQUIRES THAT ALL EMPLOYEES, AND MEMBERS AND OFFICERS OF

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

THE BOARD OF DIRECTORS OF THE CORPORATION AND ANY MEMBER OF ANY COMMITTEE DISCLOSE IN WRITING (AND UPDATE ANNUALLY) ALL BUSINESS AND OTHER RELATIONSHIPS WHICH MIGHT POTENTIALLY CREATE A CONFLICT OF INTEREST AND ALL CONFLICTS OF INTEREST AS DEFINED BY THE POLICY.

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

THE BOARD OF DIRECTORS REVIEW AND APPROVE THE COMPENSATION OF THE CEO AND TOP MANAGEMENT. THE CEO REVIEWS AND APPROVES TOP MANAGEMENT SALARIES. TOP MANAGEMENT WILL THEN REVIEW AND APPROVE KEY EMPLOYEE SALARIES.

FORM 990, PART VI, SECTION C, LINE 18:

THE HOSPITAL MAKES ITS FORM 990 AND 990-T AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE HOSPITAL'S FORM 990 AND 990-T ARE AVAILABLE ON THE PUBLIC CHARITIES WEBSITE MAINTAINED BY THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL.

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

THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE HOSPITAL'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE PUBLIC CHARITIES WEBSITE MAINTAINED BY THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART XI, LINE 9, CHANGE IN NET ASSETS

ADJUSTMENT TO MINIMUM PENSION LIABILITY	$2,142,289
EQUITY TRANSFERS TO AFFILIATE	($12,648,260)
NET ASSETS RELEASED FROM EXPENDITURES	$753,071

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

NET ASSETS RELEASED FROM RESTRICTION	$203,302
OTHER ADJUSTMENTS	($668,012)
TOTAL TO FORM 990, PART XI, LINE 9	(10,217,610)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TRI COMM ANESTHESIA ASSO 100 SOUTH STREET, #110 SOUTHBRIDGE, MA 01550	PHYSICIAN SERVICES	1,500,857.
TRIMEDEX 12483 COLLECTION CENTER DRIVE CHICAGO, IL 60693	RADIOLOGY	1,173,593.
TRANE PO BOX 406469 ATLANTA, GA 30384	MAINTENANCE	1,140,856.
JAMES J WELCH & CO, INC. 27 CONGRESS STREET, SUITE 503 SALEM, MA 01970	ARCHITECT	903,136.
WORCESTER ELEVATOR 4 SOUTHBRIDGE STREET AUBURN, MA 01501	ELEVATOR SERVICES	765,334.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER	13,622,243.	4,261,675.	9,323,776.	36,792.
TOTALS	13,622,243.	4,261,675.	9,323,776.	36,792.

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
BOARD DESIGNATED ASSETS	51,212,969.	FMV
DONOR-RESTRICTED	7,648,320.	FMV
ASSETS HELD UNDER INDENTURE AG	8,432,015.	FMV
TOTALS	67,293,304.	

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

HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

04-2103577

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	(g) Section 512(b)(13) controlled entity? No
(1) HARRINGTON PHYSICIAN SERVICES, INC. 13-4366504 100 SOUTH STREET SOUTHBRIDGE, MA 01550	HEALTHCARE SE	MA	501(C)(3)	10	HHS, INC.		X
(2) HARRINGTON HEALTHCARE SYSTEM, INC. 80-0518491 100 SOUTH STREET SOUTHBRIDGE, MA 01550	HEALTHCARE SU	MA	501(C)(3)	10	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CENTRAL MASSACHUSETTS COMPREHE 55 SAYLES STREET SOUTHBRIDGE,	HEALTHCARE	MA	NE RADIATION TH	RELATED	597,045.	334,960.		X	0.			22.0000
(2) 10 NORTH MAIN STREET, LLC 00-0 10 NORTH MAIN STREET CHARLTON,	HEALTHCARE	MA	COMPASS DEVELOP	RELATED	561,980.	2,331,413.		X	0.			50.0000
(3)												
(4)												
(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	(i) No
(1)									
(2)									
(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.

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to related organization(s)	**1b**		X
c	Gift, grant, or capital contribution from related organization(s)	**1c**		X
d	Loans or loan guarantees to or for related organization(s)	**1d**		X
e	Loans or loan guarantees by related organization(s)	**1e**		X
f	Dividends from related organization(s)	**1f**		
g	Sale of assets to related organization(s)	**1g**		X
h	Purchase of assets from related organization(s)	**1h**		X
i	Exchange of assets with related organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		X
o	Sharing of paid employees with related organization(s)	**1o**		X
p	Reimbursement paid to related organization(s) for expenses	**1p**		X
q	Reimbursement paid by related organization(s) for expenses	**1q**		X
r	Other transfer of cash or property to related organization(s)	**1r**	X	
s	Other transfer of cash or property from related organization(s)	**1s**		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)				
(2)				
(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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION: CENTRAL MASSACHUSETTS COMPREHENSIVE CANCER CENTER, LLC

EIN: 26-1795998

ADDRESS: 55 SAYLES STREETSOUTHBRIDGE, MA 01550

DIRECT CONTROLLING ENTITY: NEW ENGLAND RADIATION THERAPY MANAGEMENT SERVICES, INC.

Tel: 617-422-0700
Fax: 617-422-0909
www.bdo.com

One International Place
Boston, MA 02110

Harrington Memorial Hospital, Inc.
Instructions for Filing
Form 990-T
990-T - Exempt Organization Business Income Tax Return
For the year ended September 30, 2018

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by August 15, 2019 with:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a $6,793 overpayment. Of this amount, $0 will be refunded to you. Also, $6,793 has been applied to your 2018 estimated tax.

The reduction to the Overpayment includes:

Penalty on underpayment of estimated tax	$2,950

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2018 will be required, nor will you be subject to underpayment penalties because you have no 2017 tax liability.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 09/30, 2018.

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

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

OMB No. 1545-0687

2017

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
137,786,230.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
HARRINGTON MEMORIAL HOSPITAL, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
100 SOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code
SOUTHBRIDGE, MA 01550-8002

D Employer identification number (Employees' trust, see instructions.)
04-2103577

E Unrelated business activity codes (See instructions.)
621500

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ LABORATORY SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ TOM SULLIVAN Telephone number ▶ 508-765-8130

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,080,312. b Less returns and allowances c Balance ▶	1c	1,080,312.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	1,080,312.		1,080,312.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	1,080,312.		1,080,312.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	207,787.
16	Repairs and maintenance			16	3,793.
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	34,120.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	23,974.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	23,974.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	53,314.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) ATTACHMENT 1			28	363,944.
29	**Total deductions.** Add lines 14 through 28			29	686,932.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	393,380.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	393,380.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	392,380.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:			
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $			
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750)	$		
	(2) Additional 3% tax (not more than $100,000)	$		
c	Income tax on the amount on line 34. ATCH 2 ▶		35c	95,257.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		36	
37	**Proxy tax.** See instructions ▶		37	
38	Alternative minimum tax		38	
39	**Tax on Non-Compliant Facility Income.** See instructions		39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	95,257.

Part IV Tax and Payments

41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800 (see instructions)	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	95,257.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	95,257.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c	105,000.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	105,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	2,950.
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	6,793.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ 6,793. **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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

EDWARD MOORE	08/15/2019	CEO
Signature of officer	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRIAN VIGNEAULT	BV	08/15/2019		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

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	

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

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	**2.** Gross income from or allocable to debt-financed property	**3.** Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)	**6.** Column 4 divided by column 5	**7.** Gross income reportable (column 2 x column 6)	**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶					
Total dividends-received deductions included in column 8 ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶				

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form **990-T** (2017)

ATTACHMENT 1

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

REFERENCE LAB SERVICES	87,557.
LAB SUPPLIES	129,053.
OTHER EXPENSES	8,387.
ADMINISTRATIVE EXPENSES	103,339.
PLANT OPERATIONS	8,193.
HOUSEKEEPING	9,907.
CAFETERIA	12,995.
STERILE SUPPLY	4,513.
PART II - LINE 28 - OTHER DEDUCTIONS	363,944.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	392,380.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....	133,409.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....	82,400.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....	12,273,628.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....	22,495,200.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	33,626.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	61,631.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....	95,257.

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

▶ **Attach to the corporation's tax return.**
▶ **Go to *www.irs.gov/Form2220* for instructions and the latest information.**

OMB No. 1545-0123

2017

Name: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)			1	95,257.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a			
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b			
c	Credit for federal tax paid on fuels (see instructions)	2c			
d	**Total.** Add lines 2a through 2c			2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation doesn't owe the penalty			3	95,257.
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. **Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5**			4	191,375.
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3			5	95,257.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

6	☐	The corporation is using the adjusted seasonal installment method.
7	☐	The corporation is using the annualized income installment method.
8	☐	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (***Form 990-PF filers:*** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/2018	03/15/2018	06/15/2018	09/15/2018
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	23,814.	23,814.	23,814.	23,815.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		23,814.	47,628.	71,442.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15				
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		23,814.	47,628.	
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	23,814.	23,814.	23,814.	23,815.
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ***(C Corporations with tax years ending June 30 and S corporations:*** Use 3rd month instead of 4th month. ***Form 990-PF and Form 990-T filers:*** Use 5th month instead of 4th month.) See instructions	**19**				
20 Number of days from due date of installment on line 9 to the date shown on line 19	**20**				
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	**21**				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 4% (0.04)	**22**	$	$	$	$
23 Number of days on line 20 after 6/30/2017 and before 10/1/2017	**23**	ATTACHMENT 1			
24 Underpayment on line 17 x Number of days on line 23 / 365 x 4% (0.04)	**24**	$	$	$	$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	**25**	SEE PENALTY COMPUTATION WHITEPAPER DETAIL			
26 Underpayment on line 17 x Number of days on line 25 / 365 x 4% (0.04)	**26**	$	$	$	$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	**27**				
28 Underpayment on line 17 x Number of days on line 27 / 365 x 4% (0.04)	**28**	$	$	$	$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	**29**				
30 Underpayment on line 17 x Number of days on line 29 / 365 x *%	**30**	$	$	$	$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	**31**				
32 Underpayment on line 17 x Number of days on line 31 / 365 x *%	**32**	$	$	$	$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	**33**				
34 Underpayment on line 17 x Number of days on line 33 / 365 x *%	**34**	$	$	$	$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	**35**				
36 Underpayment on line 17 x Number of days on line 35 / 365 x *%	**36**	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	**37**	$	$	$	$

38 **Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns . . . . . **38** $ 2,950.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at ***www.irs.gov.*** You can also call 1-800-829-4933 to get interest rate information.

ATTACHMENT 1

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
QUARTER 1, RATE PERIOD 1 (01/15/2018 - 02/15/2019)						
	23,814.	01/15/2018	02/15/2019	396	4	1,033.
TOTAL FOR QUARTER 1, RATE PERIOD 1						1,033.
QUARTER 2, RATE PERIOD 1 (03/15/2018 - 02/15/2019)						
	23,814.	03/15/2018	02/15/2019	337	4	879.
TOTAL FOR QUARTER 2, RATE PERIOD 1						879.
QUARTER 3, RATE PERIOD 1 (06/15/2018 - 02/15/2019)						
	23,814.	06/15/2018	02/15/2019	245	4	639.
TOTAL FOR QUARTER 3, RATE PERIOD 1						639.
QUARTER 4, RATE PERIOD 1 (09/15/2018 - 02/15/2019)						
	23,815.	09/15/2018	02/15/2019	153	4	399.
TOTAL FOR QUARTER 4, RATE PERIOD 1						399.
TOTAL UNDERPAYMENT PENALTY						2,950.

Tel: 617-422-0700
Fax: 617-422-0909
www.bdo.com

One International Place
Boston, MA 02110

Instructions for filing
Harrington Memorial Hospital
Massachusetts Form PC
For the period ended September 30, 2018

Signature…

The report should be signed and dated by the authorized individual(s).

Filing…

This return should be mailed to the following:

NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

Payment of Tax…

There is a balance due of $2,000.00

Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:

WWW.MASS.GOV/AGO/EPAY

Once completed please write the confirmation code on top of the Form PC.

All of the necessary documents should be included with Form PC before filing. Please send this return via certified mail on or before August 15, 2019.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 10/01/2017 **to** 09/30/2018

Attorney General's Account #: 00481

Federal ID #: 04-2103577

Electronic Payment Confirmation #:

When did the organization first engage in charitable work in Massachusetts? 10/18/1931

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application **OR** date of determination letter: 07/30/1934

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached *(if applicable)*

- [X] Filing Fee or Printout of Electronic Payment Confirmation
- [X] Copy of IRS Return
- [X] Audited Financial Statements/Review
- [ ] Amended Articles/ By-Laws
- [X] Schedule A-1
- [X] Schedule A-2
- [X] Schedule RO
- [ ] Schedule VCO
- [ ] Probate Account

Organization Data

Name: HARRINGTON MEMORIAL HOSPITAL, INC.

Mailing Address: 100 SOUTH STREET

City: SOUTHBRIDGE State: MA Zip: 01550

Phone Number: 508-765-8130 Fax Number: 508-765-2496

Email: TBSULLIVA@HARRINGTONHOSPITAL.ORG Website: WWW.HARRINGTONHOSPITAL.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	14	Organization Purpose Code 1	9
Type of Organization (Table 2)	5	Organization Purpose Code 2	21

Please check box if final return prior to dissolution: [ ]

Office Use Only: **Payment Received**

7J2424 1.000

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 10/18/1928

2. Where was the organization created? SOUTHBRIDGE, MA

3. What is the form of the organization? *(check one)*

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* [X] Yes [ ] No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	617,603.00
B.	Gross support and revenue	146,070,564.00
C.	Program services and similar amounts paid out	103,848,098.00
D.	Fundraising expenses	572,672.00
E.	Management and general expenses	31,012,804.00
F.	Payments to affiliates	0.00
G.	Total expenses	135,433,574.00
H.	Net assets or fund balances at the end of the year	75,304,517.00

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	EDWARD MOORE/PRESIDENT & CEO	40	749,244.00	53,395.00	0.00
2.	JAMES SULLIVAN, JR./PHYSICIAN	40	514,098.00	33,294.00	0.00
3.	ANDREW MARINO/PHYSICIAN	30	383,546.00	24,972.00	0.00
4.	MARIE KING/PHYSICIAN	30	352,198.00	20,506.00	0.00
5.	JARRETT M. BURNS/PHYSICIAN	30	346,303.00	20,252.00	0.00

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* [ ] Yes [X] No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	TRI COMM ANESTHESIA ASSO	1,500,857.00	PHYSICIAN SERVICES
2.	TRIMEDEX	1,173,593.00	RADIOLOGY
3.	TRANE	1,140,856.00	MAINTENANCE
4.	JAMES J. WELCH & CO, INC.	903,136.00	ARCHITECT
5.	WORCESTER ELEVATOR	765,334.00	ELEVATOR SERVICES

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone number)*:

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *(specify)*: _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: TOM SULLIVAN

Street Address: 100 SOUTH STREET

City: SOUTHBRIDGE State: MA Zip Code: 01550

Phone Number: 508-765-8130

FORM PC BANK IN WHICH FUNDS ARE DEPOSITED STATEMENT 1

NAME AND ADDRESS	PHONE NUMBER
SANTANDER BANK PO BOX 841002 BOSTON, MA 02284	508-876-2531
WEBSTER FIVE CENTS SAVINGS 10 A STREET AUBURN, MA 01501	508-943-9401
SOUTHBRIDGE CREDIT UNION 222 MAIN STREET SOUTHBRIDGE, MA 01550	508-764-1761
FIDELITY PO BOX 7700001 CINCINNATI, OH 45277	877-297-2952
TD BANK 200 STATE STREET BOSTON, MA 02109	617-434-4645
SOUTHBRIDGE SAVINGS BANK PO BOX 307 SOUTHBRIDGE, MA 01550	508-765-9103
BANK OF AMERICA 100 FEDERAL STREET BOSTON, MA 02110	617-434-4645
WELLS FARGO 211 MAIN STREET ANSONIA, CT 06401	203-736-4678
PWC WEALTH MANAGEMENT 100 SUMMER STREET BOSTON, MA 02110	617-338-6120
PFM GROUP 2 LOGAN SQUARE PHILADELPHIA, PA 19103	617-330-6914
BNY MELLON 135 SANTILLI HIGHWAY EVEREST, MA 02149	617-382-5227
CCR WEALTH MANAGEMENT 1400 COMPUTER DRIVE WESTBOROUGH, MA 01581	508-475-3880

