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Form 990-T

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

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 2017

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ 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

2016

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)

Print or

Name of organization (☐ Check box if name changed and see instructions)

THE CHESHIRE HEALTH FOUNDATION

Number, street, and room or suite no If a P O box, see instructions

D Employer identification number
(Employees' trust, see instructions)

02-0202220

E Unrelated business activity codes

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 ▶	35c	
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	

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	
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	0.
45 a	Payments. A 2015 overpayment credited to 2016	45a	1,746.		
	b 2016 estimated tax payments	45b			
	c Tax deposited with Form 8868	45c			
	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	1,746.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ☐			47	
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	1,746.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ 1,746.		Refunded ▶	50	

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority | Yes | No

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	
3	Cost of labor	3			

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

1 Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 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 penodical	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) ATCH 1		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 1

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
KATHRYN WILLBARGER 580-590 COURT STREET KEENE, NH 03431	VP FINANCE EFF 3/1/17	0	0.
TOTAL COMPENSATION			0.