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? [X] Yes [ ] No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? [X] Yes [ ] No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	[ ]
an organization which: (a) does not raise more than $5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [*The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.*]	[ ]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/ affiliates.
STATEMENT 2

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 3

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 4

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? [ ] Yes [X] No
If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC NAME, ADDRESS, PHONE OF OTHER OFFICES STATEMENT 2

NAME AND ADDRESS	PHONE NUMBER
HARRINGTON PHYSICIAN SERVICES 100 SOUTH STREET SOUTHBRIDGE, MA 01550	508-765-3010
HARRINGTON HEALTHCARE SYSTEMS 100 SOUTH STREET SOUTHBRIDGE, MA 01550	508-765-3010

FORM PO OFFICERS, DIRECTORS, TRUSTEES, AND EXECUTIVES STATEMENT 3

NAME AND ADDRESS	TITLE
EDWARD H. MOORE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	PRESIDENT/CEO
THOMAS SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550	VICE PRESIDENT/TREASURER
RANDALL V. BECKER 100 SOUTH STREET SOUTHBRIDGE, MA 01550	VICE CHAIRPERSON
DEBORAH BOYD 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
KATHLEEN CHARETTE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
ANTHONY M. DETARANDO 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
ANTHONY JAY DETARANDO 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
JOSE DINGUI 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
MICHAEL ENGEL 100 SOUTH STREET SOUTHBRIDGE, MA 01550	SECRETARY
JAMES FAUST, M.D. 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR

PIOTR GRABIAS, M.D. 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
JOHN MICHAEL MCGLONE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
ROBERT MUENZBERG, JR. 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
MARK PALMERINO 100 SOUTH STREET SOUTHBRIDGE, MA 01550	CHAIRPERSON
FRANCIS POWERS, M.D. 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
JAMES WADDICK 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR
ARTHUR RUSSO, M.D. 100 SOUTH STREET SOUTHBRIDGE, MA 01550	DIRECTOR

FORM PC PAGE 4, LINE 18 STATEMENT 4

NAME AND ADDRESS	AREA OF RESPONSIBILITY
THOMAS SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550	RESPONSIBLE FOR CUSTODY OF FUNDS
EDWARD MOORE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	RESPONSIBLE FOR CUSTODY OF FUNDS
THOMAS SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
EDWARD MOORE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
THOMAS SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550	RESPONSIBLE FOR FUNDRAISING

EDWARD MOORE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	RESPONSIBLE FOR FUNDRAISING
THOMAS SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550	CUSTODY OF FINANCIAL RECORDS
EDWARD MOORE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	CUSTODY OF FINANCIAL RECORDS
THOMAS SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550	AUTHORIZED TO SIGN CHECKS
EDWARD MOORE 100 SOUTH STREET SOUTHBRIDGE, MA 01550	AUTHORIZED TO SIGN CHECKS

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?
If yes, please attach an explanation. ☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?
If yes, please attach an explanation. ☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☒ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☒ No
C.	Has your organization been indebted to a related party?	☐ Yes	☒ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☒ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☒ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☒ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	☒ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☒ No
I.	Has your organization transferred income or assets to or for use by a related party?	☒ Yes	☐ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	☐ Yes	☒ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☒ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☒ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	☐ Yes	☒ No

STATEMENT 5

NAME AND ADDRESS
HARRINGTON PHYSICIAN SERVICES
100 SOUTH STREET
SOUTHBRIDGE, MA 01550

NATURE OF TRANSACTION	AMOUNT INVOLVED
EQUITY TRANSFER	$12,648,260

PROCEDURE FOLLOWED
APPROVED BY BOARD

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: EDWARD MOORE

Title: CEO

Name of Preparer: BDO USA, LLP - BOSTON

Address ONE INTERNATIONAL PLACE

City BOSTON State MA Zip Code 02110

Phone Number 617-422-0700

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

_____

_____

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing			Via the Internet		
Door-to-door			Raffle, beano, bingo or gaming event		
Entertainment event			Sale of goods other than by telephone		
Telemarketing without sale of goods or ads			Individual Mailings	X	
Telemarketing with sale of goods			Corporate solicitations	X	
Telemarketing with sale of ads			Grant Proposals	X	

☐ Other *(specify):* _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*			Own employees	X	
Professional fundraising counsel*			Volunteers	X	
Commercial co-venturer*					

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: EDWARD MOORE PRESIDENT & CEO

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title: THOMAS SULLIVAN TREASURER

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title:

Address

City State Zip Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: EDWARD MOORE PRESIDENT & CEO

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title: THOMAS SULLIVAN TREASURER

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title:

Address

City State Zip Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

_____

_____

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing			Via the Internet		
Door-to-door			Raffle, beano, bingo or gaming event		
Entertainment event			Sale of goods other than by telephone		
Telemarketing without sale of goods or ads			Individual Mailings	X	
Telemarketing with sale of goods			Corporate solicitations	X	
Telemarketing with sale of ads			Grant Proposals	X	

☐ Other (*specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*			Own employees	X	
Professional fundraising counsel*			Volunteers	X	
Commercial co-venturer*					

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: EDWARD MOORE PRESIDENT & CEO

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title: THOMAS SULLIVAN TREASURER

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title:

Address

City State Zip Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: EDWARD MOORE PRESIDENT

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title: THOMAS SULLIVAN TREASURER

Address 100 SOUTH STREET

City SOUTHBRIDGE State MA Zip Code 01550

Name and Title:

Address

City State Zip Code

Certification by Organization

Two <u>different</u> signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: EDWARD MOORE

Title: CEO

Signature: _____ Date: _____

Printed Name: THOMAS SULLIVAN

Title: CFO

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (*If you have more than five Related Organizations, please attach a list.*)

Name: HARRINGTON PHYSICIAN SERVICES		Primary purpose or activity: PHYSICIAN SERVICES		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
09/30/2018			1,587,346.00	1,587,346.00

Name: HARRINGTON HEALTHCARE SERVICES		Primary purpose or activity: HEALTHCARE SUPPORT		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
09/30/2018			0.00	

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name: EDWARD MOORE		Title: PRESIDENT/CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HARRINGTON MEMORIAL HOSPITAL	749,244.00	53,395.00	0.00

Name: YOUNG-HO OH		Title: PHYSICIAN	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HARRINGTON PHYSICIAN SERVICES	758,962.00	23,606.00	0.00

Name: PAUL SANTOLUCITO		Title: PHYSICIAN	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HARRINGTON PHYSICIAN SERVICES	620,421.00	27,123.00	0.00

Name: JAMES SULLIVAN, JR.		Title: PHYSICIAN	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HARRINGTON MEMORIAL HOSPITAL	514,098.00	33,294.00	0.00

Name: ARTURO AGUILLON-BOUCHE		Title: PHYSICIAN	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HARRINGTON PHYSICIAN SERVICES	493,836.00	23,284.00	0.00

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? ☐ Yes ☒ No

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.**

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 20 18

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 SOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code
SOUTHBRIDGE, MA 01550-8002

D Employer identification number
04-2103577

E Telephone number
(508) 765-8130

G Gross receipts $ 148,361,398.

F Name and address of principal officer: EDWARD MOORE
100 SOUTH STREET SOUTHBRIDGE, MA 01550-8002

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HARRINGTONHOSPITAL.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1928 **M** State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CHARITABLE - TO PROVIDE HIGH QUALITY MEDICAL SERVICES IN A COST EFFICIENT AND COST EFFECTIVE MANNER TO THE RESIDENTS OF SOUTH CENTRAL MASSACHUSETTS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14.
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14.
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	1,580.
6	Total number of volunteers (estimate if necessary)	**6**	474.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,080,312.
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	392,380.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,889,054.	617,603.
9	Program service revenue (Part VIII, line 2g)	135,310,761.	140,287,237.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,667,235.	5,013,186.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,280,515.	1,943,678.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,147,565.	147,861,704.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79,684,458.	76,311,750.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 572,672.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,699,964.	59,121,824.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	133,384,422.	135,433,574.
19	Revenue less expenses. Subtract line 18 from line 12	11,763,143.	12,428,130.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	140,672,194.	137,786,230.
21	Total liabilities (Part X, line 26)	66,453,360.	62,481,713.
22	Net assets or fund balances. Subtract line 21 from line 20	74,218,834.	75,304,517.

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 — Date: 08/15/2019

▶ EDWARD MOORE CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRIAN VIGNEAULT		08/15/2019		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) ☒ Yes ☐ No

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

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:

THE PRIMARY MISSION OF THE HOSPITAL IS TO PROVIDE HIGH QUALITY MEDICAL SERVICES IN A COST EFFICIENT MANNER TO THE RESIDENTS OF SOUTH CENTRAL MASSACHUSETTS.

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 $ 52,038,282. including grants of $) (Revenue $ 68,540,057.)

THE OPERATION OF AN ACUTE CARE HOSPITAL, WHICH HAD OVER 285,000 OUTPATIENT VISITS DURING THE YEAR ENDED SEPTEMBER 30, 2017.

4b (Code:) (Expenses $ 34,352,951. including grants of $) (Revenue $ 39,579,777.)

THE OPERATION OF AN ACUTE CARE HOSPITAL, WHICH PROVIDED 20,073 DAYS OF INPATIENT CARE DURING THE YEAR ENDED SEPTEMBER 30, 2018. IN FY 2018 THE HOSPITAL HAD 113 BEDS AND 12 NURSERIES.

4c (Code:) (Expenses $ 17,456,865. including grants of $) (Revenue $ 35,120,008.)

THE OPERATION OF AN ACUTE CARE HOSPITAL, WHICH PROVIDED TREATMENT FOR 41,914 EMERGENCY ROOM VISITS DURING THE YEAR ENDED SEPTEMBER 30, 2018.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 103,848,098.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	78		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . .	**2a**	1,580		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)	**2b**		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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?	2	X	
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? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a	X	
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?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA,

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 ☒ 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: ▶ TOM SULLIVAN 100 SOUTH STREET SOUTHBRIDGE, MA 01550 508-765-8130

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) JOSE DINGUI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(2) ANTHONY M. DETARANDO	1.00									
DIRECTOR	0.	X						0.	0.	0.
(3) ANTHONY JAY DETARANDO	1.00									
PAST CHAIR	0.	X						0.	0.	0.
(4) PIOTR GRABIAS, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5) JOHN MICHAEL MCGLONE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6) FRANCIS POWERS, MD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) JAMES WADDICK	1.00									
PAST CHAIR	0.	X						0.	0.	0.
(8) ROBERT MUENZBERG, JR.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) MARK PALMERINO	1.00									
CHAIR	0.	X						0.	0.	0.
(10) DEBORAH BOYD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) KATHLEEN CHARETTE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) MICHAEL ENGEL	1.00									
SECRETARY	0.	X						0.	0.	0.
(13) JAMES FAUST	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) RANDALL V. BECKER	1.00									
VICE CHAIR	0.	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) EDWARD H. MOORE	40.00									
PRESIDENT/CEO	0.			X				749,244.	0.	53,395.
(16) THOMAS SULLIVAN	40.00									
VICE PRESIDENT/TREASURER	0.			X				374,852.	0.	43,925.
(17) ARTHUR RUSSO, M.D.	32.00									
VP OF MEDICAL AFFAIR	0.				X			330,588.	0.	39,996.
(18) THOMAS HIJECK	40.00									
VP OF NURSING	0.				X			222,513.	0.	25,440.
(19) HAROLD R. LEMIEUX	40.00									
VP AND CIO	0.				X			224,550.	0.	16,866.
(20) CHRISTOPHER CANNIFF	40.00									
VP OF HR	0.				X			198,742.	0.	2,603.
(21) JAMES SULLIVAN, JR., MD	40.00									
PHYSICIAN	0.					X		514,098.	0.	33,294.
(22) JARRETT M. BURNS, MD	30.00									
PHYSICIAN	0.					X		346,303.	0.	20,252.
(23) ANDREW MARINO, MD	30.00									
PHYSICIAN	0.					X		383,546.	0.	24,972.
(24) MARIE KING	30.00									
PHYSICIAN	0.					X		352,198.	0.	20,506.
(25) TINA RENDER	40.00									
PHYSICIAN	0.					X		356,054.	0.	22,334.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								4,052,688.	0.	303,583.
d Total (add lines 1b and 1c) ▶								4,052,688.	0.	303,583.

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 ▶ 103

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶ 109

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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	617,603.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f ▶		617,603.			
Program Service Revenue			**Business Code**				
	2a	NET PATIENT SERVICE REVENUE	900099	135,579,731.	134,499,419.	1,080,312.	
	b	CONTRACT REVENUE	900099	2,618,741.	2,618,741.		
	c	OTHER CLINICAL REVENUE	900099	2,088,765.	2,088,765.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		140,287,237.			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,768,652.			2,768,652.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents	305,843.				
	b	Less: rental expenses	499,694.				
	c	Rental income or (loss)	-193,851.				
	d	Net rental income or (loss) ▶		-193,851.			-193,851.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,201,585. / 42,949.				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	2,201,585. / 42,949.				
	d	Net gain or (loss) ▶		2,244,534.			2,244,534.
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events ▶		0.			
	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	PHARMACY	900099	957,745.	957,745.		
	b	INCENTIVE PAYMENTS	900099	213,817.	213,817.		
	c	CAFETERIA	900099	612,966.	612,966.		
	d	All other revenue	900099	353,001.	353,001.		
	e	**Total.** Add lines 11a-11d ▶		2,137,529.			
	12	**Total revenue.** See instructions. ▶		147,861,704.	141,344,454.	1,080,312.	4,819,335.

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
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	2,052,031.		2,052,031.	
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	61,124,223.	53,266,881.	7,669,290.	188,052.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,296,398.	1,093,054.	199,485.	3,859.
9 Other employee benefits	7,515,152.	6,336,379.	1,156,403.	22,370.
10 Payroll taxes	4,323,946.	3,645,723.	665,353.	12,870.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	124,929.		124,929.	
c Accounting	123,575.		123,575.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	13,622,243.	4,261,675.	9,323,776.	36,792.
12 Advertising and promotion	211,408.	2,726.		208,682.
13 Office expenses	1,109,579.	341,013.	764,958.	3,608.
14 Information technology	1,768,820.	100,062.	1,664,708.	4,050.
15 Royalties	0.			
16 Occupancy	6,546,596.	2,767,154.	3,779,442.	
17 Travel	152,437.	106,579.	44,657.	1,201.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	66,258.	36,134.	27,056.	3,068.
20 Interest	787,061.	26.	787,035.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,935,305.	4,799,046.	1,108,797.	27,462.
23 Insurance	1,185,798.	921,621.	264,177.	
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 MEDICAL/SURGICAL SUPPLIES	8,844,417.	8,784,116.	60,301.	
b PHARMACEUTICALS	7,368,440.	7,368,440.		
c PHYSICIAN FEES	5,861,526.	5,843,039.	18,487.	
d DEPARTMENTAL SUPPLIES & EXPE	5,413,432.	4,174,430.	1,178,344.	60,658.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	135,433,574.	103,848,098.	31,012,804.	572,672.
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 ▶ ☐ 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	3,742,937.	1	2,970,003.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	15,270,716.	4	16,095,915.
	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	436,194.	7	509,253.
	8	Inventories for sale or use	1,521,743.	8	1,549,214.
	9	Prepaid expenses and deferred charges	1,528,265.	9	1,895,236.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 150,808,213.			
	b	Less: accumulated depreciation — 10b: 104,508,117.	46,506,533.	10c	46,300,096.
	11	Investments - publicly traded securities ATCH 3	71,509,930.	11	67,293,304.
	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	155,876.	15	1,173,209.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	140,672,194.	16	137,786,230.
Liabilities	17	Accounts payable and accrued expenses	25,487,495.	17	27,035,020.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	30,065,214.	20	28,179,039.
	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	10,900,651.	25	7,267,654.
	26	**Total liabilities.** Add lines 17 through 25	66,453,360.	26	62,481,713.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	65,837,449.	27	67,361,889.
	28	Temporarily restricted net assets	1,748,436.	28	1,295,060.
	29	Permanently restricted net assets	6,632,949.	29	6,647,568.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] 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	74,218,834.	33	75,304,517.
	34	Total liabilities and net assets/fund balances	140,672,194.	34	137,786,230.

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	147,861,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,433,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,428,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,218,834.
5	Net unrealized gains (losses) on investments	5	-1,124,837.
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	-10,217,610.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,304,517.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	**Employer identification number**
HARRINGTON MEMORIAL HOSPITAL, INC.	04-2103577

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 . . . . . ▶ ☐

b **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 . . . . . ▶ ☐

b **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

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

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 ▶ ☐

b **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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	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.*	3c		
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.*	4a		
b	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.*	4b		
c	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.*	4c		
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).*	5a		
b	**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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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).*	7		
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).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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.***	9c		
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.*	10a		
b	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.)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
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.***	11c		

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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
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.*	2a		
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.*	2b		
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.***	3a		
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.*	3b		

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 C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
HARRINGTON MEMORIAL HOSPITAL, INC.	04-2103577

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		56,252.
j Total. Add lines 1c through 1i			56,252.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

POLITICAL ACTIVITIES

THE HOSPITAL PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION. THE PORTION OF THE HOSPITAL'S ANNUAL DUES ALLOCATED TO LOBBYING BY THE ASSOCIATION WAS $6,492 FOR THE YEAR ENDED SEPTEMBER 30, 2018.

THE HOSPITAL ALSO UTILIZES THE SERVICES OF A CONSULTANT, GOVERNMENT RELATIONS GROUP, FOR GENERAL LOBBYING ON ITS BEHALF AS AN ACUTE CARE COMMUNITY HOSPITAL. TOTAL FEES PAID TO THE GROUP WERE $25,500 FOR THE YEAR ENDED SEPTEMBER 30, 2018.

THE HOSPITAL PAYS DUES TO THE MASSACHUSETTS HEALTH ASSOCIATION. THE PORTION OF THE HOSPITAL'S ANNUAL DUES ALLOCATED TO LOBBYING BY THE ASSOCIATION WAS $24,260 FOR THE YEAR ENDED SEPTEMBER 30, 2018.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

04-2103577

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,511,862.	56,432,299.	54,967,463.	56,747,795.	58,646,800.
b Contributions				1,740,261.	
c Net investment earnings, gains, and losses	2,727,908.	7,284,568.	4,438,201.	-1,790,459.	4,960,824.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,553,071.	3,205,005.	2,973,365.	1,730,134.	6,859,829.
f Administrative expenses					
g End of year balance	57,686,699.	60,511,862.	56,432,299.	54,967,463.	56,747,795.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 88.2700 %
- b Permanent endowment ▶ 11.5300 %
- c Temporarily restricted endowment ▶ _____ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,032,436.		1,032,436.
b Buildings		52,666,979.	34,188,555.	18,478,424.
c Leasehold improvements		19,718,473.	5,774,515.	13,943,958.
d Equipment		72,906,986.	61,607,663.	11,299,323.
e Other		4,483,339.	2,937,384.	1,545,955.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				46,300,096.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED SETTLEMENTS WITH THI	1,720,454.
(3) PENSION LIABILITY	4,262,267.
(4) CAPITAL LEASE OBLIGATION	439,933.
(5) HEFA LEASE	845,000.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	7,267,654.

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 [X]

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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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:

TO SUPPORT THE OPERATIONS AND FUNCTIONS OF THE ORGANIZATION.

PART X, LINE 2:

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,578,992.	989,307.	589,685.	.44
b Medicaid (from Worksheet 3, column a)			30,375,034.	33,265,564.	-2,890,530.	-2.13
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,806,511.	2,962,013.	844,498.	.62
d **Total** Financial Assistance and Means-Tested Government Programs			35,760,537.	37,216,884.	-1,456,347.	-1.07
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,264,064.	1,657,094.	606,969.	.44
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,127,268.	699,500.	427,768.	.32
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			3,391,332.	2,356,594.	1,034,737.	.76
k **Total.** Add lines 7d and 7j			39,151,869.	39,573,478.	-421,610.	-.31

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		4,891.		4,891.	
4 Environmental improvements						
5 Leadership development and training for community members	1		100,953.		100,953.	.07
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2		105,844.		105,844.	.07

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 2,214,850.			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	31,445,861.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,305,013.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-859,152.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	10 N. MAIN STREET	MEDICAL OFFICE SPACE	50.00000		
2	CENTRAL MASS COMPREH	MEDICAL FACILITY	22.00000		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HARRINGTON MEMORIAL HOSPITAL 100 SOUTH STREET SOUTHBRIDGE MA 01550-8002	X	X					X		SEE SCHED. O NOTE	
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 17			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.HARRINGTONHOSPITAL.ORG			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): HTTP://HARRINGTONHOSPITAL.ORG/FOR-PATIENTS/PA			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 400.0000 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[ ] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.HARRINGTONHOSPITAL.ORG			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[X] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	[ ] Actions that require a legal or judicial process			
e	[X] Other similar actions (describe in Section C)			
f	[ ] None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[X] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	[ ] Actions that require a legal or judicial process			
e	[X] Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- **b** [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** [X] Processed incomplete and complete FAP applications
- **d** [X] Made presumptive eligibility determinations
- **e** [ ] Other (describe in Section C)
- **f** [ ] None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	X	
	If "No," indicate why:			
a	[ ] The hospital facility did not provide care for any emergency medical conditions			
b	[ ] The hospital facility's policy was not in writing			
c	[ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group HARRINGTON MEMORIAL HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☒ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	**23**		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	**24**	X	

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

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

PART V, SECTION B, LINE 5:

A TOTAL OF THREE FOCUS GROUPS WERE CONDUCTED WITH INDIVIDUALS REPRESENTING THESE POPULATIONS OF INTEREST IN THE HARRINGTON CATCHMENT AREA: (1) SENIOR CITIZENS (OLDER ADULTS), (2) LATINOS, AND (3) SUBSTANCE USERS IN RECOVERY. HARRINGTON LEADERSHIP CHOSE THESE POPULATIONS BASED ON THEIR IDENTIFICATION AS PARTICULARLY VULNERABLE POPULATIONS IN THE HOSPITAL CATCHMENT AREA. THE SENIOR AND RECOVERY GROUPS WERE COMPRISED OF LAY COMMUNITY MEMBERS, WHILE THE LATINO GROUP CONSISTED OF KEY STAKEHOLDERS REPRESENTING COMMUNITY ORGANIZATIONS SERVING THE LATINO POPULATION. REFER TO THE CHNA FOR FURTHER INFORMATION.

PART V, SECTION B, LINE 11:

AS NOTED ON ITS WEBSITE, THE HOSPITAL DEVELOPED A STRATEGIC PLAN TO IDENTIFY PROGRAMS AND FUTURE PROJECTS THAT WILL ENABLE THE HOSPITAL TO ADDRESS THE SIGNIFICANT NEEDS IN ITS CHNA.

PART V, SECTION B, LINE 18D:

REFERRAL TO COLLECTION AGENCY.

PART V, SECTION B, LINE 19D:

COLLECTION AGENCY ACTIVITIES.

PART V, SECTION B, LINE 22D:

PATIENT RESPONSIBLE AMOUNTS ARE BASED ON FAMILY SIZE AND RELATIONSHIP OF THE FAMILY'S INCOME TO THE FEDERAL POVERTY GUIDELINES, PER THE HOSPITAL'S

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

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

UNINSURED RELIEF POLICY. RELIEF IS AVAILABLE FOR INDIVIDUALS WHOSE FAMILY INCOME IS 400% OR LESS OF THE FEDERAL POVERTY GUIDELINES. RELIEF PROVIDED TO THE PATIENT RANGES FROM 100% RELIEF TO 20% RELIEF OF OUTSTANDING AMOUNTS DEPENDING ON FAMILY SIZE AND INCOME LEVEL.

PART V, SECTION B, LINE 24:

ALL HOSPITAL PATIENTS ARE CHARGED ACCORDING TO THE HOSPITAL'S ESTABLISHED CHARGES FOR SERVICES. IT IS INCUMBENT UPON THE PATIENT TO AVAIL HIMSELF/HERSELF OF RELIEF THROUGH THE HOSPITAL'S UNINSURED RELIEF PROGRAM.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART II, COMMUNITY BUILDING ACTIVITIES:

AFTER-CARE NURSES & HOME VISITING PROGRAMS

FREE-CARE VAN

INTERPRETER SERVICES

MENTAL HEALTH CLINIC

PREVENTIVE HEALTH DEPARTMENT (HEALTH EDUCATION, MAMMOGRAMS, ETC.)

PROVISION OF MEETING SPACES FOR RECOVERY COMMUNITY MEETINGS

SENIOR CITIZEN LUNCHES

VETERANS MEALS

VOLUNTEER PROGRAM

PART III, LINE 2:

THE ORGANIZATION USED A RATIO OF ITS TOTAL COSTS TO CHARGES APPLIED TO

ITS TOTAL BAD DEBT EXPENSE.

PART III, LINE 4:

THE ORGANIZATION PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS EQUAL TO

ESTIMATED BAD DEBT LOSSES. THE ESTIMATED LOSSES ARE BASED ON HISTORICAL

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COLLECTION EXPERIENCE TOGETHER WITH A REVIEW OF THE CURRENT STATUS OF

EXISTING RECEIVABLES.

THE ORGANIZATION USED A RATIO OF ITS TOTAL COSTS TO CHARGES TO CALCULATE

THE AMOUNT OF BAD DEBT EXPENSE AT COST.

PART III, LINE 8:

THE SHORTFALL EXPERIENCED BY THE ORGANIZATION FROM PROVIDED CARE TO

MEDICARE BENEFICIARIES SHOULD BE TREATED AS A COMMUNITY BENEFIT AS IT

REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO PROVIDING CARE TO THE FRAIL

AND ELDER CITIZENS OF THE COMMUNITY IT SERVES BEYOND THE AMOUNT IT

RECEIVES FROM THE MEDICARE PROGRAM. THIS CONTRIBUTION LEVEL IS CONSISTENT

WITH THE ORGANIZATION'S OVERALL CHARITABLE MISSION TO PROVIDE CARE TO ALL

INDIVIDUALS, REGARDLESS OF THE LEVEL OF PAYMENT RECEIVED FOR PROVIDING

THAT CARE.

THE ORGANIZATION USED A RATIO OF ITS TOTAL COSTS TO CHARGES TO CALCULATE

THE ALLOWANCE COSTS RELATED TO MEDICARE REVENUE RECEIVED.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 9B:

CO-PAYMENT AND/OR DEDUCTIBLE AMOUNTS FOR NON-EMERGENT OR NON-URGENT SERVICES IN ACCORDANCE WITH EMTALA SHALL BE COLLECTED AT TIME OF SERVICES OR REQUESTED BY SENDING A DAY AFTER LETTER. THE FIRST STATEMENT WILL INCLUDE INFORMATION ABOUT THE AVAILABILITY OF A FINANCIAL ASSISTANCE, MEDICAL HARDSHIP, BUDGETS, AND THE HOSPITAL'S UNINSURED RELIEF PROGRAM THAT MIGHT BE ABLE TO COVER THE COST OF THE HOSPITAL'S BILL, ALONG WITH NOTICE OF A PROMPT PAYMENT DISCOUNT FOR UNINSURED PATIENTS OF 20% IF PAID IN FULL WITHIN 10 BUSINESS DAYS OF RECEIVING THE FIRST STATEMENT. A TOTAL OF 3 STATEMENTS AND A FINAL NOTICE LETTER, TELEPHONE CALL ON ALL ACCOUNTS OVER $500.00, COLLECTION LETTERS, PERSONAL CONTACT NOTICES, DAY AFTER LETTER TO COLLECT COPAY AND/OR DEDUCTIBLE AT TIME OF SERVICE, COMPUTER NOTIFICATIONS, OR ANY OTHER NOTIFICATION METHOD THAT CONSTITUTES A GENUINE EFFORT TO CONTACT THE PARTY RESPONSIBLE FOR THE OBLIGATION. DOCUMENTATION OF ALL COLLECTION EFFORTS TO LOCATE THE PARTY RESPONSIBLE FOR THE OBLIGATION OR THE CORRECT ADDRESS ON BILLINGS. SENDING A FINAL NOTICE BY CERTIFIED MAIL FOR UNINSURED PATIENTS (THOSE WHO ARE NOT ENROLLED IN A PUBLIC PROGRAM SUCH AS THE HEALTH SAFETY NET OF

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MASSHEALTH). THE HOSPITAL SHALL NOT ASSIGN A PATIENT'S ACCOUNTS FOR

COLLECTION TO AN OUTSIDE AGENCY PRIOR TO 120 DAYS AFTER THE INITIAL BILL.

CHECKING THE ELIGIILITY VERIFICATION SYSTEM (EVS) TO ENSURE THAT THE

PATIENT IS NOT A LOW INCOME PATIENT AS DETERMINED BY THE OFFICE OF

MEDICAID AND HAS NOT SUBMITTED AN APPLICATION TO THE VIRTUAL GATEWAY

SYSTEM FOR COVERAGE OF THE SERVICES UNDER A PUBLIC PROGRAM, PRIOR TO

SUBMITTING CLAIMS TO THE HEALTH SAFETY NET OFFICE FOR EMERGENCY BAD DEBT

COVERAGE OF AN EMERGENCY LEVEL OR URGENT CARE SERVICE. THE FOLLOWING

INDIVIDUALS AND PATIENT POPULATIONS ARE EXEMPT FROM ANY COLLECTION OR

BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS:

PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT

LIMITED TO: MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND

CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN, "LOW INCOME

PATIENTS" AS DETERMINED BY THE OFFICE OF MEDICAID SUBJECT TO CERTAIN

EXCEPTIONS AS DESCRIBED IN ITS CREDIT AND COLLECTION POLICY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 2:

MOST OF OUR COMMUNITY OUTREACH HAS REMAINED CONSISTENT, AND WE HAVE EXPANDED EVEN MORE IN OUR BEHAVIORAL HEALTH FIELD FOR ACCESS TO CARE, INCLUDING A CO-OCCURRING DISORDERS UNIT IN WEBSTER, MA, BUT AS FAR AS 2017, OUR FINDINGS IN TOP HEALTH CONCERNS WERE:

FOR OVERALL COMMUNITY HEALTH CONCERNS, 68% OF PARTICIPANTS CITED OBESITY, FOLLOWED BY CANCER (61%), OPIOID/HEROIN ADDICTION (58%), MENTAL HEALTH DISORDERS/DEPRESSION (57%) AND DIABETES (54%).

IN RESPONSE TO THIS, HARRINGTON CONTINUES TO PROVIDE OUTREACH AND EDUCATION TO UNDERSERVED POPULATIONS INCLUDING HISPANIC, ELDERLY AND LOW INCOME. THROUGH FREE HEALTH SCREENINGS LIKE BLOOD PRESSURE AND WORKPLACE SEMINARS ABOUT NUTRITION AND DIABETES, WE HAVE BEEN ABLE TO CONNECT WITH OVER 500 COMMUNITY MEMBERS ANNUALLY TO PROVIDE EDUCATION AND RESOURCES TO LIFE HEALTHIER LIFESTYLES. OUR SELF WELLNESS PROGRAM HAS BEEN WORKING IN CONJUNCTION WITH SEVERAL REGIONAL AGENCIES TO PROVIDE OUTREACH TO AGES 13-26 SURROUNDING HEALTHY RELATIONSHIPS, PREGNANCY, BULLYING AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SELF-ESTEEM.

HARRINGTON ADDITIONALLY HAS EXPANDED ITS BEHAVIORAL HEALTH FOOTPRINT, OPENED TWO NEW CHILD AND FAMILY SERVICES CENTER AND DOUBLE ITS THERAPY TEAM WHICH HAS ALLOWED FOR GREATER ACCESS TO MENTAL HEALTH SERVICES IN THE COMMUNITY, INCLUDING WALK-IN INTAKES.

PART VI, LINE 3:

FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL AND ITS FINANCIAL COUNSELORS WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL. THE GOAL OF THESE NOTICES IS TO ASSIST PATIENTS IN APPLYING FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS MASSHEALTH,

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START,

HEALTH SAFETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET. THE

HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE

ELIGIBILITY PROCESS TO BE A LOW INCOME PATIENT UNDER EITHER THE

MASSACHUSETTS HEALTH SAFETY NET PROGRAM OR ADDITIONAL ASSISTANCE FOR

PATIENTS WHO ARE LOW INCOME THROUGH THE UNINSURED RELIEF PROGRAM. THE

HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT AVAILABLE PAYMENT PLANS THAT

MAY BE AVAILABLE TO THEM BASED ON THEIR FAMILY SIZE AND INCOME. THE

HOSPITAL SHALL POST A NOTICE (SIGNS) OF AVAILABILITY OF FINANCIAL

ASSISTANCE IN THE FOLLOWING LOCATIONS:

I. INPATIENT, CLINIC, AND EMERGENCY DEPARTMENT ADMISSION AND/OR

REGISTRATION AREAS;

II. PATIENT FINANCIAL COUNSELOR AREAS;

III. CENTRAL ADMISSION/REGISTRATION AREAS; AND

IV. BUSINESS OFFICE AREAS THAT IS OPEN TO PATIENTS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 4:

THE HARRINGTON HEALTHCARE SYSTEM CATCHMENT AREA FOCUSED ON FOR THE ASSESSMENT IS LOCATED PRIMARILY IN THE SOUTHERN REGION OF CENTRAL MASSACHUSETTS, AND INCLUDES 17 MASSACHUSETTS COMMUNITIES (BRIMFIELD, BROOKFIELD, CHARLTON, DOUGLAS, DUDLEY, EAST BROOKFIELD, HOLLAND, NORTH BROOKFIELD, OXFORD, PALMER, SOUTHBRIDGE, SPENCER, STURBRIDGE, WALES, WARREN, WEBSTER, WEST BROOKFIELD) AS WELL AS TWO COMMUNITIES (THOMPSON AND WOODSTOCK) IN NORTHERN CONNECTICUT.

PART VI, LINE 5:

REFER TO THE CHNA AND HOSPITAL WEBSITE FOR FURTHER DETAILS.

PART VI, LINE 6:

NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MA

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	EDWARD H. MOORE PRESIDENT/CEO	(i)	534,884.	192,645.	21,715.	42,000.	11,395.	802,639.	
		(ii)	0.	0.	0.				
2	THOMAS SULLIVAN VICE PRESIDENT/TREASURER	(i)	315,452.	38,868.	20,532.	42,000.	1,925.	418,777.	
		(ii)	0.	0.	0.				
3	ARTHUR RUSSO, M.D. VP OF MEDICAL AFFAIR	(i)	274,839.	34,728.	21,021.	39,996.		370,584.	
		(ii)	0.	0.	0.				
4	THOMAS HIJECK VP OF NURSING	(i)	201,808.	20,705.	0.	24,000.	1,440.	247,953.	
		(ii)	0.	0.	0.				
5	HAROLD R. LEMIEUX VP AND CIO	(i)	204,009.	20,541.	0.	7,800.	9,066.	241,416.	
		(ii)	0.	0.	0.				
6	CHRISTOPHER CANNIFF VP OF HR	(i)	179,800.	18,942.	0.		2,603.	201,345.	
		(ii)	0.	0.	0.				
7	JAMES SULLIVAN, JR., MD PHYSICIAN	(i)	481,098.	33,000.	0.	24,000.	9,294.	547,392.	
		(ii)	0.	0.	0.				
8	JARRETT M. BURNS, MD PHYSICIAN	(i)	313,303.	33,000.	0.	18,000.	2,252.	366,555.	
		(ii)	0.	0.	0.				
9	ANDREW MARINO, MD PHYSICIAN	(i)	350,546.	33,000.	0.	15,600.	9,372.	408,518.	
		(ii)	0.	0.	0.				
10	MARIE KING PHYSICIAN	(i)	319,198.	33,000.	0.	18,000.	2,506.	372,704.	
		(ii)	0.	0.	0.				
11	TINA RENDER PHYSICIAN	(i)	289,994.	1,250.	64,810.	10,400.	11,934.	378,388.	
		(ii)	0.	0.	0.				
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

EDWARD MOORE PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN,

WHICH WAS CREDITED WITH $42,000 IN DEFERRED COMPENSATION FOR CALENDAR

YEAR 2017.

THOMAS SULLIVAN PARTICIPATES IN A 457F PLAN, WHICH WAS CREDITED WITH

$42,000 IN DEFERRED COMPENSATION FOR CALENDAR YEAR 2017.

ARTHUR RUSSO PARTICIPATES IN A 457F PLAN, WHICH WAS CREDITED WITH $39,996

IN DEFERRED COMPENSATION FOR CALENDAR YEAR 2018.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **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
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY		NONEAVAIL	09/01/2017	30,495,000.	REFUND MHEFA, DEVELOPMENT, CONSTRU		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,495,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	1,763,869.			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	443,731.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,500,000.			
11	Other spent proceeds	17,944,616.			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)* MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV **Arbitrage** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART 1, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization
HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number
04-2103577

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) Corrected? Yes	(d) Corrected? 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.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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.

	(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	(e) Sharing of organization's revenues? No
(1)	JRD REALTY TRUST	TRUSTEES OF THE TRUST	284,117.	THE HOSPITAL		
(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).

SCH. L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JRD REALTY TRUST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEES OF THE TRUST ARE INDIVIDUAL BOARD MEMBERS OF THE HOSPITAL.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL LEASED SPACE OWNED BY THE JRD REALTY TRUST, THE TRUSTEES OF WHICH ARE ANTHONY M. DETARANDO AND ANTHONY J. DETARANDO, BOTH OF WHOM ARE INDIVIDUAL BOARD MEMBERS OF THE HOSPITAL.

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

BOARD MEMBERS ANTHONY M. DETARANDO AND ANTHONY JAY DETARANDO ARE RELATED AS FATHER AND SON.

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

THE HOSPITAL'S SOLE CORPORATE MEMBER IS HARRINGTON HEALTHCARE SYSTEM, INC.

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

THE HOSPITAL'S SOLE CORPORATE MEMBER IS HARRINGTON HEALTHCARE SYSTEM, INC.

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

THE HOSPITAL'S SOLE CORPORATE MEMBER IS HARRINGTON HEALTHCARE SYSTEM, INC.

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

THE FORM 990 IS PREPARED BY THE HOSPITAL'S OUTSIDE INDEPENDENT ACCOUNTANT WITH INFORMATION GIVEN TO THEM BY THE HOSPITAL STAFF. AFTER COMPLETION, IT IS REVIEWED BY THE HOSPITAL'S CONTROLLER AND VP OF FINANCE BEFORE BEING PRESENTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI SECTION B, LINE 12C:

THE CORPORATION REQUIRES THAT ALL EMPLOYEES, AND MEMBERS AND OFFICERS OF

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

THE BOARD OF DIRECTORS OF THE CORPORATION AND ANY MEMBER OF ANY COMMITTEE DISCLOSE IN WRITING (AND UPDATE ANNUALLY) ALL BUSINESS AND OTHER RELATIONSHIPS WHICH MIGHT POTENTIALLY CREATE A CONFLICT OF INTEREST AND ALL CONFLICTS OF INTEREST AS DEFINED BY THE POLICY.

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

THE BOARD OF DIRECTORS REVIEW AND APPROVE THE COMPENSATION OF THE CEO AND TOP MANAGEMENT. THE CEO REVIEWS AND APPROVES TOP MANAGEMENT SALARIES. TOP MANAGEMENT WILL THEN REVIEW AND APPROVE KEY EMPLOYEE SALARIES.

FORM 990, PART VI, SECTION C, LINE 18:

THE HOSPITAL MAKES ITS FORM 990 AND 990-T AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE HOSPITAL'S FORM 990 AND 990-T ARE AVAILABLE ON THE PUBLIC CHARITIES WEBSITE MAINTAINED BY THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL.

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

THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE HOSPITAL'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE PUBLIC CHARITIES WEBSITE MAINTAINED BY THE COMMONWEALTH OF MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART XI, LINE 9, CHANGE IN NET ASSETS

ADJUSTMENT TO MINIMUM PENSION LIABILITY	$2,142,289
EQUITY TRANSFERS TO AFFILIATE	($12,648,260)
NET ASSETS RELEASED FROM EXPENDITURES	$753,071

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

NET ASSETS RELEASED FROM RESTRICTION	$203,302
OTHER ADJUSTMENTS	($668,012)
TOTAL TO FORM 990, PART XI, LINE 9	(10,217,610)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TRI COMM ANESTHESIA ASSO 100 SOUTH STREET, #110 SOUTHBRIDGE, MA 01550	PHYSICIAN SERVICES	1,500,857.
TRIMEDEX 12483 COLLECTION CENTER DRIVE CHICAGO, IL 60693	RADIOLOGY	1,173,593.
TRANE PO BOX 406469 ATLANTA, GA 30384	MAINTENANCE	1,140,856.
JAMES J WELCH & CO, INC. 27 CONGRESS STREET, SUITE 503 SALEM, MA 01970	ARCHITECT	903,136.
WORCESTER ELEVATOR 4 SOUTHBRIDGE STREET AUBURN, MA 01501	ELEVATOR SERVICES	765,334.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER	13,622,243.	4,261,675.	9,323,776.	36,792.
TOTALS	13,622,243.	4,261,675.	9,323,776.	36,792.

Name of the organization: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
BOARD DESIGNATED ASSETS	51,212,969.	FMV
DONOR-RESTRICTED	7,648,320.	FMV
ASSETS HELD UNDER INDENTURE AG	8,432,015.	FMV
TOTALS	67,293,304.	

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

HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number

04-2103577

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	(g) Section 512(b)(13) controlled entity? No
(1) HARRINGTON PHYSICIAN SERVICES, INC. 13-4366504 100 SOUTH STREET SOUTHBRIDGE, MA 01550	HEALTHCARE SE	MA	501(C)(3)	10	HHS, INC.		X
(2) HARRINGTON HEALTHCARE SYSTEM, INC. 80-0518491 100 SOUTH STREET SOUTHBRIDGE, MA 01550	HEALTHCARE SU	MA	501(C)(3)	10	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CENTRAL MASSACHUSETTS COMPREHE 55 SAYLES STREET SOUTHBRIDGE,	HEALTHCARE	MA	NE RADIATION TH	RELATED	597,045.	334,960.		X	0.			22.0000
(2) 10 NORTH MAIN STREET, LLC 00-0 10 NORTH MAIN STREET CHARLTON,	HEALTHCARE	MA	COMPASS DEVELOP	RELATED	561,980.	2,331,413.		X	0.			50.0000
(3)												
(4)												
(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	(i) No
(1)									
(2)									
(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.

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to related organization(s)	**1b**		X
c	Gift, grant, or capital contribution from related organization(s)	**1c**		X
d	Loans or loan guarantees to or for related organization(s)	**1d**		X
e	Loans or loan guarantees by related organization(s)	**1e**		X
f	Dividends from related organization(s)	**1f**		
g	Sale of assets to related organization(s)	**1g**		X
h	Purchase of assets from related organization(s)	**1h**		X
i	Exchange of assets with related organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		X
o	Sharing of paid employees with related organization(s)	**1o**		X
p	Reimbursement paid to related organization(s) for expenses	**1p**		X
q	Reimbursement paid by related organization(s) for expenses	**1q**		X
r	Other transfer of cash or property to related organization(s)	**1r**	X	
s	Other transfer of cash or property from related organization(s)	**1s**		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)				
(2)				
(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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION: CENTRAL MASSACHUSETTS COMPREHENSIVE CANCER CENTER, LLC

EIN: 26-1795998

ADDRESS: 55 SAYLES STREETSOUTHBRIDGE, MA 01550

DIRECT CONTROLLING ENTITY: NEW ENGLAND RADIATION THERAPY MANAGEMENT SERVICES, INC.

Harrington HealthCare System, Inc.

Consolidated Financial Statements
September 30, 2018 and 2017

The report accompanying these financial statements was issued by
BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of
BDO International Limited, a UK company limited by guarantee.

Harrington HealthCare System, Inc.

Consolidated Financial Statements
September 30, 2018 and 2017

Harrington HealthCare System, Inc.

Contents

Tel: 617-422-0700
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www.bdo.com

One International Place
Boston, MA 02110-1745

Independent Auditor's Report

To the Board of Directors
Harrington HealthCare System, Inc.
Southbridge, Massachusetts

We have audited the accompanying consolidated financial statements of Harrington HealthCare System, Inc., which comprise the consolidated balance sheets as of September 30, 2018 and 2017, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Harrington HealthCare System, Inc. as of September 30, 2018 and 2017, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Consolidating Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

BDO USA, LLP

January 30, 2019

Consolidated Financial Statements

Harrington HealthCare System, Inc.

Consolidated Balance Sheets

September 30,	**2018**	2017
Assets		
Current Assets:		
Cash and cash equivalents	**$ 3,152,143**	$ 3,749,741
Accounts receivable, net	**18,148,837**	17,427,951
Other receivables	**749,636**	518,902
Inventory	**1,580,790**	1,553,319
Prepaid expenses and other current assets	**2,515,202**	2,140,133
Current portion of assets whose use is limited or restricted	**51,212,969**	53,785,171
Total Current Assets	**77,359,577**	79,175,217
Assets Whose Use is Limited or Restricted, Net of current portion:		
Donor-restricted	**7,648,320**	8,136,941
Assets held in trust under indenture agreement	**8,432,015**	9,587,818
Total Assets Whose Use is Limited or Restricted	**16,080,335**	17,724,759
Property and Equipment, net	**47,834,104**	47,991,521
Other Assets	**1,945,564**	3,237,731
Total Assets	**$ 143,219,580**	$ 148,129,228

September 30,	**2018**	2017
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	**$ 845,000**	$ 1,059,295
Current portion of capital lease obligations	**119,501**	54,470
Accounts payable and accrued expenses	**20,161,488**	17,149,564
Accrued compensation and amounts withheld	**7,395,521**	7,723,376
Current portion of estimated settlements with third-party payors	**751,693**	1,718,980
Total Current Liabilities	**29,273,203**	27,705,685
Accrued Expenses	**2,487,212**	5,223,772
Long-term Debt, less current portion and deferred financing costs	**28,179,039**	29,005,519
Long-term Capital Lease Obligations, less current portion	**320,432**	-
Long-term Pension Liability	**4,262,267**	7,098,700
Estimated Settlements With Third-Party Payors, less current portion	**1,805,564**	3,832,591
Total Liabilities	**66,327,717**	72,866,267
Commitments and Contingencies		
Net Assets:		
Unrestricted	**68,949,235**	66,881,576
Temporarily restricted	**1,295,060**	1,748,436
Permanently restricted	**6,647,568**	6,632,949
Total Net Assets	**76,891,863**	75,262,961
Total Liabilities and Net Assets	**$ 143,219,580**	**$ 148,129,228**

See accompanying notes to consolidated financial statements.

Harrington HealthCare System, Inc.

Consolidated Statements of Operations

Years ended September 30,	**2018**	2017
Revenue and Other Support:		
Patient service revenue, net of contractual allowances and discounts	**$ 165,885,695**	$ 159,075,207
Provision for uncollectible accounts	**(6,412,162)**	(6,300,091)
Net patient service revenue	**159,473,533**	152,775,116
Other operating revenue	**7,879,919**	8,038,791
Net assets released from restrictions used in operations	**203,302**	98,904
Total Revenue and Other Support	**167,556,754**	160,912,811
Expenses:		
Salaries and wages	**86,997,090**	88,745,905
Fringe benefits	**18,130,216**	19,145,906
Professional compensation	**8,483,761**	7,938,201
Supplies and other expenses	**49,554,890**	44,847,225
Depreciation and amortization	**6,461,522**	6,425,514
Interest	**805,581**	757,767
Health Safety Net assessment	**1,841,206**	1,448,933
Total Expenses	**172,274,266**	169,309,451
Loss from Operations	**(4,717,512)**	(8,396,640)
Non-operating Gains (Losses):		
Investment income	**2,593,665**	1,886,957
Realized gains on investments	**2,201,585**	2,662,809
Other non-operating loss	**(169,831)**	(129,318)
Contributions	**115,487**	324,659
Total Non-operating Gains	**4,740,906**	4,745,107
Excess (Deficit) of Revenue, Other Support and Gains Over Expenses and Losses	**23,394**	(3,651,533)
Other Changes in Unrestricted Net Assets:		
Net assets released from restrictions for capital expenditures	**753,071**	1,284,977
Capital grants	**273,742**	1,119,684
Adjustment to minimum pension liability	**2,142,289**	4,384,261
Unrealized gain on interest rate swap agreement	**-**	453,279
Unrealized (loss) gain on investments	**(1,124,837)**	2,487,577
Change in Unrestricted Net Assets	**$ 2,067,659**	$ 6,078,245

See accompanying notes to consolidated financial statements.

Harrington HealthCare System, Inc.

Consolidated Statements of Changes in Net Assets

Years ended September 30,	**2018**	2017
Unrestricted Net Assets:		
Excess (Deficit) of revenue, other support and gains over expenses and losses	**$ 23,394**	$ (3,651,533)
Net assets released from restrictions for capital expenditures	**753,071**	1,284,977
Capital grants	**273,742**	1,119,684
Adjustment to minimum pension liability	**2,142,289**	4,384,261
Unrealized gain on interest rate swap agreement	**-**	453,279
Unrealized (loss) gain on investments	**(1,124,837)**	2,487,577
Change in Unrestricted Net Assets	**2,067,659**	6,078,245
Temporarily Restricted Net Assets:		
Contributions	**502,997**	2,564,395
Investment income	**-**	6
Net assets released from restrictions used in operations	**(203,302)**	(97,972)
Net assets released from restrictions for capital expenditures	**(753,071)**	(1,284,977)
Change in Temporarily Restricted Net Assets	**(453,376)**	1,181,452
Permanently Restricted Net Assets:		
Unrealized gain on charitable trust funds	**14,619**	458,837
Net assets released from restrictions used in operations	**-**	(932)
Change in Permanently Restricted Net Assets	**14,619**	457,905
Change in Net Assets	**1,628,902**	7,717,602
Net Assets, beginning of year	**75,262,961**	67,545,359
Net Assets, end of year	**$ 76,891,863**	$ 75,262,961

See accompanying notes to consolidated financial statements.

Harrington HealthCare System, Inc.

Consolidated Statements of Cash Flows

Years ended September 30,	**2018**	2017
Cash Flows from Operating Activities:		
Change in net assets	**$ 1,628,902**	$ 7,717,602
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Adjustment to minimum pension liability	**(2,142,289)**	(4,384,261)
Depreciation and amortization expense	**6,461,522**	6,425,514
Interest Expense	**17,959**	224,103
Provision for uncollectible accounts	**6,412,162**	6,300,091
Gain on interest rate swap	**-**	(453,279)
Unrealized loss (gains) on investments	**1,110,218**	(2,946,414)
Restricted contributions and capital grants	**(776,739)**	(3,684,079)
Realized gains on investments	**(2,201,585)**	(2,662,809)
Increase (decrease) in cash resulting from a change in:		
Accounts receivable	**(7,133,048)**	(8,469,952)
Other receivables	**(230,734)**	507,985
Inventory	**(27,471)**	358,518
Prepaid expenses and other current assets	**(375,069)**	104,990
Other assets	**1,292,167**	3,501,740
Long-term pension obligation	**(694,144)**	(644,867)
Accounts payable and accrued expenses	**275,364**	(1,773,072)
Accrued compensation and amounts withheld	**(327,855)**	478,760
Estimated settlements with third-party payors	**(2,994,314)**	1,129,465
Net Cash Provided by Operating Activities	**295,046**	1,730,035
Cash Flows from Investing Activities:		
Purchases of property and equipment	**(5,806,184)**	(6,111,956)
Proceeds (Purchases of) from assets whose use is limited or restricted	**5,307,993**	(9,152,194)
Net Cash Used in Investing Activities	**(498,191)**	(15,264,150)
Cash Flows from Financing Activities:		
Restricted contributions and capital grants	**776,739**	3,684,079
Repayments of line of credit	**-**	(350,000)
Payment of long-term debt issuance costs	**-**	(444,481)
Repayment of interest rate swap liability	**-**	(907,599)
Principal payments on capital lease obligation	**(111,897)**	(346,747)
Proceeds from long term debt	**-**	30,495,000
Principal payments on long-term debt	**(1,059,295)**	(17,387,264)
Net Cash (Used in) Provided by Financing Activities	**(394,453)**	14,742,988
Net (Decrease) Increase in Cash and Cash Equivalents	**(597,598)**	1,208,873
Cash and Cash Equivalents, beginning of year	**3,749,741**	2,540,868
Cash and Cash Equivalents, end of year	**$ 3,152,143**	$ 3,749,741
Supplemental Disclosures of Cash Flow Information:		
Cash Paid During the Year for Interest, Net of Amount Capitalized	**$ 787,061**	$ 678,621
Property and Equipment Acquired through a Capital Lease	**$ 497,921**	$ -

See accompanying notes to consolidated financial statements.

1. Organization

Nature of Organization

Harrington HealthCare System, Inc. (the "System") was established in October 2009 to organize, operate, and support a comprehensive health system including, without limitation, hospital and other health care services for all persons, provided that the System shall operate exclusively for the benefit of Harrington Memorial Hospital, Inc. (the "Hospital") and its other affiliated charitable organizations in the conduct of their charitable, educational, and scientific functions. The System serves as the sole corporate member for the Hospital and Harrington Physician Services, Inc. ("HPS").

Harrington Memorial Hospital, Inc. is an acute care hospital located in Southbridge, Massachusetts. The Hospital was established in 1931 to meet the health care needs of the citizens of south central Massachusetts and northeastern Connecticut. The Hospital provides inpatient, outpatient, and emergency care services to the residents of its service area. In May 2008, the Hospital expanded its services to a campus in Webster, Massachusetts, Harrington HealthCare at Hubbard. The Hubbard campus provides outpatient and emergency care services for residents of its service area.

Harrington Physician Services, Inc., a charitable tax-exempt organization, was established in 2008 to serve the charitable purposes of the Hospital by providing physicians who are needed to serve the Hospital's community.

2. Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the System and its members, Harrington Memorial Hospital, Inc. and Harrington Physician Services, Inc. (collectively referred to herein as the "Organization"). Significant intercompany balances and transactions have been eliminated.

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis and conform to accounting principles generally accepted in the United States of America, as applicable to not-for-profit organizations.

Financial Statement Presentation

Net assets are classified into permanently restricted, temporarily restricted, and unrestricted net assets, when appropriate, to properly disclose the nature and amount of significant resources that have been restricted in accordance with specified objectives.

Unrestricted net assets: represent amounts not restricted for identified purposes by donors or grantors. These amounts are available to be used for the general purposes of the Organization, and they include resources designated by the Board of Directors for use at its discretion.

Temporarily restricted net assets: represent amounts whose use by the Organization has been limited by donors to a specific period or purpose. In addition, unrealized gains on permanently

restricted funds, which are not available for current use under the Organization's spending policy approved by the Board of Directors, are classified as temporarily restricted.

Permanently restricted net assets: represent amounts that have been restricted by donors to be maintained by the Organization in perpetuity and are comprised of investments and amounts held by charitable trust funds for the benefit of the Organization.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Fair Value of Financial Instruments

The Organization determines the fair value of financial instruments and includes this information in the notes to the consolidated financial statements when the value is materially different than the carrying value of those financial instruments.

Cash and Cash Equivalents

For purposes of the consolidated statements of cash flows, the Organization considers all highly liquid investments not designated for use by the Board of Directors and with original maturities of three months or less when purchased to be cash and cash equivalents.

Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about the major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary. For receivables associated with self-pay patients, the Organization records a provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that certain patients are unable or unwilling to pay the portion of their bills for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Inventory

Inventory, consisting of pharmaceutical, medical, surgical, and dietary supplies, is stated at the lower of cost (first-in, first-out) or market.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted, consisting primarily of investments, include assets set aside by the Board of Directors over which the Board of Directors retains control and may, at its discretion, use for various purposes; assets specified by donors to be held in perpetuity; assets specified by donors or grantors for specific purposes; assets set aside in accordance with loan agreements; and assets held in trust by others.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

Investments in non-marketable investments (alternative investments as described in the American Institute of Certified Public Accountants' document, *A Practice Guide for Auditors: Alternative Investments - Audit Consideration)* are generally carried at fair value as estimated by management based on fair values provided by external investment managers. Because these investments are not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed, and such difference could be material. The amount of gain or loss associated with these investments is reflected in the accompanying consolidated financial statements based on information provided by the management of the funds. The Organization believes that the carrying amount of alternative investments is a reasonable estimate of the fair values as of September 30, 2018 and 2017.

Unrestricted investment income and realized gains and losses from investments are reported as non-operating gains and losses. Unrealized gains and losses on investments are reported as other changes in net assets unless the investments are trading securities or the decline in market value below cost is determined to be other than temporary. Restricted investment income and investment gains and losses (realized and unrealized) are reported as additions to the appropriate donor-restricted funds.

Investments are periodically reviewed for impairment based upon criteria that include the extent to which cost exceeds market value, the duration of the market decline, and specific issuer financial conditions. Impairments that are determined to be other than temporary are recognized as realized losses.

The Organization has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Board of Directors and expended. State law allows the Board of Directors to appropriate as much of the net appreciation of permanently restricted net assets as is prudent considering the Organization's long-term and short-term needs, present and anticipated financial requirements, expected total return on investments, price level trends, and general economic conditions.

The Organization is a member in several joint venture agreements for the development and operation of satellite healthcare services, including a medical office building and a cancer care center. These investments are recorded under the equity method of accounting and are included in other assets on the Organization's consolidated balance sheets.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation and amortization are provided over the estimated useful life of each class of depreciable asset using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Expenditures for maintenance and repairs are charged to operations as incurred. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Assets	Life in Years
Buildings and improvements	20-40
Major moveable equipment	3-10
Fixed equipment	5-15

Impairment of Long-Lived Assets

Financial Accounting Standards Board ("FASB") Accounting Standard Codification ("ASC") 360-10-35, "Accounting for the Impairment or Disposal of Long-Lived Assets," requires the Organization to review long-lived assets, such as property and equipment or intangible assets, for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be fully recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. As of September 30, 2018, the Organization did not recognize any impairment.

Deferred Financing Costs

Deferred financing costs are amortized over the term of the related loan. Amortization of these costs is provided on a straight-line basis, which approximates the effective method over the term of the related loan. Deferred financing costs are presented as a reduction of long-term debt.

Other Assets

Other assets consist of the Organization's interest in joint ventures, a post-retirement benefit plan (see Note 13), security deposits, and estimated malpractice receivables. The Organization's interest in joint ventures is recorded via the equity method. The Organization estimates its malpractice receivable and liability utilizing the most recent quarterly loss report received from the insurance carrier and records both the asset and liability based on the insurance carrier's estimate of claims and potential recoveries.

Statement of Operations

For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenue and expenses. Peripheral or incidental transactions are reported as non-operating gains and losses, which consist primarily of unrestricted contributions, investment income, and realized gains and losses on investments.

Net Patient Service Revenue

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursements to the Organization are subject to negotiation, audit, and/or final determination by third-party payors. Retroactive adjustments are accrued on an estimated basis in the period related services are rendered and adjusted in future periods as final settlements are determined. For uninsured patients who do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for uncollectible accounts related to uninsured patients in the period the services are provided.

Premium Revenue

The Organization has agreements with various health maintenance organizations ("HMOs") to provide medical services to subscribing participants. Under these agreements, the Organization receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by the Organization. In addition, the HMOs pay the Organization for certain covered services based upon discounted fee schedules. Premium revenue is included in net patient service revenue on the consolidated statements of operations.

Contract and Grant Revenue

The Organization derives revenues via contracts and grants received through the Commonwealth of Massachusetts Department of Mental Health, Department of Public Health, and Department of Social Services, and from other private foundations and grantor agencies. Accordingly, the Organization is subject to the regulations and reporting requirements of the applicable governmental and grantor agencies. Contract and grant revenue is recorded in accordance with the provisions of the applicable award amounts. Contract and grant revenue is included in other operating revenue on the consolidated statements of operations.

Charity Care

The Organization provides charity care to patients who meet certain criteria under its charity care policy, without charge, or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Therefore, net patient service revenue in the accompanying consolidated financial statements is recorded net of its reimbursement from the Massachusetts Health Safety Net Trust ("HSN").

Contributions

Contributions received, including pledges and the use of property, are recorded as revenues in the period received, at their fair values. The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose

restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met in the same operating period are presented as unrestricted support. The Organization reports gifts of property at their estimated fair value at the date of gift. The gifts are shown as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long these long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated assets or acquired long-lived assets are placed in service.

Excess of Revenues Over Expenses

The consolidated statements of operations include the excess (deficit) of revenue, other support and gains over expenses and losses. Changes in unrestricted net assets which are excluded from the excess (deficit) of revenue, other support and gains over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments and interest rate swaps, contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purpose of acquiring such assets), and the adjustment of the minimum pension liability.

Performance Indicator

The consolidated statements of operations include the excess of revenues, other support and gains over expenses and losses. Changes in unrestricted net assets which are excluded from the excess of revenues, other support and gains over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments and net assets released from restriction for capital expenditures.

Tax Status

The System, Hospital, and HPS are not-for-profit corporations. The System, Hospital, and HPS have been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code (the "Code") and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying consolidated financial statements. The Organization annually evaluates its tax status and tax positions taken with respect to its operations and financial position.

Under ASC 740, an organization must recognize the financial statement effects of a tax position taken for tax return purposes when it is more likely than not that the position will not be sustained upon examination by a taxing authority. The Organization does not believe it has taken any material uncertain tax positions, and, accordingly, it has not recorded any liability for unrecognized tax benefits. The Organization has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, the Organization has filed IRS Form 990 information returns, as required, and all other applicable returns in jurisdictions where so required. For the years ended September 30, 2018 and 2017, there were no interest or penalties recorded or included in the consolidated statements of operations. The Organization is subject to routine audits by taxing authorities. As of September 30, 2018, the Organization was not subject to any examination by a taxing authority.

Reclassification of Prior Year's Balances

Certain account balances as of and for the year ended September 30, 2017, have been reclassified to enhance financial statement comparability.

Accounting Pronouncements Issued but Not Yet Adopted

Revenue From Contracts With Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2014-09, "Revenue from Contracts with Customers (Topic 606)," which is a comprehensive new revenue recognition standard that will supersede existing revenue recognition guidance. The core principle of the guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The FASB issued ASU 2015-14 that deferred the effective date for the Organization until annual periods beginning after December 15, 2018. Earlier adoption is permitted subject to certain limitations. The amendments in this update are required to be applied retrospectively to each prior reporting period presented or with the cumulative effect being recognized at the date of initial application. Management is currently evaluating the impact of this ASU on its consolidated financial statements.

Leases (Topic 842)

In February 2016, the FASB issued ASU 2016-02, "Leases (Topic 842)," to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements for lessees and lessors. The new standard applies a right-of-use ("ROU") model that requires, for all leases with a lease term of more than 12 months, an asset representing its right to use the underlying asset for the lease term and a liability to make lease payments to be recorded. The ASU is effective for the Organization's fiscal years beginning after December 15, 2019, with early adoption permitted. Management is currently evaluating the impact of this ASU on its consolidated financial statements.

Not-for-Profit Entities (Topic 958) and Health Care Entities (Topic 954) – Presentation of Financial Statements of Not-for-Profit Entities

In August 2016, the FASB issued ASU 2016-14, "Not-for-Profit Entities (Topic 958) and Health Care Entities (Topic 954) – Presentation of Financial Statements of Not-for-Profit Entities." The ASU amends the current reporting model for nonprofit organizations and enhances their required disclosures. The major changes include: (a) requiring the presentation of only two classes of net assets now entitled "net assets without donor restrictions" and "net assets with donor restrictions," (b) modifying the presentation of underwater endowment funds and related disclosures, (c) requiring the use of the placed in service approach to recognize the expirations of restrictions on gifts used to acquire or construct long-lived assets absent explicit donor stipulations otherwise, (d) requiring that all nonprofits present an analysis of expenses by function and nature in either the statement of activities, a separate statement, or in the notes and disclose a summary of the allocation methods used to allocate costs, (e) requiring the disclosure of quantitative and qualitative information regarding liquidity and availability of resources, (f) presenting investment return net of external and direct expenses, and (g) modifying other financial statement reporting requirements and disclosures intended to increase the usefulness of nonprofit financial statements. The ASU is effective for the Organization's financial statements for fiscal years beginning after December 15,

2017. Early adoption is permitted. The provisions of the ASU must be applied on a retrospective basis for all years presented although certain optional practical expedients are available for periods prior to adoption. Management is currently evaluating the impact of this ASU on their consolidated financial statements

Subsequent Events

The Organization has evaluated subsequent events through January 30, 2019, which is the date the consolidated financial statements were available for issuance. There were no subsequent events requiring adjustment to the consolidated financial statements and disclosures as stated herein.

3. Concentration of Credit Risk

Financial instruments that potentially subject the Organization to a concentration of credit risk are patient accounts receivable, cash and cash equivalents, and other interest-bearing investments. The risk with respect to cash and cash equivalents is minimized by the Organization's policy of investing available cash in money market securities of various banks, commercial paper of domestic companies with high credit ratings, securities backed by the United States Government, and select mutual funds and limited partnerships. The Organization, by policy, limits the amount of credit exposure to any one institution.

The Organization has a potential concentration of credit risk in that it maintains deposits with a financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation ("FDIC"). The maximum deposit insurance amount is $250,000, which is applied per depositor, per insured bank for each account ownership category. As of September 30, 2018, and 2017, the Organization had $6,566,729 and $5,503,394, respectively, in excess of FDIC limits.

The Organization grants credit, without collateral, to its patients, many of whom are local residents and are insured under third-party payor agreements.

The mix of accounts receivable, net of contractual allowances, from patients and third-party payors was as follows as of September 30:

	2018	**%**	2017	%
Medicare	**$ 6,134,836**	**26%**	$ 5,146,739	22%
Other third-party payors, including self-pay	**6,038,045**	**26%**	6,091,029	19%
Health Maintenance Organizations	**6,024,852**	**26%**	7,470,792	33%
Medicaid	**5,053,938**	**22%**	4,248,634	27%
	23,251,671	**100%**	22,957,194	100%
Less allowance for doubtful accounts	**5,102,834**		5,529,243	
	$ 18,148,837		$17,427,951	

A significant portion of the accounts receivable from HMOs is derived from BlueCross BlueShield of Massachusetts, Fallon Community Health Plan, and Harvard Pilgrim HealthCare. A significant portion of the accounts receivable from other third-party payors is derived from workers' compensation insurance and automobile insurance. Although management expects the amounts recorded as net

accounts receivable at September 30, 2018, to be collectible, this concentration of credit risk is expected to continue in the near term.

The methodology and assumptions utilized by management to estimate the allowance for doubtful accounts have not significantly changed from the prior year.

4. Uncompensated Care

As a community provider of health care services, the Organization maintains programs to promote the overall well-being of the community in which it serves. These programs include human service programs, health clinics, the operation of an emergency room, and the provision of inpatient and outpatient hospital services. These services are available to all individuals regardless of their ability to pay for such services. Those unable to pay for the care they receive are eligible to benefit from the Organization's free care policy.

In accordance with the Massachusetts Health Safety Net Trust ("HSN") guidelines, the Organization maintains records to identify and monitor the volume of patients to whom it provides free care. These records include completed applications for eligible patients and the dates and amounts for all charges furnished under the Organization's free care policies and submitted to the HSN.

The following information identifies the level of charity care provided during the fiscal years ended September 30:

	2018	2017
Charity care charges based on established rates	**$ 7,850,000**	$ 5,550,000
Estimated costs and expenses incurred to provide charity care	**$ 2,880,000**	$ 2,140,000
Equivalent percentage of charity care patients to all patients served	**2.10%**	1.60%

The cost to provide charity care was determined using a ratio of cost to charges.

Amounts were paid to, or withdrawn from, the HSN based on the relationship between the Organization's private sector (i.e., non-governmental) charges and those charges recognized and adjudicated by HSN as free care. The following detail identifies the total amount due from (to) the HSN during the years ended September 30:

	2018	2017
Charity care cost recognized	**$ 1,097,000**	$ 836,000
HSN assessment	**(1,841,000)**	(1,449,000)
Net Amount Due to the HSN	**$ (744,000)**	$ (613,000)

5. Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Net revenues from services to patients consisted of the following for the years ended September 30:

	2018	2017
Patient Service Revenue:		
Routine	**$ 38,625,976**	$ 36,690,762
Ancillary services:		
Inpatient	**46,940,221**	45,428,222
Outpatient	**338,190,419**	315,066,686
	423,756,616	397,185,670
Less contractual allowances and discounts	**257,870,921**	238,110,463
	165,885,695	159,075,207
Less provision for uncollectible accounts	**6,412,162**	6,300,091
Net Patient Service Revenue	**$159,473,533**	$ 152,775,116

Included in contractual allowances for the years ended September 30, 2018 and 2017, were adjustments resulting from a change in estimate relative to the Organization's prior year third-party payor settlements. Such adjustments increased net patient service revenue by $966,981 for the year ended September 30, 2018, and increased net patient service revenue by $768,431 for the year ended September 30, 2017.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts) recognized for the years ended September 30, 2018 and 2017, was as follows for uninsured patients and patients who have third-party coverage.

	Third-party Payors	Self-pay	Total
Patient Service Revenue, net of contractual allowances and discounts:			
Year ended September 30, 2018	$ 162,509,648	$ 3,376,047	$165,885,695
Year ended September 30, 2017	$ 155,721,451	$ 3,353,756	$159,075,207

6. Third-Party Reimbursement

The Organization maintains agreements with the Centers for Medicare and Medicaid Services ("CMS") (under the Medicare program), the Commonwealth of Massachusetts (under the Medicaid program), and various commercial insurance carriers, health maintenance organizations, and provider organizations. These agreements govern payment to the Organization for services rendered to subscribers and beneficiaries covered by these programs. Certain of these agreements require the Organization to prepare and file various annual cost reports, which summarize actual and allowable cost and charge data.

The Medicare program of CMS reimburses acute care hospitals under the Prospective Payment System for most inpatient services. Outpatient services provided to Medicare patients are reimbursed by CMS on a prospective basis under the system referred to as Ambulatory Payment Classifications. This system establishes rates of payment based on the services provided to outpatients using the current procedural terminology. Medicare pays for laboratory services based on a schedule of fee screens.

MassHealth (Medicaid) pays for services provided to beneficiaries under a prospective payment system. MassHealth pays a fixed amount per discharge for inpatient services, prospectively determined rates based on diagnoses and procedures performed for most outpatient services, and fixed amounts for certain other outpatient services.

The Commonwealth of Massachusetts' MassHealth operates the HSN to reimburse hospitals for the cost of free care. Amounts are paid to HSN through a statewide hospital assessment based on each hospital's net private sector payor charges. Free care claims are reimbursed by HSN based upon approved claims. The rate at which the Hospital is reimbursed is based on Medicare payment rates and policies and on the historical experience of providing approved free care, the level of funding available in the HSN, and the number of free care claims submitted and approved for reimbursement by HSN.

Regulations require settlements for Medicare and MassHealth reimbursements through the filing of annual cost reports by the Hospital. Settlements are estimated and recorded in the financial statements in the year in which the services are provided to beneficiaries of the Medicare and MassHealth programs. The estimated settlements recorded at September 30, 2018 and 2017, could differ from actual settlements based on the results of the cost report audits. Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

7. Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted consisted of the following at September 30:

	2018	2017
Mutual funds	**$ 48,687,465**	$ 51,136,561
Alternative investments	**4,402,982**	5,284,993
Cash and short-term investments	**10,984,062**	12,599,765
Fixed income securities	**2,226,352**	1,244,167
Pledges receivable, net	**992,443**	1,244,444
	$ 67,293,304	$ 71,509,930

Assets whose use is limited or restricted, as reported in the consolidated balance sheets, consisted of the following at September 30:

	2018	2017
Board-designated investments, current	**$ 50,918,661**	$ 53,540,727
Project fund	**6,638,458**	7,666,367
Donor restricted funds held in trust by outside charitable trust funds	**6,447,568**	6,432,949
Donor restricted	**1,200,752**	1,703,992
Current portion of donor restricted	**294,308**	244,444
Debt service reserve fund	**1,793,557**	1,764,435
Capital interest fund	**-**	157,016
	$ 67,293,304	$ 71,509,930

Unrealized losses at September 30, 2018, are shown below. As of September 30, 2018, none of the losses were considered other than temporary.

	Time Period in Loss Position					
	Less than 12 months		Greater than 12 months		Total	
	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value
Mutual funds	$ -	$ -	$ 543,858	$ 8,370,475	$ 543,858	$ 8,370,475

Unrealized losses at September 30, 2017, are shown below. As of September 30, 2017, none of the losses were considered other than temporary.

	Time Period in Loss Position					
	Less than 12 months		Greater than 12 months		Total	
	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value
Mutual funds	$ 83,534	$3,204,299	$ 373,927	$ 4,981,420	$ 457,461	$ 8,185,719

8. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board *Accounting Standards Codification* are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Valuations using unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2018 and 2017.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Organization are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Organization are deemed to be actively traded.

Cash and Short-term Investments

Valued at the closing price reported in the active market in which the investment is traded.

Fixed Income Securities

Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Pooled Separate Accounts

Valued at the closing price reported in the active market in which the investment is traded based upon the per unit net asset value of the underlying investments. When quoted prices are not available for identical or similar securities, the underlying investments are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar

instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Alternative Investments

Valued at net asset value ("NAV") as estimated by management based on fair values provided by external investment managers. Because these investments are not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed, and such difference could be material.

At September 30, 2018 and 2017, the Organization's mutual funds, cash and short-term investments, and fixed income securities, which were valued at fair, were valued using level 1 & level 2 inputs. Certain investments, for which fair value is measured using NAV per share as the practical expedient, have not been categorized within the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the balance sheets.

The following tables set forth by level, within the fair value hierarchy, the Organization's assets and liabilities at fair value:

September 30, 2018	Level 1	Level 2	Level 3	Total
Investments Included in:				
Mutual funds	$ 48,687,465	$ -	$ -	$ 48,687,465
Cash and short-term investments	10,984,062	-	-	10,984,062
Fixed income securities	1,073,753	1,152,599	-	2,226,352
Alternative investments:				
Limited partnerships at NAV	-	-	-	4,402,982
Total Investments	$ 60,745,280	$ 1,152,599	$ -	$ 66,300,861

September 30, 2017	Level 1	Level 2	Level 3	Total
Investments Included in:				
Mutual funds	$ 51,136,561	$ -	$ -	$ 51,136,561
Cash and short-term investments	12,599,765	-	-	12,599,765
Fixed income securities	10,526	1,233,641	-	1,244,167
Alternative investments:				
Limited partnerships at NAV	-	-	-	5,284,993
Total Investments	$ 63,746,852	$ 1,233,641	$ -	$ 70,265,486

9. Endowments

The Organization's endowment includes both donor restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") as requiring realized and unrealized

gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Organization's Board of Directors and expended. UPMIFA allows the Board of Directors to appropriate as much of the net appreciation of permanently restricted net assets as is prudent considering the Organization's long-term and short-term needs, present and anticipated financial requirements, expected total return on investments, price-level trends, and general economic conditions.

To satisfy its long-term rate of return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

Under the policy of the Organization, the endowment assets are invested conservatively with the intent of providing a predictable stream of funding to the Organization. The Organization invests in cash and short-term investments, mutual funds, fixed income securities, and alternative investments to achieve its long-term return objectives within limited risk constraints. Actual returns in any year may vary from budgeted amounts due to market fluctuations.

Changes in endowment assets for the year ended September 30, 2018, were as follows:

	Board Designated	Temporarily Restricted Investments	Permanently Restricted Investments
Endowment Assets, beginning of year	$ 53,540,727	$ 338,186	$ 6,632,949
Interest and dividend income	1,854,257	-	-
Realized gains on sales of securities	2,201,585	-	-
Unrealized (loss) gain on investments	(1,124,837)	(217,716)	14,619
Appropriated for expenditure	(5,553,071)	-	-
Endowment Assets, end of year	$ 50,918,661	$ 120,470	$ 6,647,568

Changes in endowment assets for the year ended September 30, 2017, were as follows:

	Board Designated	Temporarily Restricted Investments	Permanently Restricted Investments
Endowment Assets, beginning of year	$ 50,006,485	$ 250,770	$ 6,175,044
Interest and dividend income	1,588,861	-	-
Realized gains on sales of securities	2,662,809	-	-
Unrealized gain (loss) on investments	2,487,577	87,416	457,905
Appropriated for expenditure	(3,205,005)	-	-
Endowment Assets, end of year	$ 53,540,727	$ 338,186	$ 6,632,949

10. Pledges Receivable

Included in assets whose use is limited or restricted are unconditional promises to give that are expected to be collected in future periods as follows:

	2018	2017
Amounts Due in:		
Less than one year	**$ 294,308**	$ 244,444
One to five years	**730,463**	1,065,350
Total Pledges Receivable (before unamortized discount and allowance for uncollectible pledges)	**1,024,771**	1,309,794
Less unamortized discount at 4.0%	**28,095**	40,073
Less allowance for uncollectible pledges	**4,233**	25,277
Net Pledges Receivable	**$ 992,443**	$ 1,244,444

11. Property and Equipment

Property and equipment consisted of the following at September 30:

	2018	2017
Buildings and improvements	**$ 82,627,768**	$ 80,236,206
Major movable equipment	**64,489,917**	61,930,074
Fixed equipment	**6,037,745**	5,658,255
Construction in progress	**1,494,794**	287,433
Land	**1,032,436**	1,032,436
	155,682,660	149,144,404
Less accumulated depreciation and amortization	**107,848,556**	101,152,883
Property and Equipment, net	**$ 47,834,104**	$ 47,991,521

Construction-in-progress consists of several ongoing projects at the Organization with varying estimated completion dates. The Organization's total contractual obligation as of September 30, 2018, was $2,931,649.

12. Other Assets

Other assets consisted of the following at September 30:

	2018	2017
Insurance receivable	**$ 2,263,000**	$ 3,307,000
Post-retirement benefit plan	**224,212**	344,288
Security deposits	**108,746**	95,246
Investment in and amounts due to joint ventures	**(650,394)**	(508,803)
Total	**$ 1,945,564**	$ 3,237,731

Insurance receivable represents the estimated insurance recovery for potential professional liability claims made against the Hospital's liability coverage. See Note 22.

In 2009, a joint venture between the Organization and Compass Development, LLC was formed to participate in a real estate joint venture (Charlton 10 North Main Street, LLC) to acquire and co-own real property located at 10 North Main Street, Charlton, Massachusetts. The Organization provided initial funding for its portion of the entity of approximately $50,000.

The investment in Charlton 10 North Main Street, LLC as of September 30, 2018 and 2017, consisted of the following:

	2018	2017
Ownership percentage	**50%**	50%
Total assets	**$ 4,662,826**	$ 4,886,515
Total liabilities	**4,467,245**	4,691,634
Net assets	**195,581**	194,881
Net revenues	**1,123,960**	990,856
Net income	**554,635**	523,621
Share of net income	**277,318**	261,811

In 2009, a joint venture between the Organization and New England Radiation Therapy Management Services, Inc. was formed to own, construct, and operate a regional cancer center located in Southbridge, Massachusetts (Central Massachusetts Comprehensive Cancer Center, LLC). The Organization provided initial funding for its portion of the entity of approximately $900,000 in the form of a 30-year ground lease.

The investment in Central Massachusetts Comprehensive Cancer Center, LLC as of September 30, 2018 and 2017, consisted of the following:

	2018	2017
Ownership percentage	**22%**	22%
Total assets	**$ 1,522,548**	$ 2,202,341
Total liabilities	**1,167,276**	1,531,934
Net assets	**355,271**	670,407
Net revenues	**2,713,841**	3,049,093
Net income	**(117,870)**	95,357
Share of net (loss) income	**(25,931)**	20,979

In 2014, a joint venture between the Organization and various physician members of the Hospital's medical staff and other physicians and clinicians who meet certain eligibility standards was formed to operate a physician hospital organization located in Southbridge, Massachusetts (Harrington Healthcare Provider Organization, Inc.). The joint venture's equity and activity was not significant as of and for the years ended September 30, 2018 and 2017.

The Organization's share of net (loss) income is included in other non-operating gain (loss) in the consolidated statements of operations.

13. Employee Retirement Plan

The Hospital maintains a noncontributory, qualified defined benefit pension plan (the "Plan") that covers substantially all of its eligible employees. The Hospital's policy is to make contributions to the Plan in such amounts necessary to fund benefits provided under the Plan on the basis of information furnished by the actuary. The Hospital contributed $250,000 and $644,868 to the Plan during the years ended September 30, 2018 and 2017, respectively. Additionally, based on the actuary's calculations, the Hospital expects to contribute $588,000 to the Plan in fiscal year 2019. On November 24, 2009, the Board of Directors voted to freeze the Plan to all new participants and the accrual of benefits effective March 31, 2010.

Change in Benefit Obligations	2018	2017
Benefit Obligation, beginning year	**$ 52,663,704**	$ 54,555,094
Interest cost	**1,957,987**	1,920,773
Actuarial (gain) loss	**(2,208,093)**	(1,538,824)
Benefits paid	**(2,542,417)**	(2,273,339)
Benefit Obligation, end of year	**$ 49,871,181**	$ 52,663,704

Change in Plan Assets	2018	2017
Fair Value of Plan Assets, beginning of year	**$ 45,565,004**	$ 42,427,265
Actual return on plan assets	**2,336,327**	4,766,210
Employer contributions	**250,000**	644,868
Benefits paid	**(2,542,417)**	(2,273,339)
Fair Value of Plan Assets, end of year	**$ 45,608,914**	$ 45,565,004

The accumulated benefit obligation for the defined benefit pension plan was $49,871,181 and $52,663,704 at September 30, 2018 and 2017, respectively.

Funded Status

Accounting for defined benefit pension and other post-retirement plans focuses primarily on balance sheet reporting for the funded status of benefit plans and requires recognition of benefit liabilities for under-funded plans and benefit assets for over-funded plans, with offsetting impacts to unrestricted net assets.

The funded status of the Plan, reconciled to the amounts reported in the consolidated balance sheets, as of September 30 is as follows:

	2018	2017
Fair value of plan assets at measurement date	**$ 45,608,914**	$ 45,565,004
Benefit obligation at measurement date	**49,871,181**	52,663,704
Funded Status, end of year	**$ (4,262,267)**	$ (7,098,700)

Net Periodic Pension (Income) Cost

	2018	2017
Interest cost	**$ 1,957,987**	$ 1,920,773
Expected return on plan assets	**(3,319,367)**	(3,116,568)
Amortization of net loss	**917,236**	1,443,280
Net Periodic Pension (Income) Cost	**$ (444,144)**	$ 247,485

The estimated net loss for the Plan that will be amortized from accumulated other comprehensive income into net periodic benefit cost over the year ended September 30, 2018, was $814,866.

Assumptions

The significant underlying assumptions used to determine the benefit obligation at September 30, and the net periodic pension cost for the years ended September 30, were as follows:

	2018	2017
Benefit Obligation:		
Discount rate	**4.17%**	3.83%
Net Periodic Pension Cost:		
Discount rate	**3.83%**	3.57%
Long-term rate of return	**7.50%**	7.50%
Compensation increase rate	**N/A**	N/A

The discount rate reflects the rate at which the pension benefits could be effectively settled. In estimating that rate, the Hospital looks to available information about rates implicit in current

prices of annuity contracts that could be used to effect settlement of the obligation (including information about available annuity rates currently published by the Pension Benefit Guaranty Corporation). In making those estimates, the Hospital also looks to rates of return on high-quality fixed-income investments currently available and expected to be available during the period to maturity of the pension benefits.

Plan Assets

The Hospital's pension plan asset allocations by asset category, using the fair value hierarchy, as defined in Note 8, are as follows:

September 30, 2018	Level 1	Level 2	Level 3	Total
Investments Included in:				
Mutual funds	$ 33,302,060	$ -	$ -	$ 33,302,060
Pooled separate accounts	-	12,306,854	-	12,306,854
Total Investments	$ 32,302,060	$ 12,306,854	$ -	$ 45,608,914

September 30, 2017	Level 1	Level 2	Level 3	Total
Investments Included in:				
Mutual funds	$ 32,594,692	$ -	$ -	$ 32,594,692
Pooled separate accounts	-	12,970,312	-	12,970,312
Total Investments	$ 32,594,692	$ 12,970,312	$ -	$ 45,565,004

The expected long-term rate of return on plan assets reflects the average rate of earnings expected on the funds invested or to be invested to provide for the benefits included in the projected benefit obligation. In estimating that rate, the Hospital gave appropriate consideration to the returns being earned by the plan assets in the fund and the rates of return expected to be available for reinvestment. The investment strategy is to build an efficient, well-diversified portfolio based on a long-term, strategic outlook on the investment markets. The investment markets outlook utilizes both historical-based and forward-looking return forecasts to establish future return expectations for various asset classes. These return expectations are used to develop a core asset allocation based on the specific needs of the Plan.

Benefit Payments

During the years ended September 30, 2018 and 2017, the Plan made benefit payments of $2,542,417 and $2,273,339, respectively. The following benefit payments are expected to be paid during the years ending September 30:

Years ending September 30,	
2019	$ 2,770,000
2020	2,849,000
2021	2,989,000
2022	3,017,000
2023	3,077,000
2024 through 2027	15,937,000

The Hospital maintains a 403(b) employee savings plan ("403(b) Plan"). The 403(b) Plan covers all eligible employees of the Hospital and provides both an annual core contribution, as well as a matching contribution to contributing employees. Hospital contributions were $1,740,792 and $1,803,372 for the years ended September 30, 2018 and 2017, respectively.

The Organization maintains a non-qualified post-retirement benefit plan for key employees. Employee benefit expense associated with the plan was $190,205 and $211,435 for the years ended September 30, 2018 and 2017, respectively. At September 30, 2018 and 2017, the plan's obligation, included in long-term accrued expenses in the consolidated balance sheets, was $224,212 and $1,916,772, respectively.

14. Long-term Debt

Long-term debt consisted of the following at September 30:

	2018	2017
Massachusetts Development Finance Agency Series 2017 Bonds	**$ 29,450,000**	$ 30,495,000
ATM Associates, LLC Note Payable	**-**	14,295
	29,450,000	30,509,295
Less deferred financing costs	**425,961**	444,481
Less current portion	**845,000**	1,059,295
Long-term Debt	**$ 28,179,039**	$ 29,005,519

In September 2017, the Hospital entered into a loan and trust agreement with the Massachusetts Development Finance Agency ("MDFA") and The Bank of New York Mellon Trust Company, N.A., as trustee, to issue $30,495,000 MDFA Revenue Bonds, Harrington HealthCare System Issue, Series 2017. The bonds were issued to refund the Hospital's MHEFA Series A 2008 Revenue Bonds and to finance the development, construction, and renovations of buildings on the Hospital campus, and the acquisition and installation of Hospital furnishings and equipment. The bonds are secured by an

assignment and pledge of the HealthCare System's revenues and gross receipts. The Bonds bear interest at 3.672% and are payable at varying principal amounts through maturity in July 2042.

Pursuant to its MDFA Agreement, the Hospital is required to maintain certain financial and other covenants, which management believes will not restrict the nature of the Hospital's business or operations.

In July 2008, the Hospital entered into a note payable agreement with ATM Associates, LLC for leasehold improvements to two rental suites in the amount of $175,000. A one-time $50,000 payment was paid on July 1, 2008, and the remaining balance of $125,000 will be paid over a 10-year period in monthly installments of $1,333, including interest at 5%. The note payable was paid off on July 1, 2018.

Scheduled Principal Payments

Principal payments on long-term debt are summarized as follows:

Years ending September 30,	
2019	$ 845,000
2020	870,000
2021	895,000
2022	925,000
2023	955,000
Thereafter	24,960,000
	$ 29,450,000

15. Obligation under Capital Lease

The Organization has various capital lease obligations payable in monthly installments ranging from $6,169 to $12,162, including interest ranging from 3.19% to 5.10%. The capital leases are collateralized by equipment. Amortization expense on assets under capital lease was $124,219 and $232,978 for the years ended September 30, 2018 and 2017, respectively.

Equipment under capital lease was as follows at September 30:

	2018	2017
Equipment	**$ 497,921**	$ 5,215,457
Less accumulated amortization	**57,988**	5,165,041
Net Book Value	**$ 439,938**	$ 50,416

The following is a schedule of future minimum lease payments under the non-cancelable lease agreements which have remaining terms in excess of one year:

September 30,		
2019	$	134,885
2020		134,884
2021		134,885
2022		67,442
Total payments		472,096
Less interest		32,163
Net present value of minimum lease payments		439,933
Current portion of obligations under capital lease		119,501
Obligations Under Capital Leases, net of current portion	$	320,432

16. Operating Leases

The Organization has various equipment and real property operating lease commitments payable in monthly installments ranging from $1,000 to $75,000 through August 2039. Rent expense totaled $3,282,118 and $3,236,513 for the years ended September 30, 2018 and 2017, respectively.

The following is a schedule of future minimum operating lease payments under non-cancelable operating lease agreements which have remaining terms in excess of one year as of September 30:

Years ending September 30,	
2019	2,942,475
2020	1,584,705
2021	883,397
2022	748,592
2023	631,020
Thereafter	8,308,980
	$ 15,099,169

17. Temporarily Restricted Net Assets

Temporarily restricted net assets were available for the following purposes at September 30:

	2018	2017
Accumulated gains, both realized and unrealized, on permanently restricted net assets, subject to the Board of Directors' spending policy	**$ 120,470**	$ 208,364
Webster emergency room campaign	**663,476**	957,766
Rehabilitation and cancer center	**101,564**	89,456
Hospice care	**333,200**	416,500
Healthcare Infrastructure	**76,350**	76,350
	$ 1,295,060	$ 1,748,436

During 2018 and 2017, net assets amounting to $119,002 and $98,904, respectively, were released from restrictions for operating purposes, and net assets amounting to $837,371 and $1,284,977, respectively, were released from restrictions for the acquisition of property and equipment. Net assets released from restrictions are recorded in the consolidated statements of operations in accordance with the Board of Directors' spending policy and the provisions of the original donor gift instruments.

18. Permanently Restricted Net Assets

Permanently restricted net assets at September 30, 2018 and 2017, were restricted to:

	2018	2017
Investments held in trust by outside charitable trust funds	**$ 6,447,568**	$ 6,432,949
Investments to be held in perpetuity, the income from which is expendable to support health care services	**100,000**	100,000
Investments to be held in perpetuity, the income from which is expendable to support the Wells Center	**100,000**	100,000
	$ 6,647,568	$ 6,632,949

19. Medical Malpractice Insurance

Malpractice insurance coverage is provided on a claims-made basis. The claims-made policy, which is subject to renewal and retrospective premium adjustment on an annual basis, covers only claims made during the term of the policy, but not those occurrences for which claims may be made after the expiration of the policy. As of September 30, 2018, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage.

20. Other Revenue

Other revenue was comprised of the following for the years ended September 30:

	2018	2017
Contract and grant income	**$ 2,618,741**	$ 3,566,242
Other clinical income	**2,837,544**	1,755,881
Pharmacy sales	**962,907**	961,594
Cafeteria sales	**612,966**	775,827
Purchase discounts	**353,675**	400,166
Incentive payments	**186,609**	203,250
Income from hearing aids	**166,518**	191,757
Rental income	**140,959**	184,074
	$ 7,879,919	$ 8,038,791

Included in incentive payments for the years ended September 30, 2018 and 2017, is $42,500 and $60,780 respectively, related to the Organization's compliance with the American Recovery and Reinvestment Act's Electronic Health Records Grant program, as administered by CMS.

21. Functional Expenses

The following is the functional classification of operating expense for the Organization for the years ended September 30:

	2018	%	2017	%
Patient services	**$ 139,021,905**	**81%**	$ 140,529,376	83%
Administrative and general	**32,737,875**	**19%**	28,218,177	17%
Fundraising	**514,486**	**0%**	561,898	0%
	$ 172,274,266	**100%**	$ 169,309,451	100%

22. Commitments and Contingencies

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Government activity is ongoing with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time. Management believes that the Organization is in substantial compliance with current laws and regulations.

Various claims and legal actions are pending against the Organization which have arisen in the normal course of business. In the opinion of management, no claims have been asserted against the Organization which, either individually or in the aggregate, will be in excess of its insurance coverage.

23. Risks and Uncertainties

The Organization invests in a combination of mutual funds, fixed income securities, and alternative investments. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and such changes could materially affect the amounts reported in the consolidated financial statements.

Supplementary Information

Harrington HealthCare System, Inc.

Consolidating Balance Sheet

September 30, 2018	Harrington Memorial Hospital	Harrington Physician Services	Eliminations	Total
Assets				
Current Assets:				
Cash and cash equivalents	$ 2,970,003	$ 182,140	$ -	$ 3,152,143
Accounts receivable, net	16,095,915	2,052,922	-	18,148,837
Other receivables	509,253	240,383	-	749,636
Inventory	1,549,214	31,576	-	1,580,790
Prepaid expenses and other current assets	1,895,236	619,966	-	2,515,202
Current portion of assets whose use is limited or restricted	51,212,969		-	51,212,969
Total Current Assets	74,232,590	3,126,987	-	77,359,577
Assets Whose Use is Limited or Restricted, net of current portion:				
Donor-restricted	7,648,320	-	-	7,648,320
Assets held in trust under indenture agreement	8,432,015	-	-	8,432,015
Total Assets Whose Use is Limited or Restricted	16,080,335	-	-	16,080,335
Property and Equipment, net	46,300,096	1,534,008	-	47,834,104
Other Assets	1,173,209	772,355	-	1,945,564
Total Assets	$ 137,786,230	$ 5,433,350	$ -	$ 143,219,580

Harrington HealthCare System, Inc.

Consolidating Balance Sheet

September 30, 2018	Harrington Memorial Hospital	Harrington Physician Services	Eliminations	Total
Liabilities and Net Assets				
Current Liabilities:				
Current portion of long-term debt	$ 845,000	$ -	$ -	$ 845,000
Current portion of capital lease obligations	119,501	-	-	119,501
Accounts payable and accrued expenses	18,421,019	1,740,469	-	20,161,488
Accrued compensation and amounts withheld	6,099,096	1,296,425	-	7,395,521
Current portion of estimated settlements with third-party payors	751,693	-	-	751,693
Total Current Liabilities	26,236,309	3,036,894	-	29,273,203
Accrued Expenses	1,763,212	724,000	-	2,487,212
Long-term Debt, less current portion and deferred financing costs	28,179,039	-	-	28,179,039
Long-term Capital Lease Obligations, less current portion	320,432	-	-	320,432
Long-term Pension Liability	4,262,267	-	-	4,262,267
Estimated Settlements With Third-Party Payors, less current portion	1,720,454	85,110	-	1,805,564
Total Liabilities	62,481,713	3,846,004	-	66,327,717
Commitments and Contingencies				
Net Assets:				
Unrestricted	67,361,889	1,587,346	-	68,949,235
Temporarily restricted	1,295,060	-	-	1,295,060
Permanently restricted	6,647,568	-	-	6,647,568
Total Net Assets	75,304,517	1,587,346	-	76,891,863
Total Liabilities and Net Assets	$ 137,786,230	$ 5,433,350	$ -	$ 143,219,580

Harrington HealthCare System, Inc.

Consolidating Balance Sheet

September 30, 2017	Harrington Memorial Hospital	Harrington Physician Services	Eliminations	Total
Assets				
Current Assets:				
Cash and cash equivalents	$ 3,742,937	$ 6,804	$ -	$ 3,749,741
Accounts receivable, net	15,270,716	2,157,235	-	17,427,951
Other receivables	436,194	82,708	-	518,902
Inventory	1,521,743	31,576	-	1,553,319
Prepaid expenses and other current assets	1,528,265	611,868	-	2,140,133
Current portion of assets whose use is limited or restricted	53,785,171	-	-	53,785,171
Total Current Assets	76,285,026	2,890,191	-	79,175,217
Assets Whose Use is Limited or Restricted, net of current portion:				
Donor-restricted	8,136,941	-	-	8,136,941
Assets held in trust under indenture agreement	9,587,818	-	-	9,587,818
Total Assets Whose Use is Limited or Restricted	17,724,759	-	-	17,724,759
Property and Equipment, net	46,506,533	1,484,988	-	47,991,521
Other Assets	155,876	3,081,855	-	3,237,731
Total Assets	$ 140,672,194	$ 7,457,034	$ -	$ 148,129,228

Harrington HealthCare System, Inc.

Consolidating Balance Sheet

September 30, 2017	Harrington Memorial Hospital	Harrington Physician Services	Eliminations	Total
Liabilities and Net Assets				
Current Liabilities:				
Current portion of long-term debt	$ 1,059,295	$ -	$ -	$ 1,059,295
Current portion of capital lease obligations	54,470	-	-	54,470
Accounts payable and accrued expenses	15,395,880	1,753,684	-	17,149,564
Accrued compensation and amounts withheld	6,196,263	1,527,113	-	7,723,376
Current portion of estimated settlements with third-party payors	1,718,980	-	-	1,718,980
Total Current Liabilities	24,424,888	3,280,797	-	27,705,685
Accrued Expenses	2,176,772	3,047,000	-	5,223,772
Long-term Debt, less current portion and deferred financing costs	29,005,519	-	-	29,005,519
Long-term Pension Liability	7,098,700	-	-	7,098,700
Estimated Settlements With Third-Party Payors, less current portion	3,747,481	85,110	-	3,832,591
Total Liabilities	66,453,360	6,412,907	-	72,866,267
Commitments and Contingencies				
Net Assets:				
Unrestricted	65,837,449	1,044,127	-	66,881,576
Temporarily restricted	1,748,436	-	-	1,748,436
Permanently restricted	6,632,949	-	-	6,632,949
Total Net Assets	74,218,834	1,044,127	-	75,262,961
Total Liabilities and Net Assets	$ 140,672,194	$ 7,457,034	$ -	$ 148,129,228

Harrington HealthCare System, Inc.

Consolidating Statements of Operations

Year ended September 30, 2018	Harrington Memorial Hospital	Harrington Physician Services	Eliminations	Total
Revenue and Other Support:				
Patient service revenue, net of contractual allowances and discounts	$ 142,040,467	$ 23,845,228	$ -	$ 165,885,695
Provision for uncollectible accounts	(6,460,736)	48,574	-	(6,412,162)
Net patient service revenue	135,579,731	23,893,802	-	159,473,533
Other operating revenue	7,038,070	841,849	-	7,879,919
Net assets released from restrictions used in operations	203,302	-	-	203,302
Total Revenue and Other Support	142,821,103	24,735,651	-	167,556,754
Expenses:				
Salaries and wages	63,176,254	23,820,836	-	86,997,090
Fringe benefits	13,135,496	4,994,720	-	18,130,216
Professional compensation	7,813,567	670,194	-	8,483,761
Supplies and other expenses	42,744,685	6,810,205	-	49,554,890
Depreciation and amortization	5,916,785	544,737	-	6,461,522
Interest	805,581	-	-	805,581
Health Safety Net assessment	1,841,206	-	-	1,841,206
Total Expenses	135,433,574	36,840,692	-	172,274,266
Income (Loss) from Operations	7,387,529	(12,105,041)	-	(4,717,512)
Non-operating Gains (Losses):				
Investment income	2,593,665	-	-	2,593,665
Realized gains on investments	2,201,585	-	-	2,201,585
Other non-operating loss	(169,831)	-	-	(169,831)
Contributions	115,487	-	-	115,487
Total Non-operating Gains:	4,740,906	-	-	4,740,906
Excess (Deficit) of Revenue, Other Support and Gains Over Expenses and Losses	12,128,435	(12,105,041)	-	23,394
Other Changes in Unrestricted Net Assets:				
Net assets released from restrictions for capital expenditures	753,071	-	-	753,071
Capital grants	273,742	-	-	273,742
Adjustment to minimum pension liability	2,142,289	-	-	2,142,289
Equity transfers	(12,648,260)	12,648,260	-	-
Unrealized loss on investments	(1,124,837)	-	-	(1,124,837)
Change in Unrestricted Net Assets	$ 1,524,440	$ 543,219	$ -	$ 2,067,659

Harrington HealthCare System, Inc.

Consolidating Statements of Operations

Year ended September 30, 2017	Harrington Memorial Hospital	Harrington Physician Services	Eliminations	Total
Revenue and Other Support:				
Patient service revenue, net of contractual allowances and discounts	$ 135,651,782	$ 23,423,425	$ -	$ 159,075,207
Provision for uncollectible accounts	(5,636,516)	(663,575)	-	(6,300,091)
Net patient service revenue	130,015,266	22,759,850	-	152,775,116
Other operating revenue	7,822,797	215,994	-	8,038,791
Net assets released from restrictions used in operations	98,904	-	-	98,904
Total Revenue and Other Support	137,936,967	22,975,844	-	160,912,811
Expenses:				
Salaries and wages	65,104,366	23,641,539	-	88,745,905
Fringe benefits	14,580,092	4,565,814	-	19,145,906
Professional compensation	6,831,753	1,106,448	-	7,938,201
Supplies and other expenses	38,853,185	5,994,040	-	44,847,225
Depreciation and amortization	5,808,326	617,188	-	6,425,514
Interest	757,767	-	-	757,767
Health Safety Net assessment	1,448,933	-	-	1,448,933
Total Expenses	133,384,422	35,925,029	-	169,309,451
Income (Loss) from Operations	4,552,545	(12,949,185)	-	(8,396,640)
Non-operating Gains:				
Investment income	1,886,957	-	-	1,886,957
Realized gains on investments	2,662,809	-	-	2,662,809
Other non-operating gain	(129,318)	-	-	(129,318)
Contributions	324,659	-	-	324,659
Total Non-operating Gains	4,745,107	-	-	4,745,107
Excess (Deficit) of Revenue, Other Support and Gains Over Expenses and Losses	9,297,652	(12,949,185)	-	(3,651,533)
Other Changes in Unrestricted Net Assets:				
Net assets released from restrictions for capital expenditures	1,284,977	-	-	1,284,977
Capital grants	1,119,684	-	-	1,119,684
Adjustment to minimum pension liability	4,384,261	-	-	4,384,261
Equity transfers	(12,303,237)	12,303,237	-	-
Unrealized gain on interest rate swap agreement	453,279	-	-	453,279
Unrealized gain on investments	2,487,577	-	-	2,487,577
Change in Unrestricted Net Assets	$ 6,724,193	$ (645,948)	$ -	$ 6,078,245

Tel: 617-422-0700
Fax: 617-422-0909
www.bdo.com

One International Place
Boston, MA 02110

Instructions for filing
Harrington Memorial Hospital
Massachusetts Form M-990T
For the period ended September 30, 2018

Signature…

The report should be signed and dated by the authorized individual(s).

Filing…

This return should be mailed to the following:

MASS. DEPARTMENT OF REVENUE
P.O. BOX 7067
BOSTON, MA 02204

Payment of Tax…

There is no balance due with this return. Your return shows an overpayment of $880. Of this, $0 will be refunded and $880 will be credited to your September 30, 2019 estimated taxes.

Please send this return via certified mail on or before August 15, 2018.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Massachusetts Department of Revenue

Form M-990T

Unrelated Business Income Tax Return

2017

For calendar year 2017 or taxable period beginning 10/01/2017 **and ending** 09/30/2018

Name of company: HARRINGTON MEMORIAL HOSPITAL, INC.

Federal Identification number: 04-2103577

Mailing address: 100 SOUTH STREET

City/Town: SOUTHBRIDGE, MA 01550

State Zip

Phone number: 508-765-8130

Name of treasurer: THOMAS SULLIVAN

Check if a Taxpayer Disclosure Statement is enclosed ☐

Check if:

☐ Amended return (see "Amended return" in instructions) ☐ Federal amendment ☐ Federal audit ☐ Final return

Exempt under IRC section (check one only)

☒ 501 ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a)

Organization type (check one only)

☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, line 34)	▶ 1	392,380
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	34,120
3	Section 168(k) "bonus" depreciation adjustment	▶ 3	
4	Section 31I and 31K intangible expense add back adjustment	▶ 4	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	▶ 5	
6	Section 31J and 31K interest expense add back adjustment	▶ 6	
7	Federal production activity add back adjustment	▶ 7	
8	Abandoned Building Renovation deduction Total cost ____ x .10 =	▶ 8	
9	Other adjustments, including research and development expenses (enclose explanation)	▶ 9	
10	Income subject to apportionment. See instructions	▶ 10	426,500
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	1.0000
12	Multiply line 10 by line 11	▶ 12	426,500
13	Income not subject to apportionment	▶ 13	
14	Add lines 12 and 13	▶ 14	426,500
15	Certified Massachusetts solar or wind power deduction	▶ 15	
16	Taxable income before net operating loss deduction	16	426,500

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions) Date Social Security number Phone number

Signature of paid preparer: BK

Date: 08/14/2019

Employer Identification number: 13-5381590 BDO USA, LLP

Address: One International Place Boston, MA 02110

If you are signing as an authorized delegate of the appropriate corporate officer, check box ☐ and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**

Name of company: HARRINGTON MEMORIAL HOSPITAL, INC.

Federal Identification number: 04-2103577

Excise calculation (cont'd.)

17	Loss carryover deduction (from Schedule NOL)	
18	Taxable income. Subtract line 17 from line 16	426,500
19	Multiply line 18 by .08	34,120
20	Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions	
21	Excise due before credits. Add lines 19 and 20	34,120

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

22	Total Credits. Enclose Credit Manager Schedule	

Excise after credits

23	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	34,120
24	Voluntary contribution for endangered wildlife conservation	
25	Total excise plus voluntary contribution. Add lines 23 and 24	34,120

Payments

26	2016 overpayment applied to 2017 estimated tax	
27	2017 Massachusetts estimated tax payments (do not include amount in line 26)	
28	Payment made with extension	35,000
29	Payment with original return. Use only if amending a return	
30	Pass-through entity withholding . . . Payer Identification number ▶	
31	Total refundable credits. Enclose Credit Manager Schedule	
32	Total payments. Add lines 26 through 31	35,000

Refund or balance due

33	Amount overpaid. Subtract line 25 from line 32	880
34	Amount overpaid to be credit to 2018 estimated tax	880
35	Amount overpaid to be refunded. Subtract line 34 from line 33	
36	Balance due. Subtract line 32 from line 25	-880
37a	M-2220 penalty	
37b	Other penalties	
37	Total penalty. Add lines 37a and 37b	
38	Interest on unpaid balance	
39	Total payment due at time of filing	-880

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 09/30, 2018.

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

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

OMB No. 1545-0687

2017

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
137,786,230.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
HARRINGTON MEMORIAL HOSPITAL, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
100 SOUTH STREET

City or town, state or province, country, and ZIP or foreign postal code
SOUTHBRIDGE, MA 01550-8002

D Employer identification number (Employees' trust, see instructions.)
04-2103577

E Unrelated business activity codes (See instructions.)
621500

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ LABORATORY SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ TOM SULLIVAN Telephone number ▶ 508-765-8130

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,080,312. b Less returns and allowances c Balance ▶	1c	1,080,312.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	1,080,312.		1,080,312.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	1,080,312.		1,080,312.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	207,787.
16	Repairs and maintenance			16	3,793.
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	34,120.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	23,974.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	23,974.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	53,314.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) ATTACHMENT 1			28	363,944.
29	**Total deductions.** Add lines 14 through 28			29	686,932.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	393,380.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	393,380.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	392,380.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:			
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $			
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $			
	(2) Additional 3% tax (not more than $100,000) $			
c	Income tax on the amount on line 34. ATCH 2 ▶		35c	95,257.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		36	
37	**Proxy tax.** See instructions ▶		37	
38	Alternative minimum tax		38	
39	**Tax on Non-Compliant Facility Income.** See instructions		39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	95,257.

Part IV Tax and Payments

41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800 (see instructions)	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	95,257.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	95,257.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c	105,000.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	105,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	2,950.
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	6,793.
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ 6,793. **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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

EDWARD MOORE — Signature of officer | 08/15/2019 — Date | CEO — Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRIAN VIGNEAULT		08/15/2019		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

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	

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

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	**2.** Gross income from or allocable to debt-financed property	**3.** Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)	**6.** Column 4 divided by column 5	**7.** Gross income reportable (column 2 x column 6)	**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶					
Total dividends-received deductions included in column 8 ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶				

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form **990-T** (2017)

ATTACHMENT 1

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

REFERENCE LAB SERVICES	87,557.
LAB SUPPLIES	129,053.
OTHER EXPENSES	8,387.
ADMINISTRATIVE EXPENSES	103,339.
PLANT OPERATIONS	8,193.
HOUSEKEEPING	9,907.
CAFETERIA	12,995.
STERILE SUPPLY	4,513.
PART II - LINE 28 - OTHER DEDUCTIONS	363,944.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	392,380.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....	133,409.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....	82,400.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....	12,273,628.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....	22,495,200.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	33,626.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	61,631.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....	95,257.

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

▶ **Attach to the corporation's tax return.**
▶ **Go to *www.irs.gov/Form2220* for instructions and the latest information.**

OMB No. 1545-0123

2017

Name: HARRINGTON MEMORIAL HOSPITAL, INC.

Employer identification number: 04-2103577

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)			1	95,257.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a			
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b			
c	Credit for federal tax paid on fuels (see instructions)	2c			
d	**Total.** Add lines 2a through 2c			2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation doesn't owe the penalty			3	95,257.
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. **Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5**			4	191,375.
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3			5	95,257.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

6	☐	The corporation is using the adjusted seasonal installment method.
7	☐	The corporation is using the annualized income installment method.
8	☐	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (***Form 990-PF filers:*** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/2018	03/15/2018	06/15/2018	09/15/2018
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	23,814.	23,814.	23,814.	23,815.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		23,814.	47,628.	71,442.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15				
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		23,814.	47,628.	
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	23,814.	23,814.	23,814.	23,815.
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ***(C Corporations with tax years ending June 30 and S corporations:*** Use 3rd month instead of 4th month. ***Form 990-PF and Form 990-T filers:*** Use 5th month instead of 4th month.) See instructions	**19**				
20 Number of days from due date of installment on line 9 to the date shown on line 19	**20**				
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	**21**				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 4% (0.04)	**22**	$	$	$	$
23 Number of days on line 20 after 6/30/2017 and before 10/1/2017	**23**	ATTACHMENT 1			
24 Underpayment on line 17 x Number of days on line 23 / 365 x 4% (0.04)	**24**	$	$	$	$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	**25**	SEE PENALTY COMPUTATION WHITEPAPER DETAIL			
26 Underpayment on line 17 x Number of days on line 25 / 365 x 4% (0.04)	**26**	$	$	$	$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	**27**				
28 Underpayment on line 17 x Number of days on line 27 / 365 x 4% (0.04)	**28**	$	$	$	$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	**29**				
30 Underpayment on line 17 x Number of days on line 29 / 365 x *%	**30**	$	$	$	$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	**31**				
32 Underpayment on line 17 x Number of days on line 31 / 365 x *%	**32**	$	$	$	$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	**33**				
34 Underpayment on line 17 x Number of days on line 33 / 365 x *%	**34**	$	$	$	$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	**35**				
36 Underpayment on line 17 x Number of days on line 35 / 365 x *%	**36**	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	**37**	$	$	$	$

38 **Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns . . . . . **38** $ 2,950.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at ***www.irs.gov.*** You can also call 1-800-829-4933 to get interest rate information.

ATTACHMENT 1

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
QUARTER 1, RATE PERIOD 1 (01/15/2018 - 02/15/2019)						
	23,814.	01/15/2018	02/15/2019	396	4	1,033.
TOTAL FOR QUARTER 1, RATE PERIOD 1						1,033.
QUARTER 2, RATE PERIOD 1 (03/15/2018 - 02/15/2019)						
	23,814.	03/15/2018	02/15/2019	337	4	879.
TOTAL FOR QUARTER 2, RATE PERIOD 1						879.
QUARTER 3, RATE PERIOD 1 (06/15/2018 - 02/15/2019)						
	23,814.	06/15/2018	02/15/2019	245	4	639.
TOTAL FOR QUARTER 3, RATE PERIOD 1						639.
QUARTER 4, RATE PERIOD 1 (09/15/2018 - 02/15/2019)						
	23,815.	09/15/2018	02/15/2019	153	4	399.
TOTAL FOR QUARTER 4, RATE PERIOD 1						399.
TOTAL UNDERPAYMENT PENALTY						2,950.